

2025 Orange Plan 2.0 Webinar Transcript

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Welcome to an overview of the SCHOOLCARE orange 2.0 open access plan. This webinar will review the features and benefits of this plan.

Slide 2 All SCHOOLCARE plans provide the same coverage. Meaning, what the plans cover for doctors, treatments and medications is the same. The Orange 2.0 plan uses Cigna's National Open Access provider network across all 50 states. The Open Access feature allows participants to self-refer to see a specialist and does not require you to name a PCP. Preventive care and certain generic drugs are covered at no cost.

Slide 3 The Orange Plan has a deductible. A deductible is the first portion of coverage that is paid by the insured at 100% of the Cigna contracted cost. Once the deductible is met, you still have some potential out of pocket in the form of coinsurance. During the coinsurance phase, the plan pays the majority of the cost with 80% coverage for medical services and 90% of the cost of a prescription capping at \$75 per prescription. The out-of-pocket maximum is the most you would ever pay out of pocket in any plan year. The out-of-pocket maximum is the sum of the deductible and the coinsurance amounts.

Slide 4 The Orange 2.0 plan has a lower monthly cost. Aside from preventive care and certain generic medications, all other covered medical services and prescription drugs apply to the deductible, then coinsurance up to the out-of-pocket maximum. Once the out-of-pocket maximum is met, all covered medical services and prescription drugs are covered at 100% by the plan for the remainder of the plan year. The Orange 2.0 Plan meets the IRS threshold for a high-deductible health plan, so it can be paired with a Health Savings Account or HSA.

Slide 5 The Orange 2.0 Plan uses Cigna's National Open Access provider network. Preventive care is no cost. The deductible is \$2,500 for single coverage and \$5,000 for two-person or family coverage. After meeting the deductible, you will pay 20% of medical charges and 10% of a prescription but no more than \$75 up to the annual out-of-pocket max. The out-of-pocket max is \$5,000 for single coverage and \$10,000 for two-person or family coverage. All medical services accumulate to this equation including doctor visits, telehealth and behavioral health visits. It also includes Emergency Room and Urgent Care visits worldwide, tests, labs and hospitalization. You have 60 combined visits for speech, physical, and occupational therapy. You have 20 visits for chiro and 12 visits for acupuncture. Durable medical equipment including hearing aids, insulin pumps, CPAP machines, etc., all accumulate to your out-of-pocket maximum. Prescriptions apply as

well to this equation and after meeting the deductible you will only pay 10% but no more than \$75 of the cost of a medication

Slide 6 Let's illustrate how this works for an individual. The deductible is \$2,500. You will pay 100% of the Cigna-negotiated cost for medical services and prescriptions up to \$2,500. Then when \$2,500 has been met, you've reached the deductible and now coinsurance starts. You will only pay 20% of medical claims, 10% of the cost of a prescription, but no more than \$75 until a potential total expenditure of \$5,000 has been reached. From that point on all services will be covered at 100% for the rest of the plan-year. You can set up a Health Savings Account or HSA with this plan. The HSA can be funded by the employer and the employee. There are annual contribution limits set each year by the IRS, but it can roll over each year with no limit. All HSA funds belong to the employee and can be used for any eligible medical expenses.

Slide 7 Now let's look at two-person and family coverage. Two-person and family coverage have a \$5,000 deductible. You will pay 100% of the Cigna negotiated cost for medical services and prescriptions up to \$5,000. At that point coinsurance charges apply. You will pay 20% medical charges and 10% of the cost of a prescription but no more than \$75 for potentially an additional \$5,000 until the family's expenditure reaches a total of \$10,000. Again, after that amount has been reached, all services are covered in full for the rest of the year. You can set up a Health Savings Account or HSA with this plan. The HSA can be funded by the employer and the employee. There are annual contribution limits set each year by the IRS, but it can roll over each year with no limit. All HSA funds belong to the employee and can be used for any family member for eligible medical expenses.

Slide 8 MyCigna makes it easy to keep track of all your transactions. First, you can log on to myCigna.com and click on claims and balances to review all the transactions for your family's medical services and prescriptions. You can also call Cigna 24/7/365 and speak with a phone representative for questions and customer service issues. And lastly, Cigna has a mobile app that you can download to your smart phone and have all the information at your fingertips including downloading or printing a digital ID card.

Slide 9 The SCHOOLCARE website schoolcare.org is a great resource for plan documents, resources, and other information including details about the **Good For You!** Well-Being Program. This concludes the webinar. Thank you for watching!