



Cascades

Plan year: 2023

# YOUR MEDICAL PLAN OPTIONS

**Together, all the way.®**



# AGENDA

- **Insurance Terms**
- **Your Plan Options**
  - OAP
  - HSA
- **Behavioral Health**
- **Vision**
- **Tools & Resources**
- **Health Coaching**
- **Health Assessment**
- **Taking Control of Costs**
- **How to Use Your Plan**
- **Q & A**



# WORDS TO KNOW



# UNDERSTANDING TERMS IN YOUR HEALTH PLAN

## **Deductible:**

An amount you'll pay each year for out-of-pocket before your plan begins to pay for covered health care costs.

## **Copay:**

A preset amount you pay for your covered health care services. The health plan pays the rest.

## **Co-insurance:**

Your share of the cost of your covered services. The health plan pays the rest.

## **Out-of-pocket maximum:**

The most you pay before the health plan begins to pay 100% of covered charges.

## **In-network:**

Health care providers and facilities that have contracts with Cigna to deliver services at a discount. You pay a lower amount for those services.

## **Out-of-network:**

A health care provider or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.





# YOUR PLAN OPTIONS





## Open Access Plus (OAP)



**Primary Care Provider:** A primary care provider (PCP) is recommended but not required



**Specialist:** You can see a specialist without a referral



**Cigna's network:** Lower costs by using providers and health care facilities in the Cigna OAP network

- Access Cigna's network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



**Deductible:** You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs.<sup>1</sup> Only services covered by the health plan count toward the deductible



**Copay and co-insurance:** Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest<sup>2</sup>



**Out-of-pocket maximum:** Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.

2. Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.



# PLANNING FOR YOUR MEDICAL COSTS

	OAP 80 Non Union			
	In-Network		Out-of-Network	
<b>Deductible</b>	Individual \$500	Family \$1,000	Individual \$1,000	Family \$2,000
<b>Out-of-pocket maximum<sup>1</sup></b>	Individual \$3,000	Family \$6,000	Individual \$6,000	Family \$12,000
<b>Primary Care Physician</b>	\$25 copay and plan pays 100%		Plan pays 60% after the deductible is met	
<b>Cigna Telehealth Connection Services</b>	\$15 copay and plan pays 100%		Not covered	
<b>Specialty Care Physician Services</b>	\$35 copay and plan pays 100%		Plan pays 60% after the deductible is met	
<b>Emergency Room</b>	\$100 copay, and plan pays 100%		\$100 copay, and plan pays 100%	
<b>Urgent Care Facility</b>	\$35 copay and plan pays 100%		Plan pays 60% after the deductible is met	
<b>Inpatient Hospital Facility Services</b>	\$500 copay and plan pays 100%		Plan pays 60% after the deductible is met	
<b>Outpatient Hospital Facility Services</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	



# THE BENEFITS OF YOUR HEALTH PLAN PLUS A HEALTH SAVINGS ACCOUNT (HSA)

## Cigna Choice Fund® Health Savings Account (HSA)



- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- Offers in-network preventive care covered by the plan at 100%<sup>1</sup>
- Provides flexibility as you own the account; contributions can come from you, your employer or both
- Encourages greater savings; contributions are generally not taxable<sup>2</sup>
- Provides investment options

1. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). See your plan materials for a complete list of covered preventive care services.

2. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.



# ARE YOU ELIGIBLE TO PARTICIPATE?



**Because HSA plans have certain tax advantages, the IRS defines specific rules for participation.**

## To be eligible:

- You must be enrolled in an IRS-qualified high-deductible medical plan by the first of the month
- High-deductible medical plans offered with Cigna Choice Fund<sup>®</sup> HSA meet IRS requirements
- If your health plan effective date is after the first of the month, your HSA will be established on the first of the following month
- You cannot have any other health coverage that is not also a qualified high-deductible plan
- You cannot be claimed as a dependent on another person's tax return
- You may not be enrolled in Medicare (A, B or D), TRICARE, or a Full Purpose FSA (including a spouse's Full Purpose FSA)



# CONTRIBUTING THE MAXIMUM TO YOUR HSA



## The IRS has set the following limits for 2023:

### Under age 55 and not enrolled in Medicare (based on a 12-month period):

- Up to \$3,850 individual coverage<sup>1</sup>
- Up to \$7,750 family coverage<sup>1</sup>

### Age 55 or older:

- Maximum contribution increases by \$1,000 (considered a “catch-up” contribution)
- Up to \$4,850 individual coverage<sup>1</sup>
- Up to \$8,750 family coverage<sup>1</sup>

### To make the maximum contribution in a calendar year, you must:

- Meet all requirements to be eligible for HSA contributions on January 1<sup>2</sup>
- Remain qualified through December 1<sup>2</sup>

1. Contributions to your HSA that you receive from your employer and incentives count toward your maximum.

2. If these criteria are not met, the maximum contribution is prorated; if 1/12 maximum contribution for each month, then individual is qualified.

