

Open Enrollment for PY 2020

Frequently Asked Questions (FAQs) for new additional medical plan, Open Access Plus In Network (OAPIN)

Q1. What is the new medical plan for BCC employees for the upcoming Plan Year?

A1. Cigna will continue to offer the existing HMO and POS medical plans. As a third medical plan option, the County will offer an Open Access Plus In Network (OAPIN) plan to employees.

Q2. What are the characteristics of the new OAPIN plan?

A2. The OAPIN plan offers a much broader *national* network compared to the in-network provider network used by the HMO and POS plans, which are focused on the south Florida service area.

Although OAPIN members are encouraged to establish a relationship with a primary care physician (PCP), they are not required to declare one. However, you must receive your medical care from a participating in-network primary doctor or specialist.

Referrals are not required under the OAPIN plan; although certain procedures will continue to require authorization issued by Cigna prior to the benefit being rendered for example, MRI, CT, PET scan, hospital stays and certain outpatient procedures.

OAPIN coverage is **in-network** coverage only. There is no out-of-network coverage, except in cases of emergency care obtained out of network.

Q3. Is the coverage of the new OAPIN plan the same as the HMO or POS plans?

A3. It is important to understand that the OAPIN plan offers in-network coverage only. As such, it is vastly similar to our HMO plan offerings and the in-network offerings under the POS plan. There are several differences between OAPIN and HMO/POS in-network coverage:

Infertility – In-Network Inpatient and Outpatient Professional Services. The OAPIN plan covers this benefit the same as the plan's Inpatient Professional Services. The \$200 surgical co-payment that applies to the HMO and POS plans in network, does not apply to OAPIN.

Laboratory benefits – laboratory benefits are covered at 100% under the in-network benefits for HMO and POS plans. Under the OAPIN plan, the place of service co-payment applies. For example, for lab work rendered at a PCP's office, a \$20 co-payment will apply for lab services and for lab work at a specialist, the \$40 specialist doctor's office co-payment will apply, regardless if the patient sees a physician. The same concept applies for lab work administered in Emergency Room/Urgent Care services. Lab work performed in an Emergency Room or Urgent Care setting will be subject to the \$200 Emergency Room co-payment or the \$25 Urgent Care co-payment.

Radiology benefits – radiology (e.g. x-ray) benefits are covered at 100% under the in-network benefits for HMO and POS plans. Under the OAPIN plan, the place of service co-payment applies. For example, for radiology benefits rendered at a PCP's office, a \$20 co-payment will apply for lab services and for lab work at a specialist, the \$40 specialist doctor's office co-payment will apply, regardless if the patient sees a physician. The same concept applies for radiology benefits rendered in Emergency Room/Urgent Care provider. Radiology benefits performed in an Emergency Room or Urgent Care setting will be subject to the \$200 Emergency Room co-payment or the \$25 Urgent Care co-payment.

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Q4. Is there a list of covered benefits available for the OAPIN plan?

A4. Please review the [Plan Year 2020 Cigna health plan comparison overview](#) for more information.

Q5. Are all in-network providers who currently participate in the HMO and POS networks also considered in-network under the OAPIN plan?

A5. When comparing HMO and POS in-network providers to OAPIN in-network providers, the provider match (in-network under either plan) is over 99%. However, there are a small number of providers who will not be in-network under the OAPIN plan, although they are in-network under the HMO/POS plans. Therefore, members are asked to confirm their providers continue to be in-network under the OAPIN plan, if switching coverage.

Q6. How can I check if my health care provider or facility is in-network with OAPIN plan?

A6. You can check if your provider is in-network by accessing the [Cigna.com](#) website:

- select Find a Doctor, Dentist or Facility
- select that you are covered by an Employer or School
- enter your search city or zip code
- search by doctor type, doctor name or location
- select Continue as guest, provide the city you live in
- and click continue
- Select the **Open Access Plus, OA Plus Choice Fund OA Plus** under the OAP heading

You may also call Cigna 24/7 at 800-244-CIGNA or contact our Cigna on-site service representatives Monica Kates and Peggy Lacroix, at 561-233-5400 or email: Monica.Kates@cigna.com or peggy.lacroix@cigna.com.

Q7. What are the premiums for the OAPIN plan for Plan Year 2020?

A7. The OAPIN plan premiums are higher than the HMO premiums, and lower than the POS premiums. Please find table comparing the premiums below.

Medical Plans Plan Year 2020	HMO		OAPIN <i>NEW for Plan Year 2020</i>		POS	
	Monthly Cost	Biweekly deduction	Monthly Cost	Biweekly deduction	Monthly Cost	Biweekly deduction
Employee Only	\$31.00	\$15.50	\$49.00	\$24.50	\$67.00	\$33.50
EE + 1 Dependent	\$201.00	\$100.50	\$275.00	\$137.50	\$328.00	\$164.00
EE + 2/More Dependents	\$340.00	\$170.00	\$442.00	\$221.00	\$501.00	\$250.50
Overage Dependent Premium	\$476.56	\$238.28	\$498.00	\$249.00	\$545.60	\$272.80

Q8. Why should an employee consider this new option?

A8. Individuals who may find this new option beneficial may have children in college outside of the immediate south Florida network area and the OAPIN plan most likely will have in-network options available for those students. Retirees may also find in-network providers under the OAPIN network in areas that the current HMO/POS network does not cover.

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Please review the maps for [HMO/POS in-network providers](#) and maps that have [in-network OAPIN providers](#) for a visual comparison of the in-network service areas under each option.

