



NEWPORT-MESA UNIFIED SCHOOL DISTRICT

BELIEVE IN YOURSELF. WE DO.

For Active Employees

Below please find details and frequently asked questions regarding the Cigna Network and Open Access Plus plans available to active Newport Mesa Unified School District employees.

- **Pre-Enrollment Information Line.** If you have questions regarding the Cigna plans that are available to you, you can call our Pre-Enrollment Information Line at **800.244.6224**. Talk to an enrollment specialist who can answer all your questions.
 - **Get information** on specific plans
 - **Find doctors** and other health care professionals in your network
 - **Compare** Cigna products and resources

 - **Find a doctor.** Want to know which doctors are in which plan? Visit **Cigna.com** or call 800.244.6224 and use the plan names to search for in-network doctors:
 - Select “Find a Doctor”:
 - Select “If Your Insurance Plan is Offered Through Work or School”
 - Enter your location, select your plan, and input what you’re looking for (such as your doctor’s name, a keyword or facility)
- Be sure to pick the plan you’re interested in searching:
- If you’re interested in the Network (HMO) plan, choose:
 - HMO/Network – Cigna Healthcare of California, Inc. – So. CA HMO/Network
 - If you’re interested in the Open Access Plus (OAP) plan (a plan similar to a PPO plan), choose:
 - Open Access Plus, OA plus, Choice Fund OA Plus
- **Guest Privileges.** If you have a Network HMO, your dependents living away from the subscriber’s home, either in or outside of California, may have access to HMO benefits depending on their location. Please contact the Pre-enrollment Line at 800.244.6224 for further information on if an HMO Network is available in your dependent’s area and how to setup privileges at that Network.
 - **Cigna Home Delivery Pharmacy.** Use QuickSwitch® to change your mail-order medications to Cigna Home Delivery Pharmacy. Please refer to your NMUSD enrollment package for more information on how to switch over your current mail order prescription to Cigna mail order.

Open Enrollment Period 2015

This year, NMUSD's open enrollment period will be August 24th –September 23rd. To help you prepare, we encourage you to call the Cigna pre-enrollment line at 800.244.6224 or attend our open enrollment meetings, which will be on September 8th through September 12th and September 16th through September 18th. For locations and times reference the Open Enrollment calendar in your packet from the Benefits Department.

Important Change to Health Benefits

Benefits

Anthem POS will end September 30, 2015. You will need to choose a new medical benefit that will be effective October 1st 2015. Included in your choice is three health plans for Active Employees:

Cigna Network (an HMO plan)
Cigna Open Access Plus (a plan similar to a PPO plan)
Kaiser HMO

This document touches on key FAQ's regarding the Cigna plan. Be sure to consult other plan materials regarding your Kaiser options.

NMUSD plan options through Cigna have been setup so that benefits are comparable to your previous coverage. Consult your Summary of Benefits for further details.

Plan Networks

For the vast majority of employees currently enrolled in a health plan through NMUSD now, they should find that their physicians are also in the Cigna network. NMUSD employees in Anthem Blue Cross's coverage program should check the Cigna website now to verify that their physician is contracted in the Cigna network of their choice.

Q & A

Q. When will this change go into effect?

A. The change from Anthem Blue Cross to Cigna will be effective October 1, 2015. To sign up for the Cigna health plan, **you must choose a Cigna plan during Open Enrollment (August 24th-September 23rd, 2015)**. Indicate that you wish to move your coverage to a Cigna plan during the Open Enrollment period, which ends on September 23rd, 2015.

Q. I have an Anthem Blue Cross plan now. Is there anything I should do now to prepare?

A. Yes. You should follow the steps below to verify that your physician is in the Cigna network. Other ways to prepare include reviewing the frequently asked questions in this document, reviewing the information provided in your enrollment packages by NMUSD, and participating in our open enrollment meetings. You can also visit www.cigna.com/nmusd, or call **800.244.6224**, after 8/1/2015 to get helpful information and tips to prepare for transition. We anticipate that you will be able to get the majority of your questions answered and rest assured of a smooth transition of your coverage if you follow the steps that are outlined.

