

Red Open Access Plan Overview

Jana Dalton, Group Relations Specialist

Slide 1: Hello, welcome to an overview of the SCHOOLCARE Red Open Access plan. If you have any questions following this webinar, please contact any of the individuals listed on this slide.

Slide 2: Before we begin, let's review some frequently used terms that will be used in this webinar. The first term is deductible. During this first deductible phase, you'd pay 100% of the Cigna contracted rate for covered services before the insurance plan starts to pay. For example, just like your car insurance, if you have an accident you must pay a deductible first and then the insurance plan pays. Once you've met your deductible, you'd go into the second phase of coverage, which is the coinsurance phase. Coinsurance is when the plan pays a percentage of the cost, and you pay a percentage of the cost, up until you meet your out-of-pocket maximum. The out-of-pocket maximum is the sum of your deductible amount and your coinsurance amount. When and if you reach your out-of-pocket maximum, you'd pay no more out-of-pocket costs for covered services, for the rest of the plan year. Put simply, it's the most that you would ever incur in any given plan year.

Slide 3: Now let's review the plan in general. First, the Red Open Access plan operates on Cigna's national open access network. This is the largest network that Cigna offers and provides benefits and coverage in all 50 states. You do not need to identify a PCP; nor do you need to seek a referral to see a specialist. All your preventive care, including your annual eye exam is covered at no cost to you. Behavioral health and substance abuse care as an outpatient is also covered at no cost to you. You are covered anywhere in the world for emergencies and Urgent Care with a \$50 copay or \$25 copay, respectively.

This plan does have a deductible. It's \$250 per person, and \$500 per family. Once the deductible has been met, you'd begin paying a coinsurance of 20% for medical charges, while the plan pays the remaining 80%. You'd continue to pay coinsurance until you reach your out-of-pocket maximum of \$1,000 per individual and \$2,000 per family. For prescription drugs, there is a separate out-of-pocket maximum of \$2,000 per individual and \$4,000 per family towards which all of your prescription drug co-pays accumulate. Next, here you see that all your medical services are subject to the deductible first, and then coinsurance up to your medical out-of-pocket maximum. This includes office visits with a physician, specialists, telehealth, labs, x-rays, advanced radiology, and hospitalizations. Specialty therapies also apply such as speech, physical, and occupational therapy, of which there is a 60 combined visit limit, per person per plan year. Also access to 20 chiropractic visits, 12 acupuncture visits, as well as durable medical equipment including insulin pumps, CPAP s, and hearing aids as well as external prosthetic appliances. These are all also subject to the deductible, then coinsurance, and up to the out-of-pocket maximum.

This plan does have a three-tier prescription drug plan as well. Purchasing prescriptions at your local retail pharmacy for a 30-day supply would be \$5 for generics, \$15 for preferred brand-name drugs, and \$35 for non-preferred brand name drugs. You can also use the

Express Scripts Home Delivery service for a 90-day supply and have no cost for generics, \$15 for preferred, and \$35 for non-preferred brand name drugs.

Slide 4: Now let's illustrate how these dynamics would work for an individual. The first time you go to the doctor because you're sick, you would have a \$250 deductible. So, you would pay out-of-pocket towards the deductible for any medical services or office visits until you reach the \$250 deductible amount. Once you've met your \$250 deductible, you'd then be charged 20% of the covered medical expenses, while the plan pays the remaining 80%. You'd continue paying this 20% coinsurance up until you reach the \$1,000 out-of-pocket. So, \$250 worth of deductible expenses, then \$750 worth of coinsurance payments, and then you've met the out-of-pocket maximum. At that point, you would incur no more out-of-pocket expenses for covered services, for the rest of the plan year. This includes doctor visits, hospitalizations, durable medical equipment, etc... These cost limitations apply for an individual, on an individual plan, as well as an individual within a family plan, as we'll discuss on the next slide. Also, please note that there is a separate out of pocket maximum for prescriptions, so those copays are not accounted for within this particular diagram.

Slide 5: Now let's look at a family plan. First, let's note that no one individual will incur more than the \$250 deductible and \$1,000 total out-of-pocket maximum as we discussed on the previous slide. So, those safeguards apply here on a family plan as well. The cumulative family deductible is \$500 and the out-of-pocket maximum for the whole family is \$2,000. The dynamics of this plan are very similar to the dynamics we just discussed for Individuals. Participants first pay the deductible when going to the doctors' for sickness visits, for example. However, no one individual will pay more than the individual deductible of \$250. The family together then accumulates to the total \$500 deductible. Once the \$500 deductible has been met by the family, they begin paying 20% for medical expenses and begin accumulating to the out-of-pocket maximum for the family of \$2000. However, as each member contributes to the coinsurance totals, no one member will ever pay more than the individual \$1000 amount. The total family would individually pay coinsurance up until the family meets the cumulative \$2000 out of pocket maximum. When and if the family reaches this \$2000 out of pocket maximum, they would have no more out-of-pocket expenses for all the family's covered medical treatments, hospitalizations, durable medical equipment, etc. for the rest of the plan year.

Again, please note there is a separate out of pocket maximum for your prescriptions. This plan has a three-tier formulary consisting of generics, preferred brand-name drugs, and non-preferred brand name drugs. Using a local retail pharmacy, your generics are \$5, preferred brand-name drugs are \$15, and non-preferred brand drugs are \$35. However, if you use the Express Scripts Home Delivery, you'd get 90-day supply of generics at no-cost, preferred brand-name drugs again for \$15, and non-preferred brand name drugs for \$35. You would continue paying these prescription copays up until you potentially reach the prescription out of pocket maximum of \$2000 for an Individual, and \$4000 for a Family.

Slide 6: There are multiple resources available to you via myCigna in order to assist you in answering any questions you may have about your benefits. You can visit myCigna via your smart phone app or online. Here, you can find personalized information about your benefits, provider network information, cost and quality of care, as well as our Good For You! Program. You can also track your deductible and coinsurance progress during the plan year, so you can always reference where you stand regarding your accumulators. You can see whether you've met your deductible, how much more coinsurance payments you can expect, and confirm when you've met your out-of-pocket maximums. These tracker tools can be very helpful on this plan, to help you know what to expect for balances due. You can also cross reference any invoices with your EOB's to verify if the amount due is accurate per your plan. Please explore the myCigna website if you haven't done so already and utilize it to learn more about the benefits and resources available to you.

Slide 7: Finally, please remember you can also contact us at the SchoolCare office. Our direct office line is 603-836-5031 and we'll be more than happy to assist you in making sure you have a good understanding of your benefits. As well, you can text "JOINSC" to 313131 and we'll include you in our periodic text messages to update you on key benefit information.

Thank you so much for joining me today and please reach out if you have any questions about your benefits. Take good care.