Additionally, some members do not want to have to declare a primary care physician or would rather not have to get referrals for specialty care. **IMPORTANT:** Although referrals are not required under OAPIN plan, all services must be received from in-network providers and certain procedures will continue to require Cigna pre-authorization prior to obtaining the services for example, MRI, CT, PET scan, hospital stays and certain outpatient procedures.

As a reminder, certain benefits under HMO/POS in-network allow direct access (no referral required), which will continue. Direct access is permitted for OB/GYN services, mental health and substance use disorder services, dermatologists, and chiropractors or podiatrists.

Further, employees enrolled in the POS plan may want to review if their out-of-network providers would be in-network providers under the OAPIN plan to make a decision.

Q9. I understand that OAPIN will not require referrals for specialty care (in-network only). Will the direct access options I have currently under HMO/POS in-network change?

A9. Certain benefits under HMO/POS in-network allow direct access (no referral required), which will continue. Direct access is permitted for OB/GYN services, mental health and substance use disorder services, dermatologists, and chiropractor or podiatrists.

Q10. I am satisfied with my current HMO/POS plan, do I have to do anything?

A10. Employees do not have to take any action to continue their coverage in their existing HMO/POS plan. The local service area has very high availability of in-network providers and there is no provider shortage within our region, many employees and dependents are comfortable with the PCP requirement and obtaining referrals. Because the OAPIN plan has a higher employee premium than the HMO plan, employees should carefully review their options to make the best decision for themselves and their covered family members.

Q11. I want to change from HMO/POS to OAPIN. How do I make the change?

A11. Please access MyBenefits between October 29 and November 12, to change your medical benefit election. Please review your open enrollment confirmation statement that will be mailed in early December carefully to ensure your elections are in order and notify Risk Management of any errors immediately and no later than December 20th should any corrections be necessary.

Q12. If I don't change my current medical plan election, can I consider a change in the future?

A12. You are committed to the annual elections you make during Open Enrollment for the next Plan Year, which runs January 1 through December 31. You can consider changing your coverage during a future year's open enrollment period, or if you experience a qualified family status change during the year and notify Risk Management timely of the change (within 30 days), and the change you are requesting is consistent with the IRS consistency rules.

Q13. If I elected the OAPIN plan and changed my mind, can I change back to HMO/POS in the future?

A13. Please consider your open enrollment elections carefully, as you are committed to the annual elections you make during Open Enrollment for the next Plan Year, January 1, 2020 through December 31, 2020. You can consider changing

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your coverage during a future year's open enrollment period, or if you experience a qualified family status change during the year and notify Risk Management timely of the change, and the change is consistent with the IRS consistency rules.

Q14. How will a change to OAPIN impact my long term disability (LTD) plan?

A14. Participants in the OAPIN plan will be eligible for basic LTD and buy-up LTD coverage, same as HMO medical plan members. If you currently participate in the HMO medical plan and change to the OAPIN medical plan, you experience no impact on any existing basic LTD or buy-up LTD you may have. If you currently participate in the POS medical plan and change to the OAPIN medical plan, you have the option of participating in basic life insurance or elect the buy-up LTD with a lower premium rate than the voluntary LTD offered to POS members. Please see the 2020 Group Insurance Information booklets for disability rate information.

IMPORTANT: As a reminder, **for PY 2020 only**, Cigna disability is offering an option for employees not currently enrolled to elect buy-up or voluntary LTD benefits, and/or short-term disability benefits, without being subject to Evidence of Insurability (medical underwriting approval). This is a one-time offer by Cigna disability for this open enrollment period only and elections effective January 1, 2020. Although Evidence of Insurability is not required for this one-time open enrollment period, long term disability coverage is subject to any applicable pre-existing exclusions provisions.

Q15. If I change medical plans during open enrollment, when will the change become effective?

A15. The change will become effective January 1, 2020.

Q16. When will the premiums for my new medical plan become effective?

A16. Plan Year 2020 premiums will take effect with the January 10, 2020 paycheck.

Q17. When will I receive new medical cards?

A17. New medical cards will only be issued if you make a change to your coverage that warrants a new card. You should receive your updated cards by late December 2019.

Q18. How can I find out more information about the medical coverage?

A18. Visit the medical section of [MyBenefits or the Risk Management/Group Insurance webpage](#) for posted information. Attend an In Person open enrollment session by registering for a meeting in TED. Just as in prior years, you may watch a recorded Open Enrollment meeting which will be posted on the [MyBenefits and Risk Management/Group Insurance websites](#) as soon as it becomes available. This recorded session includes the same information as In Person meetings.

Additionally, you can review the 2020 Employee Benefits Information booklet for dental plan information. The booklet will be posted on MyBenefits and the Risk Management/Group Insurance website by Oct 21.

You may also contact Cigna 24/7 at 1-800-CIGNA24, or call our onsite Cigna service representatives Monica Kates and Peggy Lacroix, our Cigna on-site service representatives at 561-233-5400 or email: Monica.Kates@cigna.com or Peggy.Lacroix@cigna.com .

Q19. Is there a website that I can visit, once my coverage is effective?

A19. Please visit myCigna.com. You can find the following info on the portal:

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- Locate a provider, including telehealth
- Review your coverage and cost share
- Check your claims
- Price a prescription or set up home delivery
- Complete your health risk assessment, link into applicable online coaching programs or check Healthy Rewards discounts
- Print temporary ID cards and request a member ID card be mailed to you

Q20. *How will prescription coverage work under the OAPIN plan?*

A20. Prescription coverage under the OAPIN coverage will mirror prescription coverage offered by the HMO medical plan.

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