Red Open Access Plan Overview

Jeff Kantorowski:

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.

Before we begin, let's review some frequently used terms that will be used in this webinar. The first term is deductible. A deductible is the first portion of coverage that must be paid out of pocket by the insured before the insurance plan starts to pay. So, just like your car insurance, if you have an accident you must pay a deductible first and then the insurance plan pays. The next term is coinsurance. Coinsurance is when the insurance plan pays a percentage and you pay a percentage up to your out-of-pocket maximum. The out-of-pocket maximum is the sum of your deductible amount and your coinsurance amount. Once you reach your out-of-pocket maximum, you'll have no more out-of-pocket costs for the rest of the year. It's the most that you would ever incur in any given year.

Now let's review the plan in general. First, the Red Open Access plan operates on Cigna's national open access network. This provides benefits and coverage in all 50 states, so you do not need 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 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.

The plan does have a deductible. It's $250 per person, $500 per family. Once the deductible has been met, coinsurance of 20% of medical charges is then charged. You pay coinsurance until you reach your out-of-pocket maximum of $1,000 per individual and $2,000 per family. For prescription drugs the out-of-pocket maximum is $2,000 per individual and $4,000 per family which would accumulate all your prescription drug co-pays. All your medical services are subject to the deductible and then coinsurance up to your out-of-pocket maximum including office visits with a physician, specialists labs, x-rays, advanced radiology, hospitalizations, specialty therapies such as speech, physical occupational therapy, of which there is a 60 combined visit limit, 20 visit chiropractic limit, 12 visit limit for acupuncture, durable medical equipment including insulin pumps, CPAP s, and hearing aids are all subject to the deductible and out-of-pocket equation.

The plan does have a three-tier prescription drug plan. Purchasing prescriptions at your local 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 mail order service for a 90-day supply and have no cost for generics, $15 for preferred, and $35 for non-preferred brand name drugs.

Now let's illustrate how this 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. Then you'd be charged only 20% of the medical services for an additional $750 out-of-pocket until the individual reaches a total amount of $1,000 out-of-pocket. At that point they've reached their out-of-pocket maximum and they would incur no more out-of-pocket for the rest of the year for all medical services, treatments, hospitalizations, and durable medical equipment. Please note that this would apply for an individual whether they were alone or part of a family unit.

Now let's look at a family. Note that no one individual will incur more than $250 per deductible and $1,000 total out-of-pocket. And no family will incur more than $500 for their deductible and a total of $2,000 out-of-pocket. So, each person would accumulate their own deductible until the family has accumulated $500 in deductible, and then no one person would incur more than $1,000. And the family would incur no more than $2,000 total to reach their out-of-pocket maximum. Once that amount has been reached, they would have no more out-of-pocket expenses for all the family's medical treatments hospitalizations tests etc. for the rest of the year.
Now to review the prescription drug coverage. Again, 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 Cigna home-delivery pharmacy and get 90-day supply generics are no-cost, preferred brand-name drugs again are $15, and non-preferred brand name drugs are $35. Again, for your 90-day supply you can set up the mail-order delivery through Cigna home delivery pharmacy by calling 800-285-4812 or logging into your myCigna.com web account.

Finally, you have several resources available to you if you have questions or concerns about your health benefits. Your first resource would be to contact your benefits administrator or Human Resources office at your SAU. They can help with enrollment forms or setting up a flex spending account to help with your out-of-pocket expenses. You can contact SchoolCare for other benefit information at the SchoolCare website www.schoolcare.org. You can contact Joanne Trainer or Jana Dalton at the SchoolCare office, and they can assist you or you can contact Jeff Kantorowski at NEA New Hampshire and SchoolCare if you have questions about your coverage or if you have issues involving a claim or denial that you were not able to resolve with Cigna.

Thank you very much.