

# CIGNA PPO Medical Plan Option

## What is a PPO Plan?

PPO or “Preferred Provider Organization” is a medical care arrangement between medical professionals and health insurance companies. Known as “preferred providers”, the healthcare facilities and practitioners offer services to the insurer’s plan policyholders at reduced rates. You pay less if you use providers that belong to the plans network. You can use doctors, hospitals, and providers outside of network for an additional cost.

## CIGNA CAPTIVE PPO MEDICAL PLAN OPTION

Member Service 855.236.9743

Visit [www.Cigna.com](http://www.Cigna.com) or call BRMS



DESCRIPTION	CIGNA NETWORK: Cigna PPO	
	IN NETWORK	NON - NETWORK
Calendar Year Deductible	\$0 Single \$0 Family	\$0 Single \$0 Family
Out-of-Pocket Maximum (Calendar Year)	\$3,000 Single \$6,000 Family	\$10,000 Single \$20,000 Family
	<b>YOU PAY:</b>	
Professional Services - Primary Care Doctor - Specialist	\$20 copay \$25 copay	40% coinsurance 40% coinsurance
Hospital Services - Inpatient - Outpatient - Emergency Room - Urgent Care	\$500 + 20% coinsurance \$400 + 20% coinsurance \$100 + 20% coinsurance \$20 copay	40% coinsurance 40% coinsurance \$100 + 20% coinsurance 40% coinsurance
Most Labs & X-rays Specialty Scans MRI/CT/PET	\$20 copay \$20 copay	20% coinsurance 20% coinsurance
Well Care Exams (Baby/Adult)	No charge	Not covered
Chiropractic (12 visits per calendar year)	\$20 copay	40% coinsurance
Mental Health & Chemical Dependency - Inpatient - Outpatient	\$500 + 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance
Prescription Drugs - Tier 1 (30 days) - Tier 2 (30 days) - Tier 3 (30 days)	\$250 Rx deductible \$15 copay \$30 copay after deductible \$45 copay after deductible	\$250 Rx deductible \$15 + 25% coinsurance \$30 + 25% after deductible \$45 + 25% after deductible

NOTE: This document is a summary only. Benefits may contain limitations and exclusions. If a discrepancy exists between this document and the plan documents, the plan documents will govern.

## Who is BRMS?

Benefit & Risk Management Services, Inc. (BRMS) is a third party administrator (TPA) contracted with your employer to help administer your employee benefit plans. BRMS provides comprehensive claims administration, medical management, premium collection, customer support and enrollment for your health plan.

## What is a Third-Party Administrator (TPA)?

A third-party administrator (TPA) is an organization that processes insurance claims and manages certain aspects of employee benefit plans for self-insuring employers.

## How do claims get submitted?

Claims are submitted by your provider directly to Cigna for repricing and then provided electronically to BRMS for process and payment. See the back of your insurance ID Cards for more details.

## How do I know if my Provider is a participant in the Cigna PPO Network?

You may access participating provider information from the Cigna website, or by contacting BRMS at 1-855-263-9743. The Cigna website information is also included on your health plan ID card.

## Who do I call if I have questions about a eligibility, benefits, a claim or have a service that requires prior authorization?

Please call the dedicated member services number at 1-855-263-9743.

## Is there a website available to a view my eligibility, plan benefits and claim information?

Yes. In your web browser, enter [www.myhealthbenefits.com](http://www.myhealthbenefits.com). Enter your User Name and Password to Log in.

## Locating a provider on Cigna's website.

1. Visit [www.cigna.com](http://www.cigna.com) - click on "Find a Doctor" (upper right)
2. On the next page, click on "Employer or School" then select "Doctor by Type or Health Facilities"
3. If asked, "Continue as guest"
4. Medical Plan should show PPO, PPO Tiered

## Important Reminders:

When preparing for an outpatient or inpatient service it is very important to research and confirm all providers who will be treating you are contracted with Cigna. This can range from your surgeon, anesthesiologist, radiologist, to a laboratory that specimens can be sent to for testing. By doing this research it can help prevent you from being billed by a non-contracted provider who is able to balance bill you.