Q. How do I determine if the Network (HMO) or Open Access Plus (OAP) plan is best for me and my family?

- A. When selecting a plan, there are a few things to keep in mind about how the plans work.
- With a Network (HMO) plan, you have In-Network benefits only, which means there is no Out-of-Network coverage (except during emergencies). You and your family members will have to select a Primary Care Physician (PCP) during open enrollment. If you fail to select a PCP during Open Enrollment, one will be automatically assigned for you. Your PCP will act as a ‘gatekeeper’ directing all of your care, meaning that you will need to get a referral from your PCP for any specialty care. It is also important to note that your PCP will direct your care within their Medical Group. That means if you’ve been getting care from different doctors in different Medical Groups you may need to change doctors so that you are only utilizing one Medical Group. If not, you may want to look into the OAP plan and network. For the Network plan, the only exception to the referral requirement is chiropractic care. NMUSD has elected a rider that allows employees to self-refer to participating chiropractors within the American Specialty Health Network. You can find participating doctors on Cigna.com by searching for chiropractors.
 - With an OAP plan, you have the option of choosing a PCP to guide your care, though it is not required. You have the freedom to self refer for any services you need and can get care both In and Out of Network, though seeking care Out of Network will mean you receive a lesser benefit amount, do not get the benefit of Cigna negotiated rates and can be subject to balance billing by the health care professional if their fee is over and above the usual and customary rate for services in that area.

In addition to the above, you will also want to take into account the different benefits within both the Network and OAP plans, as well as the cost of each plan.

Q. How do I find out if my doctor is contracted in the Cigna network?

A. It’s easy to find out if your doctor is contracted in the Cigna network. Below are the steps that you should take:

- Go to www.Cigna.com, or call **800.244.6224**
- Select “Find a Doctor”
- Select “If Your Insurance Plan is Offered Through Work or School”
- Enter your location, select your plan, and input what you’re looking for (such as your doctor’s name, a keyword or facility)
- Be sure to pick the plan you’re interested in searching:
 - If you’re interested in the Network (HMO) plan, choose:
HMO/Network – Cigna Healthcare of California, Inc. – So. CA HMO/Network
 - If you’re interested in the Open Access Plus (OAP) plan, choose:
Open Access Plus, OA plus, Choice Fund OA Plus

Q. If I elect the Network plan, do I have to have the same Primary Care Physician as the rest of my family?

A. No. Each family member can select their own Primary Care Physician.

Q. Can I enroll in the Network plan and enroll my family in the OAP plan?

A. No. You will need to elect one plan for you and your covered dependents.

Q. Can I change my plan election during the year?

A. No. Typically speaking, once you have elected your plan you will need to continue in that plan until the next annual open enrollment period. The only exception to this would be if you are currently enrolled and experience a qualifying life event such as getting married, getting divorced or having a baby. If you experience a qualifying life event you will be eligible for a special enrollment period and can make changes to your plan elections during that time.

Q. I enrolled in the Cigna Network plan and want to change my Primary Care Physician. Is this allowed?

A. Yes. You can call 800.244.6224 and speak with a Cigna representative to make a change to your Primary Care Physician. If you call before the 15th of the month, the change will go into effect the following month. You will receive a new ID card as part of your change.

Q. I am currently enrolled in the Anthem Blue Cross POS plan and plan on enrolling in the Cigna OAP plan. Will my deductible with my Anthem plan carry over to the Cigna OAP plan?

A. Yes. Under the three tier Anthem POS plan, those services that you received under your PPO tiers of coverage will automatically roll over to the Cigna OAP plan. Your deductible carry over will be reflected *after* your plan's effective date due to lag time in doctor and facility claims adjudication.

Q. Can NMUSD help me enroll in a new plan or choose a new physician?

A. No. Unfortunately, NMUSD is prevented from selecting medical coverage, health plans or physicians for its employees. The goal is to provide you with quality choices and flexibility in plans so that you can select the most appropriate coverage for you and your family members.

For assistance from Cigna, call the Cigna pre-enrollment line to learn more about the features of Cigna health plans offered through NMUSD at **800.244.6224**. An enrollment specialist can provide information on specific plans, help you find participating doctors and other health care professionals, and help you compare all Cigna products and resources available to you through NMUSD.

Q. What if my doctor is not in the Cigna HMO network?

A. If your Anthem Blue Cross physician is not included in the Cigna network, we encourage you to carefully consider your options, which include:

1. Identifying a different physician in the Cigna network that is accepting new patients.
2. Considering the OAP plan which includes a deductible but includes coverage for care received out-of-network.