# PLANNING FOR YOUR MEDICAL COSTS



## Cascades HSA Contribution

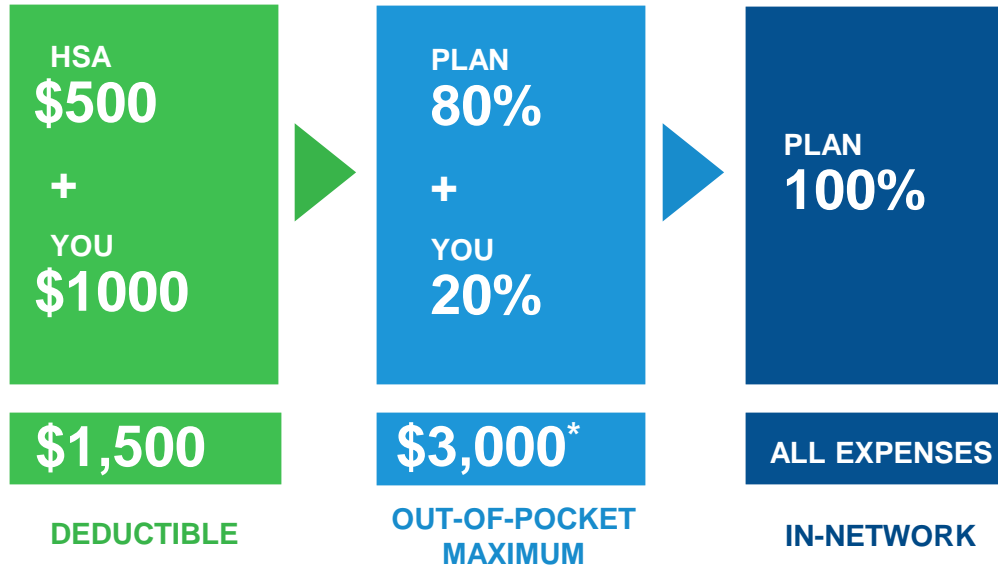
Individual: \$500

Family: \$1,000

	HSA \$1,500 Non Union			
	In-Network		Out-of-Network	
<b>Deductible</b>	Individual \$1,500	Family \$3,000	Individual \$1,500	Family \$3,000
<b>Out-of-pocket maximum<sup>1</sup></b>	Individual \$3,000	Family \$6,000	Individual \$3,000	Family \$6,000
<b>Primary Care Physician</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Cigna Telehealth Connection Services</b>	Plan pays 80% after the deductible is met		Not covered	
<b>Specialty Care Physician Services</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Emergency Room</b>	Plan pays 80% after the deductible is met		Plan pays 80% after the deductible is met	
<b>Urgent Care Facility</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Inpatient Hospital Facility Services</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Outpatient Hospital Facility Services</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	



# \$1,500 HSA NON UNION INDIVIDUAL CONTRIBUTIONS

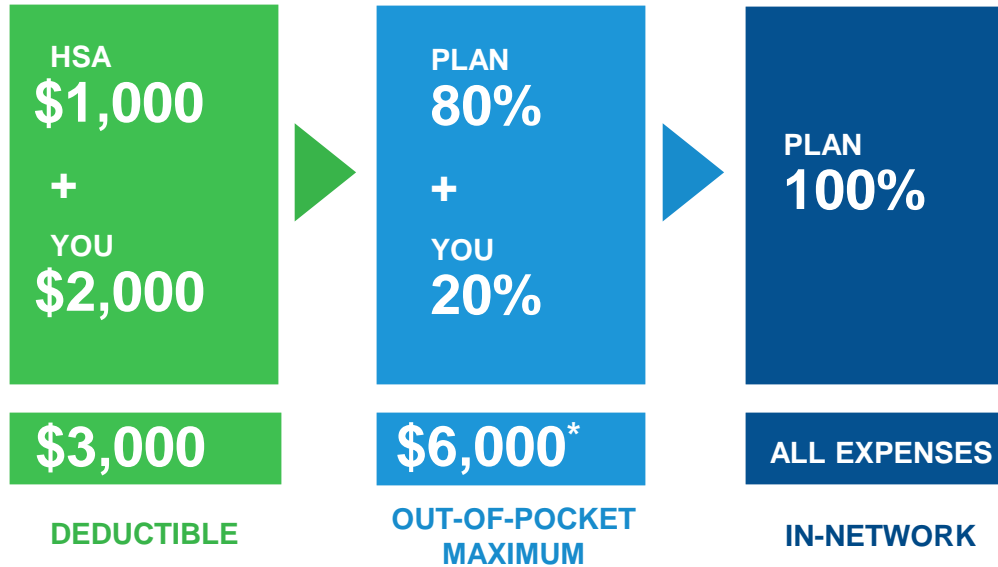


**IN-NETWORK PREVENTIVE CARE IS COVERED BY THE PLAN AT 100%\*\***

\*Includes deductible. Your out-of-pocket costs may exceed the amount shown if you choose to receive care out-of-network. \*\*Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). **All plans have exclusions and limitations.** See your Benefit Summary and enrollment materials for details about the services covered under your plan. This is an example used for illustrative purposes only. All plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials.



# \$1,500 HSA NON UNION FAMILY CONTRIBUTIONS



**IN-NETWORK PREVENTIVE CARE IS COVERED BY THE PLAN AT 100%\*\***

\*Includes deductible. Your out-of-pocket costs may exceed the amount shown if you choose to receive care out-of-network. \*\*Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). **All plans have exclusions and limitations.** See your Benefit Summary and enrollment materials for details about the services covered under your plan. This is an example used for illustrative purposes only. All plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials.



