2027 U.S. Benefits Carrier Transition Guide

Medical | Pharmacy | Dental

Effective January 1, 2027

What this guide covers

This guide explains how the 2027 carrier changes are expected to work, what information will transfer between carriers, what actions you may need to take, and where to go for help. It also includes detailed Q&A for common transition situations.

Prepared for Autodesk employees

In the event of any discrepancies between the Carrier Transition Guide and official carrier communications or plan documents, the carrier communications and plan documents will take precedence.

At a glance

Three carriers are changing for 2027. Here is the high-level picture of what changes and what you should expect.

Benefit	2026 carrier	2027 carrier	What to expect
Medical	UnitedHealthcare (UHC)	Anthem	Transition support for active treatment, case management, preapproved procedures and certain out-of-network providers.
Pharmacy	OptumRx	Express Scripts	Claims, prior-authorization and eligible prescription-transfer files are being coordinated. Specialty medications will move to Accredo, the specialty pharmacy for Express Scripts.
Dental	Aetna Dental	Delta Dental	Orthodontic claims-history information will be transferred to Delta Dental.

What you can do during Open Enrollment

- Medical: Check the Anthem microsite to confirm your doctors and facilities participate in the Anthem network, especially if you are in active treatment or have care scheduled for 2027. Anthem Open Enrollment microsite
- Pharmacy: Use the Express Scripts microsite to look up your medications, coverage status and any requirements or alternatives. Express Scripts Open Enrollment microsite
- Dental: Check whether your current dentist participates in the Delta Dental network using the Delta Dental microsite/provider search. Delta Dental Open Enrollment microsite
- Watch for carrier communications. Some employees with an identified transition issue may receive additional outreach from the new carrier.

Medical: UHC to Anthem

Beginning January 1, 2027, Anthem will replace UnitedHealthcare (UHC) as Autodesk's U.S. medical carrier. The transition process is designed to reduce disruption for employees and covered family members who are already receiving care. In this guide, "coordination of care" includes the support Anthem provides to coordinate ongoing treatment, including its formal Continuation of Care process when applicable.

Transition of Care and Coordination/Continuation of Care

Transition of Care helps move certain existing approvals and active clinical case-management information from UHC to Anthem.

Coordination of Care is the process that allows for eligible members who are obtaining services with providers who are in network with the current carrier but are out-of- network with Anthem, to continue services with the out-of-network provider(s) until the course of treatment is complete or until it is safe to transition the member to an in-network provider with Anthem.

How the medical transition will work

- UHC will provide Anthem information about certain members who are actively engaged with a nurse or case manager so Anthem can help connect them with the appropriate program.
- Surgeries and procedures preapproved by UHC and scheduled on or after January 1, 2027 will be honored without additional paperwork from the member or doctor, including when the scheduled provider is not in Anthem's network.
- If you are in an active course of treatment and your current provider is not in Anthem's network, you may be able to request Continuation of Care. Contact an Anthem Health Guide at 844-870-0606, beginning in December, to request Continuation of Care. Anthem may contact your provider to understand your diagnosis, treatment plan and expected duration of care before deciding a Continuation of Care request.
- If approved, Anthem will allow the applicable care to continue for a defined period while the member completes treatment or transitions safely to an in-network provider.

Medical transition Q&A

I'm currently receiving treatment from a doctor who is in-network with UHC but is not in-network with Anthem. What should I do?

You may be eligible for Continuation of Care. Beginning in December, contact an Anthem Health Guide at 844-870-0606 to request Continuation of Care. Anthem will review your individual situation and may contact your provider for additional clinical information. If approved, you may be able to continue the applicable treatment with that provider for a defined period of time.

What is the difference between Transition of Care and Continuation of Care?

Transition of Care is focused on moving certain existing approvals and active clinical case-management information from UHC to Anthem. Continuation of Care is the process that may allow you to temporarily remain with a current provider who is not in Anthem's network when you are in an active course of treatment, and an immediate provider change could disrupt your care.

I already have a surgery or procedure approved by UHC for 2027. Do I need to get it approved again by Anthem?

Surgeries and procedures preapproved by UHC and scheduled on or after January 1, 2027 will be honored without additional paperwork from you or your doctor. This includes procedures scheduled with providers who are not in Anthem's network. UHC will send the approval information to Anthem, and Anthem will mail an approval letter.

I'm currently working with a UHC nurse or case manager. What happens when we switch to Anthem?