Q. I am currently on a treatment plan with my physician. What are my options for care?

A. Inform your physician your insurance coverage will be changing effective October 1, 2015 and discuss options. If your physician participates in the Cigna HMO Network, then your care will be continued seamlessly. If your physician is now out-of-network and was in-network with Anthem Blue Cross, you may qualify for "*Transition of Care*" benefits, if you have an acute condition, serious chronic condition, pregnancy, terminal illness, care of a newborn child, or authorized surgery. Please reference the Transition of Care form which can be found on the Cigna.com portal.

- www.cigna.com, or call **800.244.6224**
- Go to the search bar at the top of the page and search "Transition of Care"
- Click on "Health Insurance and Medical Forms for Customers"
- Click on "Medical Forms"
- Click on "Transition of Care/Continuity of Care"

Q. I am (or my significant other is) pregnant. Will I be able to remain with my doctor through delivery?

A. For the vast majority of NMUSD employees, your physician will remain in-network with Cigna if they were in-network with Anthem Blue Cross. For those employees or dependents who are currently receiving treatment from a doctor who was in-network with Anthem Blue Cross and is now considered out-of-network with Cigna, you may be eligible to continue care with your doctor with in-network terms and conditions, if you meet the specific medical conditions listed in the Transition of Care form as mentioned in the preceding question above. Please reference the Transition of Care form for details. Complete the Transition of Care form and send to Cigna.

Q. How can I confirm if the medication I'm currently taking is on the Cigna formulary (drug list)?

A. You can access the Cigna drug list by visiting Cigna.com:

- Go to www.cigna.com, or call **800.244.6224**
- Scroll down to the **bottom** of the page on the left side under "I Want to..."
- Click on "View Drug Lists"
- You can search for a particular drug or select "See a list of all drugs". You will see a list of drugs, can locate your drug and dose and determine which tier (generic, preferred or non-preferred) your drug is available under.

Q. I am on maintenance medications. Will my prescriptions transfer?

A. Customers receiving maintenance medications via home delivery will not have their prescriptions automatically transfer to Cigna. We highly recommend taking action now to ensure that you do not experience any issues obtaining your current medication. We suggest that you fill a prescription of your maintenance medications prior to the plan change on October 1st, 2015 to ensure you have adequate supply for the first few days following transition.

Q. I am currently taking a medication that is listed as "non-preferred brand name" under the Cigna "standard drug list." It also shows a PA and ST next to the medication. What does that mean?

A. PA means "Prior Authorization" and ST means "Step Therapy." Prescription medication costs can vary greatly and these programs can help save you money and stay healthy. The Cigna Prior Authorization program is much like the current prior authorization process under Anthem. Doctors in the Cigna Network work directly with Cigna to get approval for any medications that require prior authorization. If your doctor is not in the Cigna network, you will be responsible for getting prior authorization for your medication. Consult with your doctor about the upcoming change in carriers to ensure that any required prior authorizations are being put in place with Cigna. Prior Authorization may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give Cigna a call.

Step Therapy is a program in which certain medications for specific medical conditions need approval before they're covered. In Step Therapy, you and your doctor follow a series of steps when choosing your medication. Step Therapy encourages you to try the most cost effective and appropriate medication available to treat your condition. When you fill a prescription for a Step Therapy medication, Cigna will send you and your doctor a letter explaining what steps you need to take before you refill your medication. This may include trying a generic or lower cost alternative, or asking Cigna for authorization for coverage of your medication. At any time, if your doctor feels a different medication isn't right for you due to medical reasons, he/she can request authorization for continued coverage of a Step Therapy medication. You can find Step Therapy medications on the Cigna "standard drug list". Once you are registered on mycigna.com, you can view the drug list by clicking on the "view prescription

drug list” link in the Pharmacy section. If “ST” is listed next to your medication name, then it is part of the Step Therapy program.

Q. I am currently taking a prescription that I refill at my local retail pharmacy under Express Scripts program (ESI) with Anthem. What can I do to ensure there is no gap in my prescription coverage?

