

**CHANGES IN THIS ATTACHMENT DO NOT APPLY TO THE CIGNA MEDICARE SELECT PLAN**

**ALL CHANGES STATED HEREIN ARE EFFECTIVE JULY 1, 2011 THROUGH JUNE 30, 2012**

**CIGNA MEDICAL PLAN CHANGES**

**ELIGIBILITY**

Dependent eligibility has changed due to provisions of Health Care Reform. Retirees can add their dependent children, up to age 26, to their benefits including medical, pharmacy, behavioral health, vision, and dental regardless of marital, student, residency or tax dependency status.

**PRE-EXISTING CONDITIONS**

Pre-existing coverage conditions and limits for children up to age 19 have been eliminated. This means that regardless of a pre-existing condition for your child up to age 19, claims for covered services cannot be denied on the basis that the service was for a pre-existing condition.

**MEDICAL PLAN CHANGES**

CMG (CIGNA Medical Group) High		
Service	Copay	Change from
Physical, Occupational Therapies, Chiropractic Visits and Cardiac or Pulmonary Rehabilitation	\$25	\$50

CMG (CIGNA Medical Group) Low		
Service	Copay	Change from
Physical, Occupational Therapies, Chiropractic Visits and Cardiac or Pulmonary Rehabilitation	\$35	\$70

OAPIN (Open Access Plus In-Network)		
Service	Copay	Change from
Physical, Occupational Therapies, Chiropractic Visits and Cardiac or Pulmonary Rehabilitation	\$30	\$55
Inpatient Hospital Facility Services (including delivery)	\$200/admit, after deductible	\$75/day, 5 day maximum, after deductible

OAP (Open Access Plus) High		
	In-Network	
Service	Copay	Change from
Physical, Occupational Therapies, Chiropractic Visits and Cardiac or Pulmonary Rehabilitation	\$35	\$60
Inpatient Hospital Facility Services (including delivery)	\$250/admit, after deductible	\$100/day, 5 day maximum, after deductible

OAP (Open Access Plus) Low				
	In-Network		Out-of-Network	
Service	Copay	Change from	Copay	Change from
Physical, Occupational Therapies, Chiropractic Visits and Cardiac or Pulmonary Rehabilitation	\$45	\$75	NA	NA
Inpatient Hospital Facility Services (including delivery)	\$1,000/admit, plus 10%, after deductible	\$350/day, 5 day maximum, plus 10% after deductible	\$2,000/admit, plus 30%, after deductible	\$700/day, 5 day maximum, plus 30%, after deductible

## CIGNA DISEASE MANAGEMENT PROGRAMS

The following telephonic Well Aware Disease Management Programs, where a nurse calls you to discuss your health conditions, have been eliminated:

- Asthma
- Low Back Pain
- Diabetes
- Chronic Obstructive Pulmonary Disease
- Weight Complications
- Targeted Conditions
  - Fibromyalgia
  - Acid Reflux Disorder
  - Atrial Fibrillation
  - Decubitus Ulcer
  - Hepatitis C
  - Inflammatory Bowel Disease
  - Irritable Bowel Syndrome
  - Osteoarthritis
  - Osteoporosis
  - Urinary Incontinence



## PHARMACY PLAN CHANGES

- Coverage of Proton Pump Inhibitors (PPIs) for the diagnosis of gastroesophageal reflux disorder will no longer be covered under the two WHI Pharmacy plans (Co-insurance and Consumer Choice). Retirees currently receiving these medications will receive a letter from WHI explaining the prior authorization process in the event they require PPIs for a different diagnosis. There are several prescription-strength, over-the-counter PPI medications available for use such as Prilosec, Prevacid and Zegerid.
- Certain preventive over-the-counter medication will be available at no cost when prescribed by a physician:
  - Aspirin for men between the ages of 45 - 79
  - Aspirin for women between the ages of 55 - 79
  - Iron supplements for children between the ages of 6 – 12 months
  - Oral fluoride supplements for children older than 6 months where water supply contains insufficient levels of fluoride
  - Folic acid supplements for women planning or capable of pregnancy

## BEHAVIORAL HEALTH CHANGES

- The lifetime limit of \$5,000,000 for the Magellan out-of-network behavioral health benefit has been removed.
- The annual limits for Applied Behavioral Analysis, for the treatment of autism, have been removed from the Behavioral Health plan.