UHC will share information about certain active case-management cases with Anthem. Anthem will use that information to help transition you to the appropriate Anthem program. Anthem has indicated that personal health consultants will contact affected members in December.

I'm pregnant and my OB/GYN is not in Anthem's network. Can I continue seeing my current doctor?

Pregnancy is specifically identified by Anthem as a situation that may qualify for Continuation of Care, regardless of trimester. Contact Anthem to request review if your current provider will not participate in the Anthem network.

What types of situations may qualify for Continuation of Care?

Examples include an active course of treatment for an acute medical condition or serious chronic condition, active behavioral health treatment, pregnancy, terminal illness, and certain surgeries or procedures that were authorized by the previous plan and are scheduled within the applicable transition period.

How do I request Continuation of Care?

Beginning in December, you can call an Anthem Health Guide at 844-870-0606 to complete a request by phone. Anthem also has a Continuation of Care form, which can be found on the Anthem microsite. A separate form should be completed for each family member who needs care transitioned.

Should I submit a Continuation of Care request before my Anthem coverage starts?

First confirm whether your provider is actually out-of-network with Anthem. Anthem needs your enrollment information in its system to process a request, so contact an Anthem Health Guide for guidance on when to submit the request.

How long can I continue seeing an out-of-network provider if my request is approved?

The length of the approved period depends on your circumstances and the type of care needed to complete treatment or arrange a safe transfer. Because timing can vary, do not assume that every request receives the same number of days.

I have a chronic condition, but I'm stable and not in an acute phase of treatment. Do I need Continuation of Care?

If you have an ongoing chronic condition but are not in an acute phase requiring a special course of treatment, you should generally select an Anthem in-network provider for ongoing care rather than submit a Continuation of Care request.

Does Continuation of Care apply to behavioral health treatment?

Yes. Anthem specifically includes active behavioral health treatment as a situation in which Continuation of Care may be requested when the current provider is not in the Anthem network.

I see several specialists for the same condition. How will my care be coordinated?

Anthem can work with you and your providers to understand your ongoing treatment needs. If you are transitioning from active UHC case management, the information shared by UHC can also help Anthem connect you with the appropriate support program.

Who should I contact if I'm not sure whether Transition of Care or Continuation of Care applies to me?

Beginning in December Contact an Anthem Health Guide at 844-870-0606, Monday through Friday, 6 a.m. to 9 p.m. Mountain Time. They can help review your situation and explain the appropriate transition process.

Will I receive a new Anthem medical ID card, and when can I begin using it?

You will need to provide your new Anthem insurance information to your healthcare providers for services beginning January 1, 2027. Watch for Anthem communications with instructions for accessing your member ID card and coverage information.

Pharmacy: OptumRx to Express Scripts

Beginning January 1, 2027, Express Scripts will replace OptumRx as Autodesk's pharmacy benefit manager. OptumRx and Express Scripts are coordinating several transition files so that Express Scripts has information about recent claims, prior authorizations and eligible mail-order prescriptions before and shortly after the transition.

Important transition information

Express Scripts is using claims-history and prior-authorization data from OptumRx to identify members who may be affected by the change. Member outreach may be sent for prior-authorization requirements, formulary tier changes, formulary exclusions, specialty-pharmacy changes, step therapy and pharmacy-network disruption. Formulary exclusions are planned to be delayed for 90 days, with an effective date of April 1, 2027.

How the prescription transition will work

- OptumRx will send claims-history files to Express Scripts in multiple waves, including a final lag file after the end of 2026.
- OptumRx will also send prior-authorization files to Express Scripts as part of the transition.
- Eligible mail-order prescriptions will be transferred through prescription-transfer files. Certain prescriptions cannot transfer, including controlled substances, compounded medications, expired prescriptions and prescriptions with no refills remaining.
- Specialty medications will be administered through Accredo, Express Scripts' specialty pharmacy, beginning January 1, 2027.
- Express Scripts plans member-impact outreach when it identifies that a member's medication or pharmacy may be affected by the new program.

Prescription drug transition Q&A

I currently take a prescription through OptumRx. What happens when we move to Express Scripts?

OptumRx and Express Scripts are coordinating claims-history and prescription-transfer files to reduce disruption. If your prescription is eligible to transfer and still has refills remaining, it will be transferred as part of that process. You should also use the Express Scripts microsite to check how your medication will be covered in 2027. Controlled substances, compounded medications, expired prescriptions and prescriptions with no refills remaining will not transfer. If this applies to your medication, you will need to obtain a new prescription from your provider.