# PLANNING FOR YOUR MEDICAL COSTS



## Cascades HSA Contribution

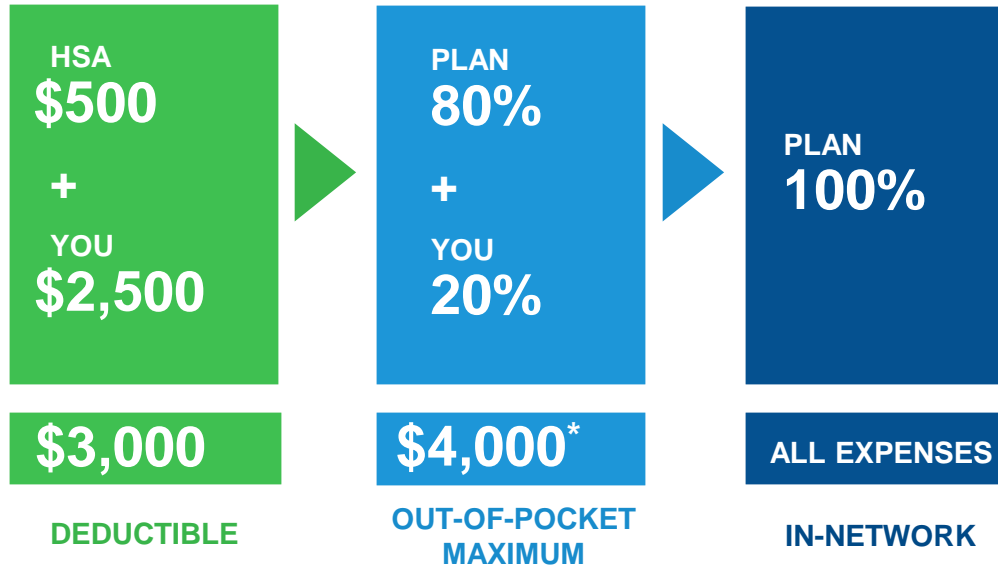
Individual: \$500

Family: \$1,000

	HSA \$3,000 Non Union			
	In-Network		Out-of-Network	
<b>Deductible</b>	Individual \$3,000	Family \$6,000	Individual \$3,000	Family \$6,000
<b>Out-of-pocket maximum<sup>1</sup></b>	Individual \$4,000	Family \$8,000	Individual \$4,000	Family \$8,000
<b>Primary Care Physician</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Cigna Telehealth Connection Services</b>	Plan pays 80% after the deductible is met		Not covered	
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<b>Emergency Room</b>	Plan pays 80% after the deductible is met		Plan pays 80% after the deductible is met	
<b>Urgent Care Facility</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Inpatient Hospital Facility Services</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	
<b>Outpatient Hospital Facility Services</b>	Plan pays 80% after the deductible is met		Plan pays 60% after the deductible is met	



# \$3,000 HSA NON UNION INDIVIDUAL CONTRIBUTIONS

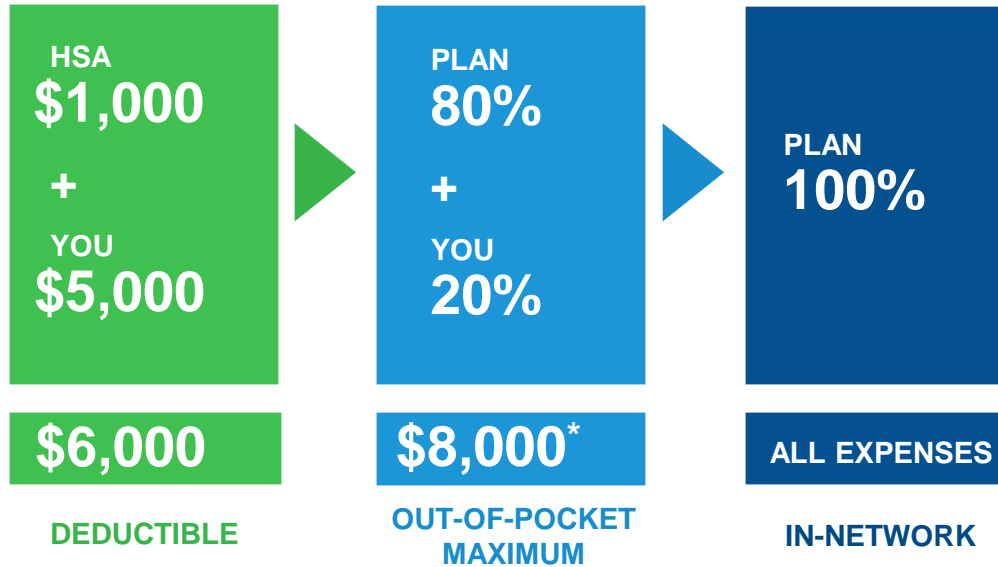


**IN-NETWORK PREVENTIVE CARE IS COVERED BY THE PLAN AT 100%\*\***

\*Includes deductible. Your out-of-pocket costs may exceed the amount shown if you choose to receive care out-of-network. \*\*Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). **All plans have exclusions and limitations.** See your Benefit Summary and enrollment materials for details about the services covered under your plan. This is an example used for illustrative purposes only. All plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials.



# \$3,000 HSA NON UNION FAMILY CONTRIBUTIONS



**IN-NETWORK PREVENTIVE CARE IS COVERED BY THE PLAN AT 100%\*\***

\*Includes deductible. Your out-of-pocket costs may exceed the amount shown if you choose to receive care out-of-network. \*\*Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). **All plans have exclusions and limitations.** See your Benefit Summary and enrollment materials for details about the services covered under your plan. This is an example used for illustrative purposes only. All plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials.







