

Yellow Open Access with Choice Fund Plan Overview

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Hello, this is an overview of the SCHOOLCARE yellow with choice fund open access plan. This overview will review all the parts of the plan and how it works.

Before we start, there are some frequently used terms that we will discuss in this webinar. The first term is deductible. A deductible is the first portion of coverage that's paid by the individual before the insurance starts to pay. The next term is coinsurance. Coinsurance pays a percentage of the cost and the insured pays a percentage until you reach an out-of-pocket maximum. The out-of-pocket maximum is the sum of your deductible amount and your coinsurance amount, it's the most that you would ever incur out of your own pocket in any given year.

Here are some highlights of the SCHOOLCARE yellow open access plan. First, it provides the same level of coverage of treatments, hospitals, and prescription drugs as all other SchoolCare plans. Your preventive care and certain generic preventive drugs are covered at no cost to you. All other covered medical services and prescriptions apply to a deductible and then coinsurance, up to the annual out-of-pocket maximum. Once the out-of-pocket maximum has been met, all covered services and prescriptions are then covered at 100% for the remainder of the year. This plan includes a Choice Fund embedded HRA which pays the first part of the deductible automatically.

The built-in Choice Fund HRA pays towards the deductible once it has been activated. The choice fund is technically an embedded health reimbursement account, an HRA. It's activated when the subscriber completes a confidential health assessment at myCigna.com. This must be done each year in order to activate the choice fund. Current participants can take the health assessment between June 1- and July 30. New Cigna participants can take it starting July 1. Biometric data is not required. For an individual that's \$1,000, for two person and family coverage that's \$2,000. If in any given year the choice fund is not used in full, any remaining balance will roll over into the next year.

Now we'll review the summary of benefits. The plan uses Cigna's National Open Access provider network. Preventive care is no cost. The Choice Fund will pay \$1000 or \$2000 towards the annual deductible as long as the subscriber completes the health assessment at myCigna.com. The deductible is \$1250 for single coverage and \$2500 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 \$2000 for single coverage and \$4000 for two person or family. 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, 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.

So, let's illustrate how this works for an individual. The deductible is \$1,250; by completing the health assessment at myCigna.com it activates the choice fund of \$1,000. That's going to pay first towards any deductible expenses whether it's an office visit or a trip to the pharmacy for a prescription. Once the \$1,000 choice fund has been used the individual is responsible for \$250 of deductible expenses. Then when \$1,250 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 total expenditure of \$2000 has been reached. The first \$1,000 has been paid by the choice fund and the second \$1000 has been paid by the individual. From that point on all services will be covered at 100%.

Now let's look at 2 person and family coverage. 2 person and family coverage have a \$2500 deductible. The subscriber completes the health assessment at myCigna.com to activate the \$2,000 choice fund. That \$2,000 fund will pay the first portion of deductible expenses for any member of the family, whether it is a trip to the doctor a medical service, or a prescription. Once the \$2,000 fund has been used then the family will incur \$500 of deductible expenses out of their pocket to reach the \$2,500 deductible. 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 an additional \$1500 until the family's expenditure reaches a total of \$4,000. The first \$2,000 having been paid out of the fund and the second \$2,000 paid by the insured. Again, after that amount has been reached all services are covered in full for the rest of the year.

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 in to 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.

You can always call SchoolCare if you have questions about your benefits at 603-836-5031. 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.

Thank you for watching.