

Yellow Open Access Plan Overview

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Welcome to an overview of the SchoolCare yellow open access plan. If you have any questions following this presentation, please contact one of the representatives seen on this screen.

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.

The SchoolCare yellow open access plan provides the same coverage as all the other SchoolCare plans. If your treatment, doctors', hospitals etc. are covered today, it would be covered on the yellow plan. All your preventive care and certain generic drugs are covered at no cost to you. So, your wellness screenings, annual physicals etc. and certain generic drugs would cost you no out-of-pocket. After that all covered medical services and your prescriptions do apply to a deductible. After you've met the deductible of \$1250 or \$2500 dollars for 2 person and family coverage, coinsurance begins.

Coinsurance is 20% for medical services and 10% for the cost of a prescription. You'll continue with coinsurance until you reach the out-of-pocket maximum. Once the out-of-pocket maximum has been met, then you'd have no out-of-pocket costs for the remainder of the year.

Let's look at the plan in more depth. First, the SchoolCare yellow open access plan operates on the Cigna national open access network, which provides you with coverage anywhere in the country and you do not need a referral to see a specialist. Preventive care and certain generic drugs are covered at no cost to you. There is a deductible. The deductible is \$1,250 for individual coverage and \$2,500 for two person and family coverage. Once the deductible has been met, then coinsurance of 20% for medical services and 10% for prescriptions wouldn't continue until you reach an out-of-pocket maximum of \$2,000 for single coverage \$4,000 for 2 person and family coverage. All your benefits apply to this

deductible and coinsurance equation whether it's a doctor's visit, specialty visit, emergency room, Urgent Care anywhere in the world, labs, x-rays, hospitalizations, speech, physical, occupational therapy of 60 visits, chiropractic visits up to 20 per year, acupuncture visits, durable medical, equipment including hearing aids, insulin pumps, CPAP machines, and your prescriptions all accumulate to your out-of-pocket maximum.

Let's illustrate how this works for an individual. The deductible is \$1250, that means when you go to the doctor because you're sick you'll be billed for that expense. If you go to the pharmacy to pick up a prescription you will be charged the cost of the prescription. Once you have met an out-of-pocket of \$1250 for your deductible, then you start coinsurance. Coinsurance is 20% of the cost of medical services and 10% of the cost of a prescription but no more than \$75. That means if you have a very expensive prescription, say for example at \$1500 or \$3,000 you'll not pay \$150 or \$300 you'll pay \$75 all the while you're accumulating out-of-pocket expenses until you reach a total expenditure of \$2,000 which is your out-of-pocket maximum. That's the most that you would incur for the year. And after you reach that, everything would be covered including your medical costs, prescriptions, durable medical equipment etc.

Next let's look at 2 person and family coverage. The 2 person and family deductible is \$2,500. Again, any medical services or a prescription incurred by the family, would be out-of-pocket for the first \$2,500 then you incur coinsurance. You do only pay 20% of a medical service, 10% of the cost of a prescription, and no more than \$75 for an additional \$1500 until you incur a total out-of-pocket of \$4,000. At that point you've reached your out-of-pocket maximum and you would incur no out-of-pocket costs for anyone in the family for medical services, prescriptions, durable medical equipment, emergencies etc. For the rest of the year.

Let's walk through an example to see how this might work. This is an individual example. The individual has a deductible of \$1250 and then they have 20% coinsurance for medical, and 10% coinsurance for prescriptions. So, \$125 office visit for an illness, they would be billed \$125 dollars. If they had a prescription at the pharmacy of \$250, they would be charged \$250 at the pharmacy. For tests or labs, this person incurred \$750 worth and they would be billed at that amount. Another office visit at \$125 they would be billed \$125 dollars and they can use a flex spending account to pay for that. At this point they have paid out \$1,250 so they've met their deductible. Now they start coinsurance. That \$125 office visit for an illness would be billed at 20% and they would pay a bill of \$25. At the pharmacy a \$300 prescription would only be 10% and so they would be charged \$30 at the pharmacy. If they went to see a specialist for \$350, for that office visit they'd be charged 20% and they would end up with a bill of \$70. A \$1,200

prescription at the pharmacy would result in only paying \$75, not \$120 dollars. A \$10,000 surgery which would be 20% coinsurance up to their out-of-pocket max, would end up with a bill of \$550. At this point they have reached their out-of-pocket maximum so any services beyond that would be covered at no cost to them. So, a \$300 prescription at the pharmacy they would pay 0, a \$350 specialist office visit they would pay 0. They'll pay nothing more for the rest of the year.

Now let's look at how you can save money using the Cigna home delivery pharmacy. On the Left you'll see 3 fills of the same prescription that are \$400 each. In the coinsurance phase you only pay \$40 each time you go to the local pharmacy. So, 4x3 would end up costing you a \$120 for that 3-month supply. However, on the right side you'll see by using the Cigna home delivery pharmacy that 90-day supply now instead of costing a \$120 would only cost you \$75, because there's a max of \$75 per prescription in the coinsurance phase.

You have several resources available if you have any questions about your benefits. First your benefit administrator or HR department at your SAU can help you with enrollment forms and making any changes. They can also help enrolling in a flex spending account if that's offered through the district. SchoolCare has information for you as well. The SchoolCare website is www.schoolcare.org. You can contact Joanne trainer or Jana Dalton who can help answer questions for you, or Jeff Kantorowski at NEA New Hampshire and SchoolCare who can assist you with claims coverage issues when you are not able to resolve them by contacting Cigna.

Thank you very much