# BEHAVIORAL HEALTH SUPPORT



# BEHAVIORAL HEALTH: SUPPORTING YOUR NEEDS



**Network** includes licensed therapists, psychiatrists and psychiatric nurse practitioners, behavioral facilities or programs and more



## **Fast access**

- First-time therapy within 5 business days
- Prescriber appointments (psychiatrist or psychiatric nurse practitioner) within 15 business days



**Virtual care** via online appointments with licensed counselors or psychiatrists

# BEHAVIORAL HEALTH: ADDITIONAL SUPPORT



**Seminars** offered monthly on topics such as autism, eating disorders, substance use and behavioral health



## Coaching/Support Services

- Addresses challenges such as autism spectrum disorder, eating disorders, pain management, substance use
- Provides help for individuals and families when it comes to understanding a behavioral diagnosis or learning about treatment choices
- Identifies in-network providers and what you'll pay



**Online tools** to locate in-network providers and facilities, as well as stress management, health and well-being information



# CIGNA TOTAL BEHAVIORAL HEALTH (CTBH)

## Clinical support

Three sessions to connect with licensed clinicians in our network, at no additional cost to you<sup>1</sup>

## Happify™ offered through Cigna

Digital self-guidance tool to help increase resilience through activities, games and guided meditations. Designed to help reduce stress and anxiety while encouraging confidence<sup>2</sup>

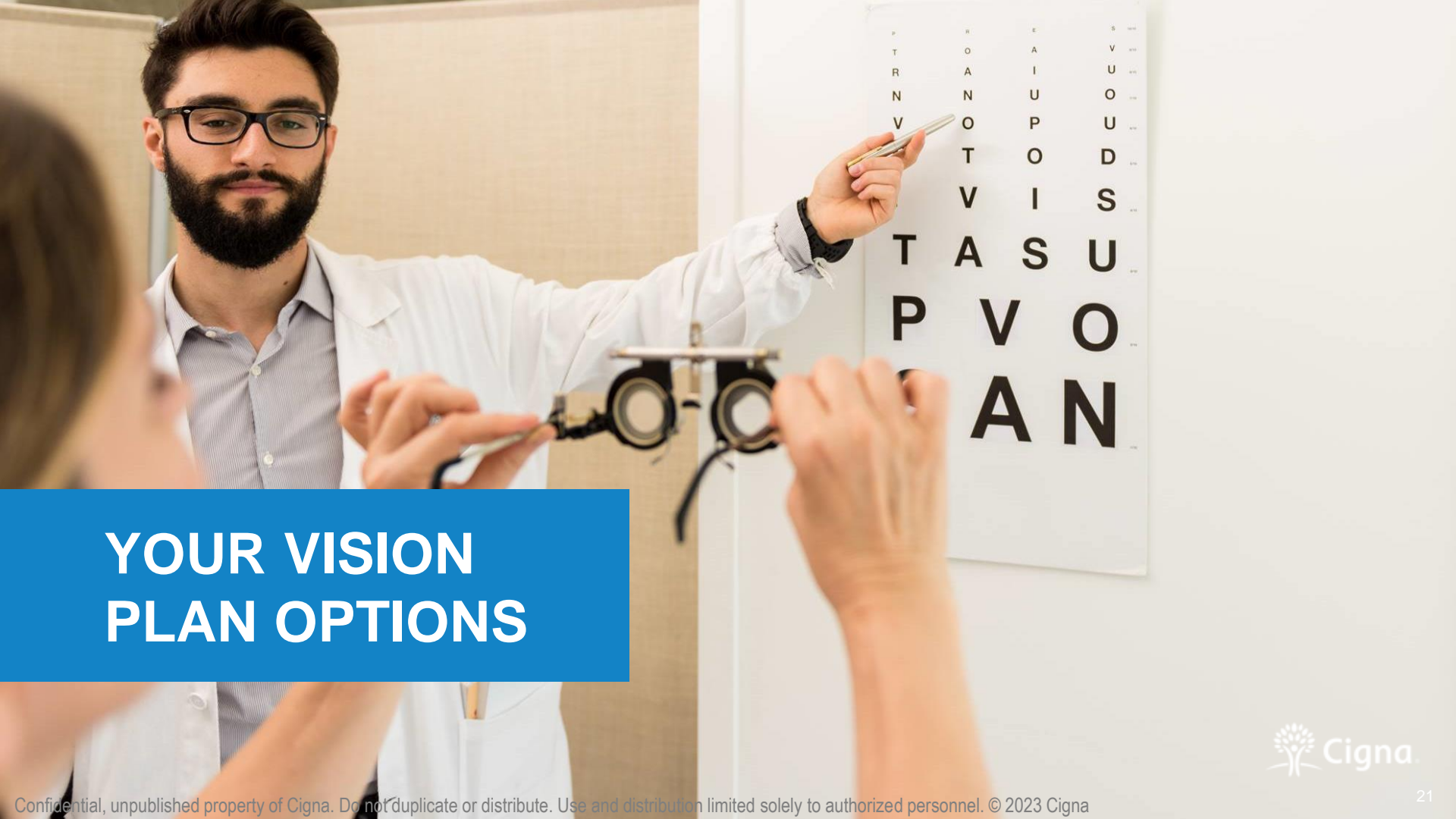
## iPrevail offered through Cigna

On-demand peer coaching and personalized learning to help boost your mood and improve mental health care<sup>2</sup>

1. Three visits per issue per year. Restrictions apply to fully insured business sites in New York.

2. Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.





