FREQUENTLY ASKED QUESTIONS

Q. What do I need to do when I visit the doctor for the first time after January 1?
A. When you arrive, present your Cigna ID card to the staff to make them aware that you have Cigna Healthcare Open Access Plus.

Q. Will I have to pay my annual deductible at my first healthcare visit after January 1?
A. No, not if you see an in-network Cigna Healthcare provider. The provider will send the charges directly to Cigna for processing. An Explanation of Benefits (EOB) will be sent to your home showing how the charges were processed against your benefit plan. The EOB will indicate what you owe. It will be your responsibility at that time to pay the healthcare provider.

Should you see a healthcare provider outside the Cigna network, the out-of-network provider may require payment upfront. You may also need to submit a claim form to Cigna Healthcare.

Q. I have family coverage. How does the family deductible work?
A. All family members' covered medical expenses will count towards the family deductible amount. Once one family member reaches the individual deductible amount, the plan will begin to pay at the coinsurance level for that family member, even if the total family deductible amount has not been met.

Q. Will the deductible apply towards the out-of-pocket maximum?
A. Yes, your deductible will apply to both the in and out-of-pocket maximums.

Q. How do I lower my out-of-pocket expenses?
A. By accessing care and services through a Cigna Open Access Plus in-network healthcare provider or hospital your out-of-pocket costs will be less than if you accessed care out-of-network.

To determine if your provider is a Cigna Open Access Plus in-network healthcare provider, call 1.800.Cigna24 (800- 244-6224) or visit mycigna.com. Cigna customer service representatives are available 24/7.

Q. How are pre-certifications and authorizations managed?
A. Cigna Open Access Plus healthcare providers are responsible for obtaining pre-certifications and authorizations on your behalf. Should you visit an out-of-network provider, it is your responsibility to contact Cigna at 1.800.Cigna24 for pre-certification or authorization.

Q. How are Vision services covered?
A. The benefit provides employees only with an allowance for prescription eyeglasses. Employees only are entitled to $300 for prescription eyeglasses or 75% of cost, whichever is less, every two years. You can save 20% when you visit a Cigna Vision Network Eye Care professional. Please visit mycigna.com to find a participating provider or to access a vision claim form.

Spouse and dependents may receive a discount for eye exams, lenses, frames and contacts by showing their Cigna ID card at a participating Healthy Rewards vision provider. Please visit mycigna.com or call 1-800.Cigna24 to find a participating provider nearest you.

Q. What if I have not met my 2014 plan year deductible prior to January 1, 2015?
A. If you have any covered services during the last 3 months of the calendar year that would apply to your 2014 deductible, those expenses may be applied to your 2015 deductible.

Q. How does the annual deductible and coinsurance work?

A. The following are examples of how Cigna will process covered expenses:

PPO 2: Walter had surgery on his knee. The surgery cost $5000. The surgery is subject to his annual deductible and coinsurance of 10%.	
Amount billed	$5000
Discount applied	$1250
Covered amount	$3750
Walter's deductible	$ 350
Remaining bill	$3400
Walter pays 10% of remaining bill	$ 340
Health plan pays 90% of remaining bill	$3060
Walter's Total Cost	$ 690

PPO 3: Jean goes to the doctor for an injury. The office visit, lab and x-rays cost $1200. The services are subject to Jean's annual deductible and coinsurance of 20%.	
Amount billed	$1200
Discount applied	$ 300
Covered amount	$ 900
Jean's deductible*	$ 500
Remaining bill	$ 400
Jean pays 20% of remaining bill	$ 80
Health plan pays 80% of remaining bill	$ 320
Jean's Total Cost	$ 580

*Jean's deductible will be applied to the family deductible of $1000.