

MEDICAL CIGNA POS

FREQUENTLY ASKED QUESTIONS

What does POS stand for?

Point of Service – this type of insurance allows you to choose any health care provider whether in-network or out-of-network. If the provider is in-network, there is a savings to the employee.

How do I find a primary care physician in-network?

Call member services at 1-800-832-3211, or look up directory listing on Cigna's web site at www.cigna.com or pick up a directory at the Benefits Office.

Do I have to select a physician that is in the network?

No, you may select any physician you want, but keep in mind there is a substantial savings to both you and Fermilab when you go in-network.

Can each family member have a different doctor?

Yes, family members can select their own physician's in-network or out-of network.

What is my co-payment to go to a physician in-network?

If the physician is in-network, you pay a \$15 co-pay.

What is my cost to go to a physician out-of-network?

If the physician is out of-network, you must have reached your deductible of \$300 per calendar year and then Cigna will pay for 70% of the reasonable and customary charges and you are responsible for the remainder of the claim, which at the minimum would be 30% of the claim.

What is a reasonable and customary charge?

They are charges that fall within what is standard for that service or supply in the geographic area where the service is performed. The rate is set by Cigna.

Is a referral required to go to a specialist?

Yes, if you want the claim to be covered in-network.

Do I need authorization to be admitted to a hospital?

To have charges be covered in-network, you must have pre-authorization from your primary care physician for preadmission certification and continued stay.

If out-net-work you must call the number on the back of your card and obtain their pre-authorization. The number at member services is 1-800-832-3211.

What are the co-pays for the prescription drugs in-network?

	Pharmacy 30 day supply	Mail order 90 day supply
Generic	\$10	\$20
Preferred brand	\$20	\$40
Non-preferred brand	\$40	\$80

You can obtain a listing of medications and how they are classified; go to Cigna's website address at www.cigna.com

How about prescriptions by mail?

CIGNA offers home delivery of prescription medications thorough CIGNA Tel-Drug. The forms are available on Cigna’s website or you can pick up the information in the benefits office.

How do I add or delete a dependent?

Information is provided in the URA/Summary Plan Description under the medical section on page 9. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html> You will need to visit the Benefits Office to complete a Fermilab Benefit Action Form to enroll the new dependent or to delete a dependent.

How do I handle a case when Cigna states that my dependent has been deleted?

You will need to go to the benefits office to correct the problem.

How do I obtain another card when I have lost it?

Call member Services 1-800-832-3211 to obtain another card.

How long will it take to process my claim when I go out-of-network?

It takes about 15 days to process your claim.

How will I know when my medical claim has been processed when I go out-of-network?

You will receive an explanation of benefits (EOB) statement. This statement is a confirmation that your claim has been processed and will provide detailed information about the claim.

How can I obtain another copy of the EOB?

You register with Cigna to have access to your personal information at their website address at www.cigna.com

What is a deductible?

The amount of eligible out of pocket expenses you must pay when you go to an out-of-network provider before Cigna pays on any claim.

What is the annual deductible for individual and family?

The deductible is \$300 per person and \$900 for up to 3 family members per calendar year.

Which benefits are subject to a deductible?

Please refer to the URA/ Summary Plan Description under the medical section on pages 6-7 for all of the details. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>

After the deductible has been met, what is the level of coverage?

Cigna will pay 70% of reasonable and customary charges of the claim and you are responsible for at least 30% of the charges.

What is the maximum out of pocket expense that I am responsible for?

The out of pocket is \$3,000 per person and \$6,000 per family. Once you have met the maximum out of pocket expenses, the rest of the eligible claims for that calendar year are covered at 100%.

What is not covered under the out of pocket?

Co-pay and deductibles are not covered.

What other in-network co-pays may I be subject to?

Outpatient Surgery co-pay	\$75
Rehabilitation Therapy co-pay	\$15

Inpatient Hospitalization co-pay \$150
Urgent/Emergency room co-pay (waived if admitted) \$100

Is an annual physical covered?

When you go to an in-network provider, you pay \$15 co-pay and the rest of the visit is covered at 100%. An annual exam is not covered when you go to an out-of-network provider.

Are eye exams covered?

When you go to an in-network provider, you pay a \$15 co-pay and the rest of the eye exam is covered at 100%. You are entitled to one eye exam every two years. Eyeglasses and lenses are not covered. The only exception is, if you have had cataract surgery, the first pair of lenses or glasses is covered.

Eye exams are not covered out-of-network.

Up to what age is my dependent child covered?

A dependent unmarried child can be covered until the day of their birth date when they turn 19, if not a full time student and until the day of their 23rd birth date, if a full time student.

How does COBRA work in relation to my medical benefits?

Please refer to the URA/ Summary Plan Description under the medical section on pages 11-12 for all of the details. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>

Is there a lifetime maximum coverage?

You are not subject to a lifetime maximum if your care is in-network, but are subject to a \$2,000,000 maximum for benefits for out-of-network providers. This is applied to each individual member.

How can I obtain information about the appeals or grievance procedure?

The process can be reviewed in the URA/Summary of Plan Description under the medical section on page 16, in your certificate book or on Cigna's website at www.cigna.com

The summary information presented in these frequently asked questions is intended to describe the medical and dental plans sponsored by Fermilab. It is based on plan official documents. Even though this summary is intended to be accurate, the official documents contain all of the specific provisions of the plans. If there are any discrepancies between this summary and the official documents, the official documents will govern. Nothing on this web site says or implies that your participation in the plans is a guarantee of your continued employment with Fermilab. Nor is it a guarantee that participation in the plans will exist or remain unchanged in future years. Fermilab has the right and sole discretion to suspend, amend, or terminate the plans at any time in any matter to the extent permitted by law.