# YOUR VISION PLAN OPTIONS

# YOUR VISION PLAN



Choose your own eye doctor but save more when you stay in the Cigna Vision Network



If you choose to see an eye doctor who is out-of-network, you'll pay the full cost of the service at the time of the appointment, then submit a claim form to get reimbursed for covered charges<sup>1</sup>



The plan covers 100% of the exam fee. You're responsible for the costs of non-covered services



You may enjoy additional savings if your eye doctor participates in the Healthy Rewards<sup>®</sup> Vision Network Savings Program<sup>2</sup>

1. Your Cigna Vision plan coverage is based on the plan chosen by your employer. Be sure to review your plan benefit summary for details on covered and non-covered services. Plan deductibles, co-insurance, copays and materials allowances may apply.

2. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.





# TOOLS & RESOURCES

## A homepage dashboard of personalized information

- Designed to provide immediate access to the information most valued
- Information organized into concise modules:
  - Coverage status
  - Latest Updates, which includes recent claim status and other messages
  - My Health Team
  - Health Assessment and biometrics
- Access to Personal Guides through the “Talk with us” chat feature

The screenshot shows the MYCIGNA.COM homepage. At the top, there is a navigation bar with the Cigna logo, a search icon, and links for Messages, ID Cards, Rx Cart, and Guest. Below the navigation bar is a yellow banner for "Important Information for Customers" with a "Dismiss" button. The main content area starts with a "Welcome, Guest!" message and a "Get discounts with Cigna Healthy Rewards." section featuring a "Learn more" button. The "Recent Claims" section shows a "Submit a COVID-19 Test Claim" button and a message stating that no claims were found within the past 90 days. The "Coverages" section displays a "Medical Coverage" card for "Open Access Plus with HRA" with a group ID of 3174704. The card shows an "In-Network Deductible Remaining" of \$5,000.00, with a progress bar indicating \$0.00 met of \$5,000.00. It also notes "Phase 1" and "You pay the deductible until deductible is met." At the bottom, there is a footer with "Contact Us" information, "Popular Links" such as "Get an ID Card" and "View My Claims and EOBs", "Other Cigna Websites" like "Cigna.com" and "Cigna Medicare", and "Follow Us" social media icons. A "Talk with us" chat bubble is visible in the bottom right corner of the page.

“Talk with us” bubble is always in the lower right corner of the screen

Talk with us

Talk with us



NOTE: Images here are not final and are subject to change.

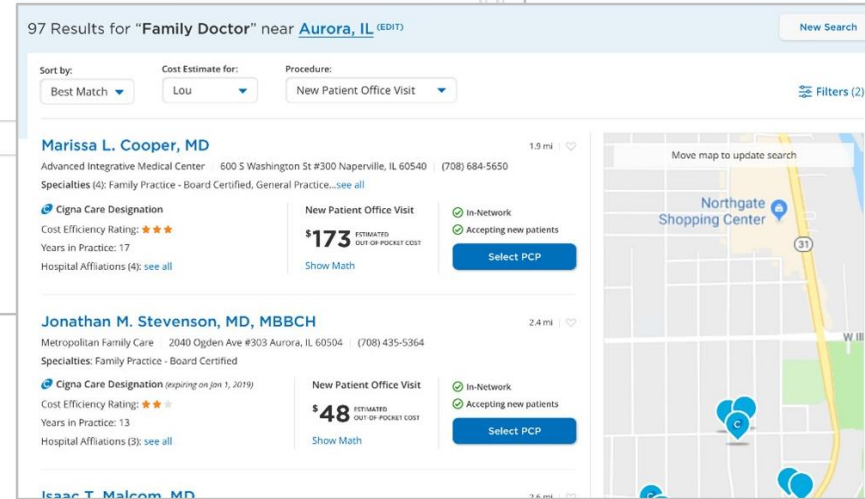
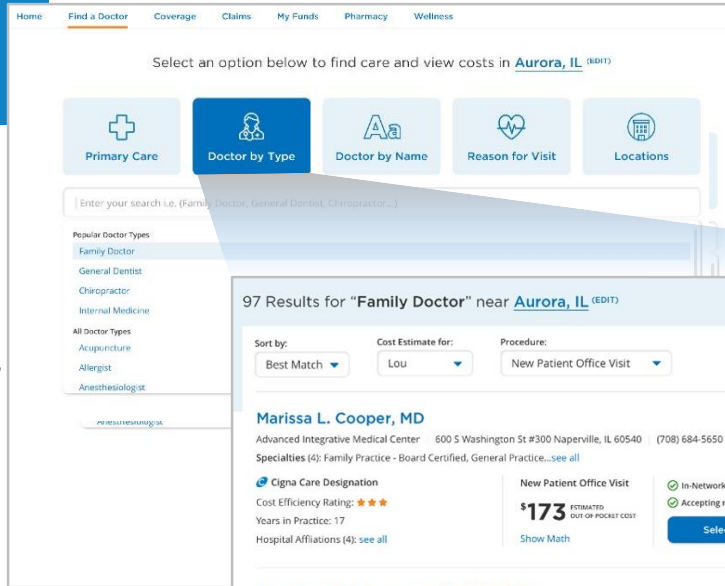


# FIND CARE & COSTS

## A guided experience for finding care

### A clean, intuitive user interface that features:

- Full integration of medical and behavioral network providers
- Guided search to help find the right care at the right time
- Search results designed to help with decision making
  - Price estimators
  - “Best Match” results prioritize providers based on criteria including strong quality metrics, cost efficiency, relevance and more
  - An interactive map recalculates results as the map is adjusted