I use OptumRx Home Delivery. Will my mail-order prescription transfer automatically?

Eligible mail-order prescriptions are expected to be transferred to Express Scripts through the prescription-transfer process. However, some prescriptions cannot be transferred, so you may need a new prescription from your provider if your medication is in one of the non-transferable categories.

Which prescriptions will not transfer from OptumRx to Express Scripts?

Controlled substances, compounded medications, expired prescriptions and prescriptions with no refills remaining will not transfer. If this applies to your medication, you will need to obtain a new prescription from your provider.

I currently have a prior authorization through OptumRx. Will Express Scripts receive that information?

OptumRx is scheduled to send prior-authorization files to Express Scripts as part of the transition. This should give Express Scripts information about existing approvals. Because individual medications and authorization

requirements can vary, review any communication you receive from Express Scripts and contact them if you are unsure whether action is needed.

How can I check whether my current prescription will be covered by Express Scripts?

Use the Express Scripts microsite linked from Autodesk's Open Enrollment materials. You can look up your medication and review how it will be covered for 2027, including whether there are coverage requirements or alternatives you should discuss with your provider.

What if the medication I'm currently taking is not covered by Express Scripts?

If your medication is not covered under the Express Scripts formulary, you may need to switch to a covered alternative or work with your provider to determine whether a coverage review is appropriate.

To allow additional time for this transition, formulary exclusions will be delayed for 90 days, through March 31, 2027. During this period, medications that will no longer be covered may still be filled, but they will be subject to non-preferred pricing. This means your out-of-pocket cost may be different from, and potentially higher than, what you currently pay through OptumRx.

In January 2027, members taking medications that will no longer be covered will receive a letter from Express Scripts identifying the affected medication and providing information about covered alternatives. This will give members time to work with their healthcare providers to explore their options.

Beginning April 1, 2027, these medications will no longer be covered. If your doctor determines there is a clinical reason you need to continue taking your current medication, they can request a coverage review through Express Scripts at esrx.com/PA.

What if my medication moves to a more expensive formulary tier?

Express Scripts will identify members whose medication is moving to a higher-cost tier and send a member-impact communication. Use the Express Scripts microsite to review your medication in advance and discuss alternatives with your provider, if needed.

Will I be notified if my medication requires prior authorization or step therapy under Express Scripts?

Yes. Express Scripts will identify affected members and send targeted communications.

What is step therapy?

Step therapy is a process used by prescription drug plans that requires you to try one or more preferred, typically lower-cost medications, before the plan will cover a more expensive medication for the same condition. If the preferred medication is not effective or is not appropriate for you, your healthcare provider may request an exception so you can receive coverage for the prescribed medication.

What happens if my current pharmacy is not in the Express Scripts network?

Express Scripts plans network-disruption outreach for members who may need to switch pharmacies. You can also use the Express Scripts microsite to check participating pharmacies and identify an in-network option before January 1.

I take a specialty medication. What changes for me?

Beginning January 1, 2027, Autodesk's specialty pharmacy program will be administered through Accredo, the specialty pharmacy for Express Scripts. Express Scripts plans targeted outreach to affected members to explain the specialty-pharmacy transition and next steps.

Will Express Scripts contact everyone, or only people whose medications are affected?

Some communications will be general, while member-impact letters are intended for members whose claims history shows a specific transition issue, such as a prior-authorization requirement, tier change, formulary exclusion, specialty-pharmacy change, step therapy requirement or pharmacy-network disruption.

When should I review my medications for 2027?

Review your medications during Open Enrollment using the Express Scripts microsite. Doing this before January 1 gives you time to understand any coverage changes and speak with your prescriber if an alternative medication, new prescription or other action may be needed.

I currently take a GLP-1 medication and would like to understand if I will be impacted by the transition from OptumRx to Express Scripts.

Yes, the transition to Express Scripts on January 1, 2027, may impact your GLP-1 medication coverage, particularly if you take it for weight loss, as participation in the Omada Health GLP-1 Support Program will be required. Current GLP-1 users will receive communications from Express Scripts and Omada in November and December outlining any changes and steps needed to maintain coverage.

Will I receive a new prescription drug ID card?

You will not receive a separate prescription drug ID card. Your new Anthem medical ID card will also include your Express Scripts (ESI) prescription drug information. You can use the same ID card for both medical services and prescription medications beginning January 1, 2027.