Balance billing is when a non-contracted provider bills you for the difference of what was billed and what the insurance pays.

The same logic should apply when seeking emergency services, though it is not always possible to confirm ahead of time when going to an emergency room. It is a good rule of thumb that if the emergency is not life threatening, to seek services from urgent care as your out of pocket expenses will be lower.

## Maintenance Medication

If you are on a maintenance medication it is recommend you utilize mail service. Mail service is saves you money and time.



## brms MyHealthBenefits - New User Registration



When you enroll in your benefits, you'll have access to MyHealthBenefits. You will find an all-inclusive resource library, current benefit information including Summary of Benefits, costs and if applicable claim information and status. You can take advantage of these tools through your MyHealthBenefits account.

Registering for your new MyHealthBenefits account is required for enrollment and important for managing your benefits. This reference guide will help you register for your account. Follow the steps below to complete your registration!

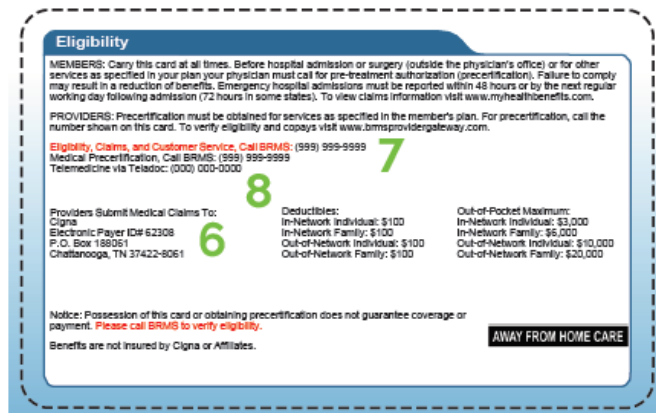
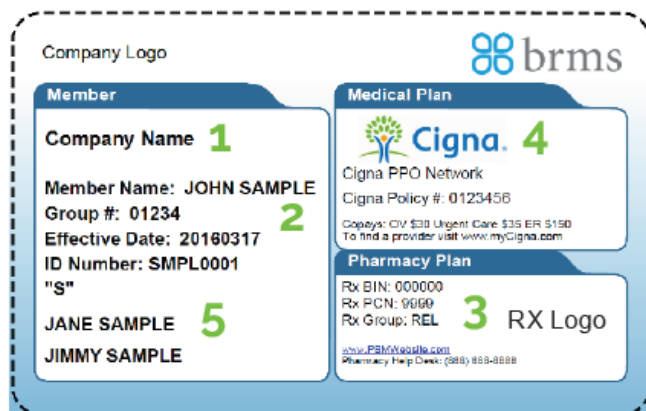
### REGISTERING FOR A NEW ACCOUNT

1. In your web browser, enter [www.myhealthbenefits.com](http://www.myhealthbenefits.com).
2. You will be directed to the benefits system login page. All users will be required to go through the registration process to create a new username and password.
3. To register for an account, click **Create New Account**. If you have already registered for a new account, skip steps 4-5.
4. Complete the registration process. You will be required to validate your account with an active email address.
5. Once your email address has been validated, your account has been successfully created. Click **Log In** to enter your account.
6. Enter your username and password, and the system will prompt you to validate your identity by entering a code (sent via phone call, text message or email). This second step in the authentication process will be required every time an attempt to access your account is made from a device the system does not recognize.
7. Upon completing the multi-factor verification, you will be taken to your benefits dashboard.



### WHAT INFORMATION IS INCLUDED ON YOUR ID CARD?

- 1. Eligibility Information** – Your eligibility information for your plan(s); Employee (the enrolled member's name); Identification Number (enrolled member's ID number).
- 2. Medical Plan Group Number** – The eligibility number associated with your medical plan.
- 3. Pharmacy Information** – Identifies the Rx numbers for your pharmacy.
- 4. Coverages** – The Cigna network information for BRMS administered plans you are enrolled in.
- 5. Dependents** – If applicable, the dependents that are covered on your plan.
- 6. Claims Submission** – Send all claims to the listed address. Do NOT send claims to BRMS.
- 7. Member Customer Service** – BRMS Member Services for all plan questions. Do NOT call Cigna for customer service inquiries.
- 8. Telehealth** – If applicable, the Telehealth vendor for your medical plan.