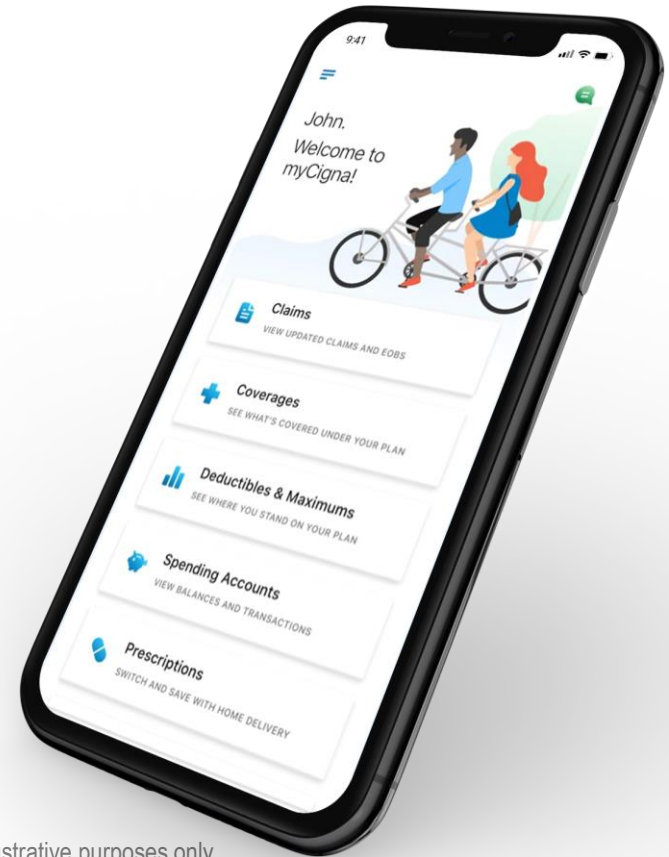


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# YOUR HSA EXPERIENCE ON MYCIGNA®

## Easy, at-a-glance web and mobile view under “Spending Accounts”

- Check balances
- Make withdrawals and contributions
- Get account updates
- Use the calculator tool to determine your contribution
- Order or cancel debit cards
- Learn about investment options
- Access educational information and videos



For illustrative purposes only.



# VIRTUAL CARE<sup>1</sup>

Get the care you need — including prescriptions, when appropriate — for a wide range of minor medical conditions.

**Who:** Board-certified doctors, pediatricians, licensed counselors and psychiatrists

**When:** For medical conditions: 24/7/365, including weekends and holidays  
For behavioral health: By appointment

**How:** Phone or video chat

1. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs.



# VIRTUAL MEDICAL HEALTH<sup>1</sup>



**Board-certified doctors and pediatricians can diagnose, treat and prescribe medications for minor medical conditions, including:**

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory and sinus infections
- Sore throats
- Urinary tract infections

1. This is not a full list and is subject to change. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs.



# VIRTUAL BEHAVIORAL CARE<sup>1</sup>



**Licensed counselors and psychiatrists can diagnose, treat and prescribe medications for non-emergency behavioral/mental health conditions, including:**

- Addiction
- Bipolar disorder
- Child/adolescent issues
- Depression
- Eating issues
- Grief/loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

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# HEALTH COACHING



# WHAT IS HEALTH COACHING

**Personalized goal-driven,  
whole health support.**

**Confidential**

One-on-one

**Convenient**

Telephone based

**No extra cost to you**

Included with your  
health plan



# HOW COACHES CAN HELP YOU

## Manage chronic conditions

through medication and treatment plan adherence, as well as management of other related health issues.

## Navigate care and treatment

with help getting second opinions or information on surgery or other procedures.

## Establish lifelong healthy behaviors

through strategies to reduce stress, lose weight, stay active, quit tobacco or cope with depression.

## Save on health care costs

by finding in-network providers and other cost-saving health support.





# CIGNA LIFESTYLE MANAGEMENT PROGRAMS

Our health advocates provide personalized support to help you make lasting changes.

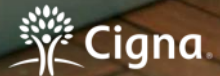
**Weight management:** Learn to manage your weight using a non-diet approach that helps you change habits, eat healthier and become more active

**Quit tobacco:** Develop a personal quit plan to become — and stay — tobacco-free

**Reduce stress:** Understand the sources of your stress and learn coping techniques to better manage it in all areas of your life



Use an online or telephone coaching program (or both) for the support you need.



# HEALTH RISK ASSESSMENT



# HOW HEALTHY ARE YOU

**Complete an easy online health assessment to find out! It's confidential and only takes about 15 minutes. Follow the below steps to get started.**



## Step 1: Know your numbers

Before you start, you'll need some basic information.

- Blood pressure numbers
- Cholesterol levels
- Height, weight and waist measurement



## Step 2: Go to myCigna.com

- Log in to myCigna.com
- Click on Take Your Health Assessment
- Get started



## Step 3: See where you stand

After you're finished, the program will analyze your answers and create a personal health report, including:

- Information about potential risks
- What you can do now to get healthier
- Where to find resources and support