A. Inform your doctor that your coverage has changed to Cigna. Confirm that your prescription is covered by reviewing the Cigna drug list. We recommend that you get a refill prior to October 1st. As of October 1st all covered prescription drugs will be filled through Cigna. Call 800.244.6224 for additional information.

Q. I am currently taking a maintenance medication delivered to my home via Express Scripts (ESI) with Anthem. How do I set up home delivery with Cigna?

A. As a Cigna customer, you’ll have access to Cigna Home Delivery Pharmacy, designed especially for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and more.

- After the initial effective date of your Cigna plan, you can call Cigna Home Delivery Pharmacy at 800.285.4812
- Be ready to provide
 - Your name and Cigna ID number
 - Prescription medication names and dosage
 - Doctor’s information (including name and phone number)
 - Payment information (American Express, Discover, MasterCard or VISA)

Cigna Home Delivery Pharmacy will request a prescription from your doctor. Once it is received they will fill your medication and mail it to your home. Cigna will call or email you when it’s time to refill your prescriptions. You can speak to a pharmacist 24/7 by calling 800.285.4812. Additional information regarding Cigna Home Delivery Pharmacy can be found in NMUSD enrollment package.

Q. Does the change affect our dental coverage?

A. No. Dental coverage is continuing with Cigna DHMO and DPPO.

Q. I am currently in a domestic partnership. Will coverage for my partner carry over?

A. You can cover your domestic partner by choosing a Cigna plan and enrolling them through your open enrollment selection process.

Q. Will the costs of my monthly premiums change?

A. Yes. NMUSD will provide all plan cost information to all employees and retirees during open enrollment.

Q. I have one dependent child who is at college in California but outside the Cigna Network HMO and another dependent child going to college outside California and I want to choose the HMO. What happens if either of my children needs medical care--whether it is routine, urgent or emergency care?

A. Typically, a person is only covered out of area for urgent or life threatening emergencies. However, if Cigna has an HMO network in the area in which your child resides, your child can be set up with “Guesting” privileges which will give your child all the rights and privileges of your NMUSD plan in that Guesting network area. To determine if Guesting privileges apply, please have the zip code ready, then call the 800.244.6224 customer service line. The representative will walk you through the entire process. Guesting can only be set up after the effective date and will typically take effect within two weeks of being requested.

Cigna OAP has a National Network of doctors and facilities. For those individuals that elect the Cigna OAP you and your dependents can access the network even when away from home without need for guesting privileges.

Q. Can my dependent child residing in Hawaii get coverage on the Network or OAP plans?

A. No, unfortunately because of state regulations these plans are not available in Hawaii. Please refer to your Human Resources Department for more details.

Q. My spouse is retired but I am still an actively working employee for NMUSD. What are my options?

A. If you are an active NMUSD employee and you cover your retired spouse that is on Medicare in California you have the option to select the Network (HMO) or the OAP (PPO) plan. If your spouse has Medicare coverage, your Cigna plan will be primary and Medicare will be secondary.

Q. My spouse and I both are active employees on the NMUSD plan and we cover our children. What are our options?

A. At open enrollment you have two options

- 1) Enroll self or spouse as the main subscriber who will cover the entire family.
- 2) Enroll as independent subscribers with either employee or spouse covering the children.

Dual coverage is not available.

Q. I am currently seeing a doctor that is not contracted with Cigna on the HMO. What should I do?

A. The medical group under which your primary care doctor (PCP) is affiliated directs all your care and referrals to specialists. If you have been using only the first tier of your current Anthem POS plan, and your primary care doctor has obtained approval from your medical group to see a specialist outside of your assigned medical group, chances are the same doctor(s) you are currently seeing will continue to be accessible through Cigna. **However**, if you have gone outside of the HMO tier on your Anthem plan to see a doctor(s), and your medical group does not have a contract with that doctor(s) for services, your visit to that doctor will not be covered under the Cigna HMO plan, **unless** you obtain authorization from your medical group.

There are occasions when a medical group would approve a specialist **outside** of their medical group. This may occur when a patient has a particular medical need that cannot be met by the doctors available in the customer's medical group. It is not unusual that the medical group "contract out" to provide for the specialized needs of the customer. Keep in mind, this process is solely up to your selected medical group's discretion and approval.

All group health insurance policies contain exclusions and limitations. For costs and complete details of coverage, see your enrollment materials or plan documents.

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