Dental: Aetna to Delta Dental

Beginning January 1, 2027, Delta Dental will replace Aetna as Autodesk's dental carrier. The transition work includes moving enrollment information and orthodontic claims-history information so lifetime accumulators can be reflected under Delta Dental.

What is being transferred

Delta Dental requested a claims-history takeover file from the current carrier that includes orthodontia lifetime maximum information. This is intended to help carry forward the applicable member accumulators when coverage moves to Delta Dental.

How the dental transition will work

- Autodesk will send Delta Dental eligibility information before the January 1 effective date.
- Delta Dental is preparing a welcome email series for enrolled employees. The welcome emails will direct members to register for the Delta Dental member portal, where they can see their eligibility and claims information.
- Delta Dental will not automatically mail printed ID cards. Digital ID cards will be available through the Delta Dental website/mobile app.
- Delta Dental microsite has benefit information and a provider-search link so employees can check whether their current dentist participates in the Delta Dental network.

Dental transition Q&A

I currently see an Aetna in-network dentist. How do I know if my dentist is in-network with Delta Dental?

Use the provider-search link on the Delta Dental microsite to confirm your dentist's network status. Do not assume that a dentist who participates with Aetna also participates with Delta Dental.

My current dentist is not in the Delta Dental network. What should I do?

You can use the Delta Dental provider search to locate an in-network dentist. Delta Dental cannot proactively send targeted pre-transition letters to every member whose current dentist may be non-contracted, so checking your dentist before January 1 is the best way to avoid surprises.

If my dentist does not participate in the Delta Dental network, can I continue receiving services from them?

Yes, you can continue seeing your current dentist even if they do not participate in the Delta Dental network. However, choosing an in-network dentist will generally be more cost-effective, as network providers have agreed to negotiated rates that can help lower your out-of-pocket costs.

I'm in the middle of dental treatment. Will I have to start over when Delta Dental takes over?

No, you will not need to start over. Claims payment will be determined based on dates of service. Any claims with dates of service prior to January 1, 2027 will be paid by Aetna. Those claims with dates of service of January 1, 2027, and after will be paid by Delta Dental. Check whether your treating dentist participates with Delta Dental and review any ongoing treatment with the dental office before the transition.

I'm currently in orthodontic treatment. Will my orthodontia lifetime maximum information transfer?

Yes, Delta Dental requested orthodontia lifetime maximum information as part of the claims-history takeover from the current carrier, so any amount already paid by Aetna toward your orthodontic lifetime maximum will be deducted from any remaining benefit under Delta Dental.

What happens to orthodontic maximum amounts I have already used?

The orthodontic benefit is a lifetime maximum, so any remaining benefit with Delta Dental will be reduced by any claims already paid by Aetna toward that lifetime maximum.

Will Delta Dental send me a new dental ID card?

Delta Dental does not mail printed ID cards. Digital ID cards will be available through the Delta Dental website and mobile app. Your dentist can also verify your coverage electronically.

Will I receive information directly from Delta Dental?

Yes. Delta Dental is preparing a welcome email series for enrolled employees. The emails will explain how to register and sign in to the member portal. There's also the Delta Dental microsite, which has benefit information and provider-search tools.

How do I set up my Delta Dental account?

Follow the registration instructions in the Delta Dental welcome email or access the Delta Dental member portal after January 1, 2027. Once registered, you will be able to view your eligibility and claims information and access your digital ID card.

Where can I find information before January 1?

Use the Delta Dental microsite. It includes benefit information and a direct link to Delta Dental's provider search so you can check your current dentist or find an in-network alternative.

Where to go for help

If you have an ongoing treatment, scheduled procedure, current dental provider, specialty medication or prescription that may be affected, reviewing your situation before January 1 can make the transition easier.

Benefit	Best place to start	Key action
Medical	Anthem Microsite Anthem Health Guide: 844-870-0606	Confirm provider network status and request Continuation of Care if needed. Make sure to notify your doctor's office that you have new insurance.
Pharmacy	Express Scripts microsite 855-778-1416	Look up your medications, coverage requirements, pharmacy network and specialty-drug changes. Make sure to notify your doctor's office that you have new prescription drug coverage.
Dental	Delta Dental microsite	Confirm that your dentist is in-network and watch for the Delta Dental welcome email. Make sure to notify your dentist's office that you have new insurance.

Keep an eye on your email and mail

The new carriers may send welcome materials or targeted transition communications before or shortly after January 1. Read these communications carefully, especially if you are in active treatment, use a specialty medication, have an existing prior authorization, or see a provider who may not be in the new carrier's network.