## Step 4: Get moving

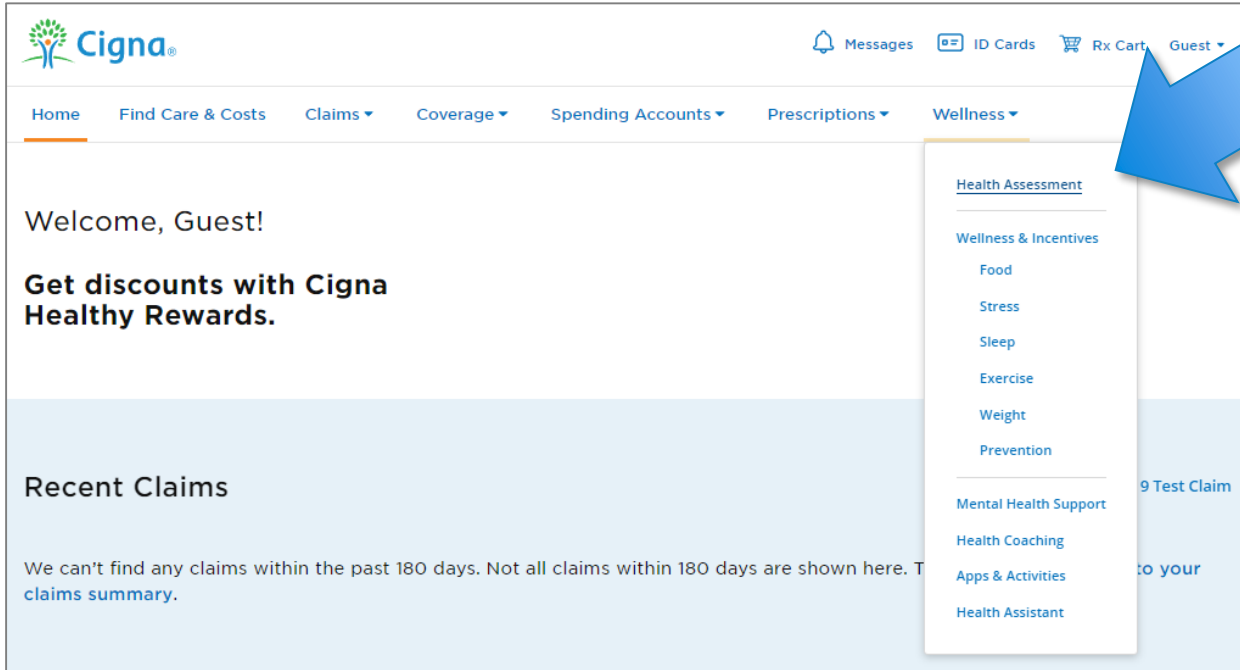
With a better understanding of your health and potential risk factors, it's time to take action.

- Cigna may invite you to take part in a health online coaching program
- Share your report with your provider and create a plan to improve your health
- Use the tools and resources on myCigna.com to set and achieve healthy goals



# ACCESSING THE CIGNA HEALTH ASSESSMENT

From the myCigna.com homepage, hover over the Wellness tab and click on Health Assessment



The screenshot shows the myCigna.com homepage. At the top, there is a navigation bar with the Cigna logo on the left and links for Messages, ID Cards, Rx Cart, and Guest on the right. Below this is a secondary navigation bar with tabs for Home, Find Care & Costs, Claims, Coverage, Spending Accounts, Prescriptions, and Wellness. The Wellness tab is active, and a dropdown menu is open, listing various wellness options: Health Assessment, Wellness & Incentives, Food, Stress, Sleep, Exercise, Weight, and Prevention. A large blue arrow points to the Health Assessment option in the dropdown menu. The main content area of the page includes a welcome message, a promotional banner for Cigna Healthy Rewards, and a section for Recent Claims.

NOTE: Images here are not final and are subject to change.

# THE HEALTH ASSESSMENT SITE

## Wellness Score

Wellness score allows you to see:

- Your previous wellness score
- View the current report
- View the last 5 reports you completed

## Progress

Click on **Take My Assessment** to begin the health assessment. From there you will be prompted to provide healthy and lifestyle questions.

Welcome back, GUEST!

**WELLNESS SCORE** Your last Wellness Score completed 07-19-2017

**81**

[LAST 5 REPORTS](#) [CURRENT REPORT](#)

**PROGRESS** You can take the assessment at any time and track your progress.

[TAKE MY ASSESSMENT](#)

**PERSONAL INFORMATION** These are the answers from your last completed assessment

Total Cholesterol	mg
HDL Cholesterol	mg
Blood Pressure	/
Weight	175 lbs
Waist	32 in
Height	5 '11"