## DELTA DENTAL PLAN CHANGES

Delta Dental has added a new PPO network of providers who have agreed to charge lower fees. This PPO network is a sub-set of Delta Dental's current Premier network. If a retiree's dentist belongs to the PPO network, his/her costs for restorative and major dental services will be reduced because those dental services are paid on a co-insurance basis. If the total charge is lower, then the retiree's co-insurance will also be lower.

If the retiree's dentist is part of Delta Dental's larger Premier network, but not part of the PPO network, he/she can continue to use that dentist, but the retiree will not realize the savings for restorative and major services.

The Delta Dental rates have decreased due to the addition of their PPO network.

## ADDITIONAL INFORMATION

- The following is **not new**, but provides information on how the plan deductibles and out-of-pocket maximums work.

## PLAN DEDUCTIBLES & OUT-OF-POCKET MAXIMUMS

### *Plan Deductibles*

Deductibles work differently depending on the type of plan in which you enroll. See details below.

#### **CMG High and Low Plans**

- Deductibles for the CMG High and Low plans apply only to facility-based inpatient and outpatient services.
  - Inpatient facilities include a hospital, skilled nursing facility, rehabilitation hospital, hospice facility, and sub-acute facilities.
  - Outpatient facilities include outpatient hospital surgical center and advanced radiological imaging at an outpatient hospital facility for MRI, MRA, CAT and PET scans.
- Individual and Family deductible amounts aggregate. In other words, all covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount.
- The deductible must be satisfied before any benefits are payable for facility-based services.

#### **OAP Plans**

- Deductibles for the OAP Plans apply to any in-network service except physician or specialist office visits, convenience care office visits, preventive care services, and both in- and out-of-network services at an urgent care facility or the emergency room.
- For the OAP High and Low Plans that have out-of-network coverage, the deductible applies to all out-of-network services except urgent and emergency room services. There are separate deductibles for in-network services and for out-of-network services. These deductibles accumulate one way (from out-of-network to in-network). In other words, if you meet part or all of your out-of-network deductible, that amount will also be used to meet your in-network deductible. However, this does not work in the reverse.
- Individual and Family deductible amounts aggregate. In other words, all covered members can contribute toward the family deductible but one person will not be charged more than the individual deductible amount.
- The deductible must be satisfied before any benefits are payable except as noted above.



## Out-of-Pocket Maximums

The out-of-pocket maximums work differently, depending on the type of plan in which you enroll. See details below.

### CMG High and Low Plans

The out-of-pocket maximum for the CMG High and Low Plans includes:

- member paid medical co-insurance,
- inpatient facility copays,
- outpatient facility copays, and
- advanced radiological imaging copays.

Other copays, such as pharmacy or behavioral health copays, do not count towards the out-of-pocket maximum. Additionally, the medical plan deductible does not count towards the out-of-pocket maximum.

Once the out-of-pocket maximum is reached, inpatient facility copays, outpatient facility copays and advanced radiological imaging copays will no longer be required for the remainder of the plan year.

Individual and Family out-of-pocket maximum amounts aggregate. In other words, all covered members can contribute toward the family out-of-pocket maximum but one person will not be charged more than the individual out-of-pocket maximum amount.

### OAP Plans

The out-of-pocket maximum for the OAP Plans includes:

- member paid medical co-insurance,
- inpatient facility copays,
- outpatient facility copays and
- advanced radiological imaging copays.

Other copays, such as pharmacy or behavioral health copays, do not count towards the out-of-pocket maximum. Additionally, the medical plan deductible does not count towards the out-of-pocket maximum.

Once the out-of-pocket maximum is reached, inpatient facility copays, outpatient facility copays and advanced radiological imaging copays will no longer be required for the plan year.

Individual and Family out-of-pocket maximum amounts aggregate. In other words, all covered members can contribute toward the family out-of-pocket maximum but one person will not be charged more than the individual out-of-pocket maximum amount.

For plans that have out-of-network coverage, the out-of-pocket maximum accumulates one way, from out-of-network to in-network.



*The information and benefits described herein are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.*