### Provider Information

Please verify eligibility through [www.MyHealthBenefits.com](http://www.MyHealthBenefits.com). Do NOT verify with Cigna.

Providers will need to submit all claims to Cigna. Do NOT send claims to BRMS.

## Knowing Where to Go for Medical Care

### How to find a Doctor within the Cigna Network

With the Find a Doctor online tool, it's easy to look for doctors, hospitals, pharmacies, labs and other providers who are part of the Cigna network. Check if your favorite doctor is in the network, or look for one near you.

#### OPTION 1 CIGNA.COM

**Step 1:** Go to Cigna.com

**Step 2:** Click on "Find a Doctor, Dentist or Facility" in the upper right of the screen

**Step 3:** Next, click on "Employer or School" located under "How are you Covered".

**Step 4:** Enter the geographic location you want to search and then select the search type which include

- A. Doctor by Type
- B. Doctor by Name
- C. Locations

**Step 5:** The following screen will ask you to either Log In/Register or Continue as Guest. If you choose to "Continue as Guest," follow the steps 6 and 7

**Step 6:** Populate the "I Live In" field using your home zip code

**Step 7:** Under "Please Select a Plan", choose "PPO, PPO Tiered"

#### OPTION 2 MYCIGNA.COM

**Step 1:** Go to myCigna.com and log in

A. First time registrants will be directed through a simple registration process

**Step 2:** Click on "Find a Doctor or Service" in the upper middle of the blue toolbar

### Contact Teladoc

Before going to urgent care or the ER, contact Teladoc. This is a free service to you that provides access to Teladoc doctors 24/7/365 to provide quality care through the convenience of phone or video consults. Some common conditions include General Health, Dermatology, and Behavioral Health.

Talk to a doctor by phone or video anytime, anywhere by calling (800) 835-2362 or by downloading the Teladoc Mobile App.

## Knowing Where to Go for Medical Care

### Prescription Medications

Your Medical Plan includes comprehensive prescription drug coverage. It's important you understand your pharmacy coverage and appropriately manage your medication. If you have questions about your pharmacy coverage, call your pharmacy vendor, IPM at (877) 860-8846 or visit [www.rxiipm.com](http://www.rxiipm.com). You can also find this information on your ID card.

#### Filling and Paying for a Prescription

The plan covers both walk-up retail and home delivery prescriptions.

##### WALK-UP Immediate Medication Needed

- You will use your listed Pharmacy network when you need to get a medication immediately. Be sure to find a participating pharmacy by visiting the website or calling the number on the back of your ID card.
- Present your medical ID card when you pick up your prescription.

##### MAIL-ORDER Medication Taken Regularly

- For medication you take regularly to treat conditions such as high cholesterol, high blood pressure, and diabetes, using the home delivery option is a convenient and easy way to fill your prescriptions.
- To get started, call the pharmacy number listed on your ID card.



Take note: If you need specialty medications, you will work directly with the plan's specialty pharmacy program—contact the number listed on your medical plan ID card for details.

#### Important prescription drug terms and definitions

With prescription drugs, there are several terms you should know as you use the plan:

**Brand Name Drug.** A drug protected by a patent, which prohibits other companies from manufacturing the drug while the patent remains in effect. The name is unique and usually does not describe the chemical makeup (for example, Tylenol).

**Formulary.** A formulary is a list of commonly prescribed medications preferred by your employer's Medical Plan. You will pay a lower cost for drugs on the formulary.

**Generic Drug.** A prescription drug that is proven to be as safe and effective as a brand name drug. Generic drugs generally have the same active ingredients as brand name drugs, and they usually become available after the patent expires on a brand name drug. Generic drugs are usually the least expensive option.

**Specialty Drug.** A drug used to treat complex conditions like cancer and autoimmune diseases. Specialty drugs are typically high-cost prescription medications that require special handling and administration.