



## **CIGNA HEALTHCARE FREQUENTLY ASKED QUESTIONS**

### **1. What is a co-payment?**

A co-payment is a fixed dollar amount you pay for covered healthcare services. The amount will vary by type of plan and covered service.

### **2. What is a Cigna Care Network (CCN) specialist?**

A CCN Specialist is a Specialist of a designated network that has been identified by Cigna to have demonstrated the best outcome in management in patient treatment. This network includes both primary care physicians and specialists.

### **3. What specialties are included in this network?**

There are 22 specialist providers located in South Florida.

### **4. How do I determine if my specialist is on the CCN network?**

Log-in to [www.cigna.com](http://www.cigna.com) and click on Find a Doctor. You can search by name or specialty. Once you're on the online directory, look for the Special Cigna Care Designated Symbol.

### **5. What is an annual deductible?**

An annual deductible is the annual amount you are responsible for medical services provided in a hospital or hospital-affiliated facility. This amount is separate from any co-payments.

### **6. What does the annual maximum out-of-pocket (MOOP) mean?**

The annual maximum out-of-pocket is the amount you are responsible for before the plan pays 100 percent.

### **7. What does the plan co-insurance mean?**

The plan co-insurance is the percentage by plan you pay for medical services provided in a hospital or hospital-affiliated facility. Co-insurance does not apply to fixed co-payments.

### **8. What happens if I am hospitalized?**

Hospital admissions are subject to deductibles and co-insurance.



## **9. What are convenience care centers and what are the co-payments for these centers?**

Convenience care centers are located in retail stores and pharmacies; they're often open at night and on weekends. These centers are staffed by board-certified nurse practitioners and physician assistants to treat minor medical concerns that are not life threatening.

## **10. What are urgent care centers and what are the co-payments?**

Those are centers for medical conditions that are not life-threatening. Urgent Care Centers are staffed with nurses and doctors, and always are open on evenings and weekends. Both in and out-of-networks Urgent Care Centers are covered at 100 percent after paying the set co-payment.

## **11. What's an emergency room and what is my co-payment?**

Emergency rooms are located in all hospitals and are for immediate treatment of critical injuries or illnesses. Services are covered 100 percent after set co-payment after the plan deductible is met.

## **12. What is a mandatory prescription mail order program?**

This program is designed for prescription medications taken on a regular basis, including specialty drugs. Employees must request a prescription from their doctor for a 90-day supply with refills. Cigna Home Delivery Pharmacy will deliver a 90-day supply to your home with a co-payment of two times the tier cost, saving you time, money, and inconvenience.

## **13. How are Prescription Drugs Retail (up to 31-day supply) classified?**

Tier 1 - Generic Medications

Tier 2 - Preferred Brand Medications (when generic is not available)

Tier 3 - Co-insurance (minimum \$ & maximum \$) Non-Preferred Brand Medications (These medications have a generic or a Tier 2 alternative within the same drug class.)

## **14. What's a Narrow Retail Pharmacy Network?**

This is a network of participating pharmacies where prescriptions can be filled. All other pharmacies are not participating in the plan.

## **15. Which are the pharmacies participating in the Narrow Retail Network?**

Only Walgreens, Walmart, Publix, Navarro and specifically identified, independent pharmacies are in the network.



## **16. What pharmacies offer discounts on prescriptions outside of the School Board's healthcare plan?**

Some retail pharmacies offer very low prices on selected generic drugs, often less than the co-payment on your Cigna Plan. These alternative prescription programs are offered at:

- Walmart
- Target
- Walgreens
- CVS Pharmacy
- Publix

## **17. Can I decline healthcare coverage?**

Yes, active benefits-eligible employees can decline healthcare coverage and, you will receive a monthly contribution of \$100 paid through the payroll system based on your deduction schedule (subject to withholding and FICA).

Additionally, you must be enrolled in a group or state funded healthcare plan to decline healthcare coverage. You will be required to submit proof of this other enrollment. If proof is not submitted, your declination selection will be cancelled and you will automatically be enrolled in Cigna LocalPlus employee-only coverage.

## **18. What's the coverage for Durable Medical Equipment (DME)?**

After you have satisfied the annual deductible:

OAP 20 Plan will pay 70% in network and 50% non-network.

OAP 10 Plan will pay 80% in network and 60% non-network.

Cigna LocalPlus will pay 30% in network and 50% non-network.

Once you have met your maximum out of pocket, the coverage will be 100%.

## **19. Is there a cost when enrolling in Cigna LocalPlus?**

No, the Cigna LocalPlus Plan is no cost for employee-only coverage. (applies to active benefits eligible employees).

## **20. Is there a cost when enrolling in Cigna OAP 10 or OAP 20?**

Yes, both plans will have a cost share for 2016, based on the employee's benefit salary (applies to active benefits eligible employees).

## **21. Will M-DCPS continue to subsidize the cost of dependent premiums?**

Yes, M-DCPS will continue to subsidize dependent premiums.

Note: This applies only to active full-time employees.



**22. Will dependent premiums continue to be based on my annual base salary (by salary bands)?**

Yes, benefit salary determines dependent healthcare premium contributions. Additionally, benefit salary will be determined for all employees annually on June 30 of each year. Salary band levels will be reviewed for indexing on a cycle of a three year term, based upon an average of most recently published Consumer Price Index (CPI). Dependent healthcare subsidies are based upon higher subsidies being placed for the lower salary bands.

**23. Must all eligible employees enroll during this enrollment period for benefits, effective January 1, 2016?**

No, this is a changes only enrollment and if you do not re-enroll during this open enrollment period, your current healthcare coverage will continue. Both plan design changes and premiums will automatically be adjusted. Also, if you have selected to decline the School Board's healthcare coverage, and do not re-enroll, your opt-out decision will roll over. However, you must re-submit proof of enrollment in state funded or other group healthcare. If proof is not submitted, you will automatically be enrolled in Cigna LocalPlus Plan, employee-only coverage.

**24. What number do I call for additional information on the healthcare plan?**

Call Cigna Healthcare at 1.800.806.3052, 24-hours/7 days a week.

**25. What number do I call for additional information on my enrollment and all other benefits?**

Call the FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748), Monday through Friday, 7 a.m. – 8 p.m. ET.

**Money Saving Tip:**

**Make sure your doctor is In-Network to receive discounted healthcare services!**

**Check [www.cigna.com](http://www.cigna.com)  
and  
[www.mycigna.com](http://www.mycigna.com) to find the CCN provider network.**