## Personal Information

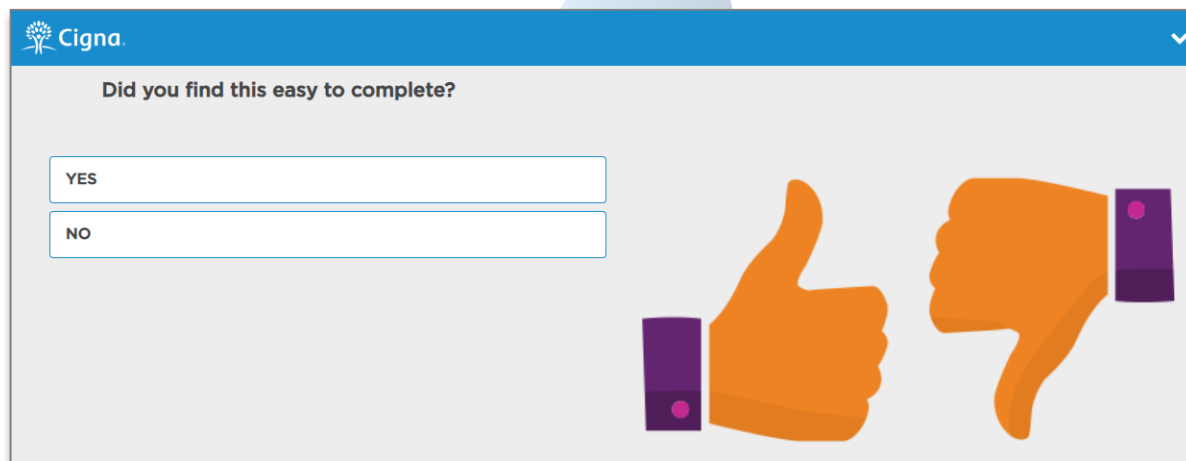
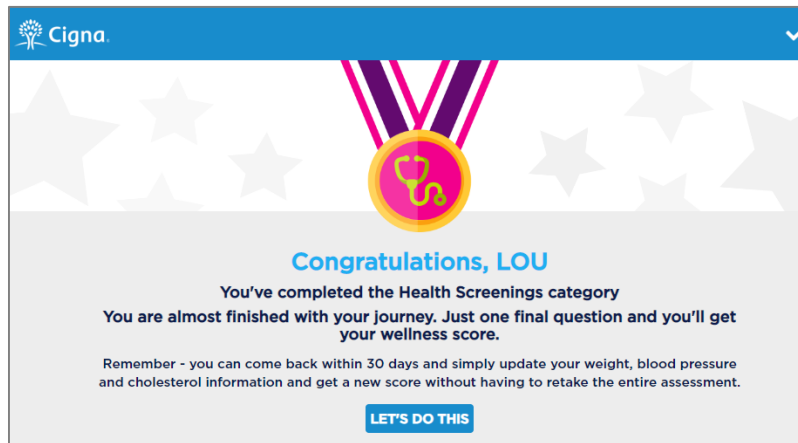
Summary of the health numbers included in the previously completed health assessment:

- Cholesterol
- Blood pressure
- Weight, height, waist measurement

# JUST ONE MORE QUESTION TO GO

## It may seem like you've completed the health assessment, but...

- There's just one more question to go!
- Click on Let's Do This to provide feedback on the ease of the health assessment
- Click Yes or No, then your wellness score will be calculated and the assessment will be complete



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# COMPLETED ASSESSMENT

## You will know that you have completed the health assessment when:

- You will be congratulated on completing the health assessment
- You will receive a wellness score
- You will be provided with information on areas of health that you can work to improve on, which may include recommendations for Cigna's online and/or telephonic coaching offered at no additional cost to you
- Your strengths will be highlighted with some suggestions on how to continue on that healthy path

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## GUEST's Wellness



Hi GUEST,

Congratulations on completing your health assessment! Here is your wellness report that contains quick tips to help keep you on your path to better health.

PRINT REPORT

EMAIL CONFIRMATION #

## AREAS TO WORK ON NOW



### Physical Activity

Get moving. The greatest health benefit occurs when you move from being totally inactive to being physically active.

MORE ▼

## CATER TO YOUR STRENGTHS



### Life Satisfaction

Even if you are satisfied with your life, there are ways to avoid an unbalanced life in the future. A balanced life leads to better health, higher life satisfaction and improved family relationships.

MORE ▼

A woman with dark, wavy hair, wearing a blue long-sleeved shirt, is seated at a white kitchen counter. She is looking down at a tablet computer held in her left hand, while her right hand holds a pen over an open document. The background shows a bright, modern kitchen with white cabinets, a tiled backsplash, and several potted plants on the counter. A blue banner is overlaid on the left side of the image.

# TAKING CONTROL OF HEALTH COSTS



# TAKE CONTROL OF YOUR HEALTH AND YOUR HEALTH COSTS

Here are a few easy ways to save on out-of-pocket health care expenses:



**Stay with in-network** providers and facilities



**Visit an urgent care center** instead of the ER for non-life-threatening health concerns



**Use a convenience care clinic** (inside supermarkets, pharmacies and other retail stores) for routine care



**Access virtual care** 24/7 for a range of minor conditions

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.



# ADDITIONAL WAYS TO SAVE

Here are a few easy ways to save on out-of-pocket health care expenses:



## In-network providers

Visit [myCigna.com](https://myCigna.com) and use the “Find Care & Costs” tool to locate in-network providers and facilities



## Lower-cost labs

Stay with lower-cost national labs like Quest Diagnostics® or LabCorp®



## MRIs and CT scans

Choose independent radiology centers (versus hospital-based radiology) for MRIs and CT scans



## Outpatient centers

Select an in-network, freestanding outpatient surgery center for procedures like colonoscopy, endoscopy or arthroscopy

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# HOW TO USE YOUR PLAN



# THE CLAIM PROCESS



**Visit an in-network  
doctor/hospital/facility**

**Show your  
Cigna ID card**

**Pay copay or  
co-insurance<sup>1</sup>  
as required**

**Your doctor  
will send Cigna  
the claim**

**Cigna will send you  
an explanation of  
benefits (EOB)  
as your receipt**

1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.

# THE HSA CLAIM PROCESS



Visit an in-network doctor/hospital/facility



Cigna receives and processes claim



If you opt to have your claims displayed on the PNC Bank site, you can elect to have all or some of your claims paid directly from your HSA. If not, you have the option to pay the doctor bill using your HSA or pay out of pocket.



Cigna will send you an explanation of benefits (EOB) as your receipt.



You can log in to myCigna.com® to build an on-demand health statement

1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.





# QUESTIONS AND ANSWERS

You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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