



Shearer

2024 Open Enrollment

2023



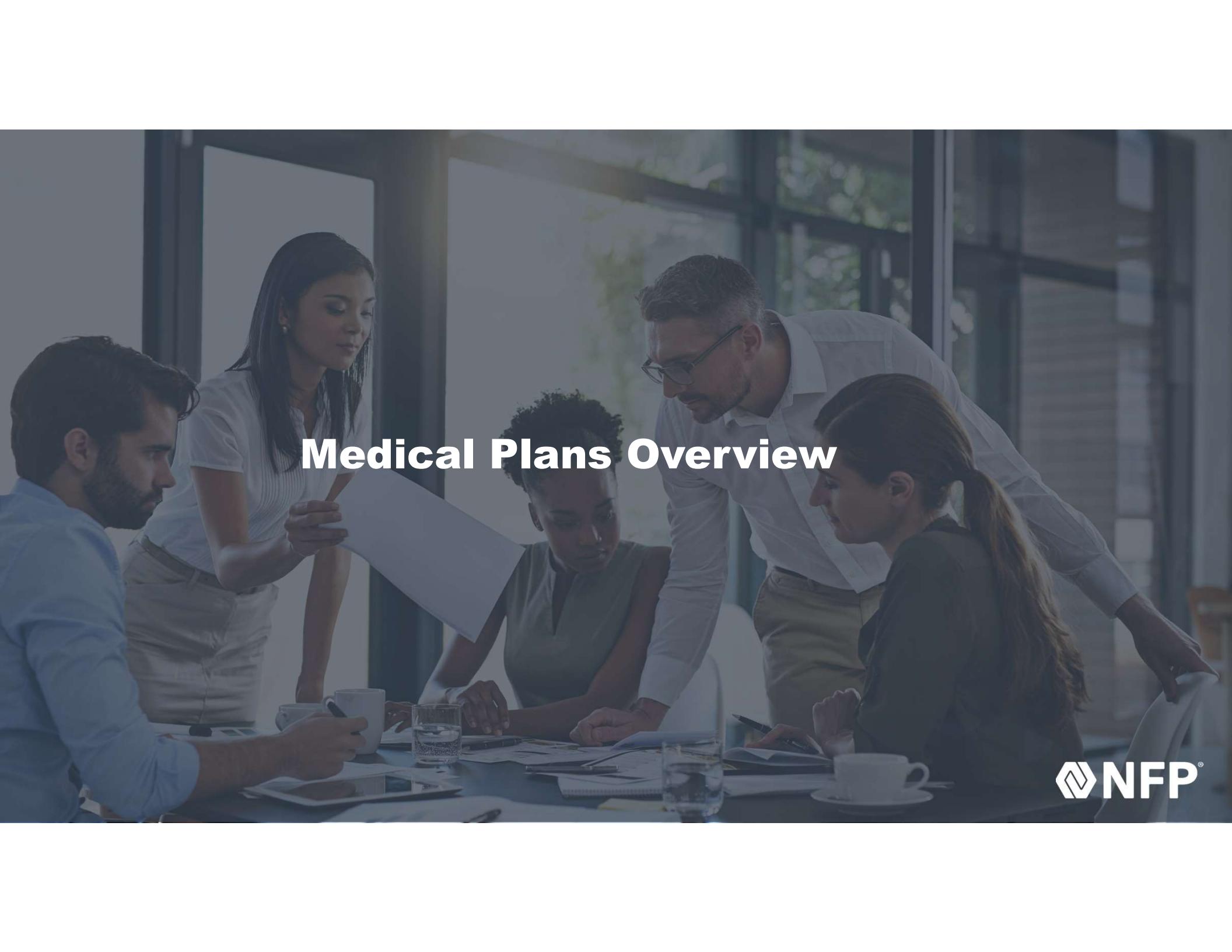
2024 Open Enrollment Overview

Open Enrollment is your once-a-year opportunity to:

- Enroll in benefits plans offered through your employer
- Make changes to current coverage (add or remove dependents)
- NEW PLAN AVAILABLE FOR JANUARY 1, 2024



All Changes Effective January 1, 2024
(unless there is a qualifying event)

A photograph of five professionals in a meeting. A woman in a white blouse stands on the left, holding a document. A man in a white shirt and glasses stands behind her, looking down at the table. A woman in a green blouse sits at the table, looking at the documents. A man in a blue shirt is partially visible on the far left. Another woman in a dark blouse is seated on the right, looking at the documents. They are all looking down at the table, which is covered with papers, a laptop, and coffee cups. The background shows large windows with a view of greenery.

Medical Plans Overview





Shearer

Your Medical Plan Options

Plan year: 2024

Offered by Cigna Health and Life Insurance Company or its affiliates
In Utah, plans are offered by Cigna Health and Life Insurance Company.

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Understanding terms in your health plan

Deductible:

The annual amount you pay for care before your health plan begins to pay.

Copay:

A predetermined amount you pay for eligible health care services or medication. Your copay usually is due when you receive the service.

Co-insurance:

Your share of the cost of covered services, usually after you meet your deductible. The health plan pays the rest.

Out-of-pocket maximum:

The most you pay before the health plan begins to pay 100% of covered health care costs. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network:

Health care providers and facilities that have contracts with us to deliver services at a discounted rate.



Understanding terms in your pharmacy plan

Generics:

Generic medications have the same active ingredients, strength, dosage, effectiveness, quality and safety as the brand-name medications.

Preferred brands:

You'll often pay more for a preferred brand-name medication than for generic medications because they typically have lower-cost generic alternative available to treat the same conditions.

Non-preferred brands:

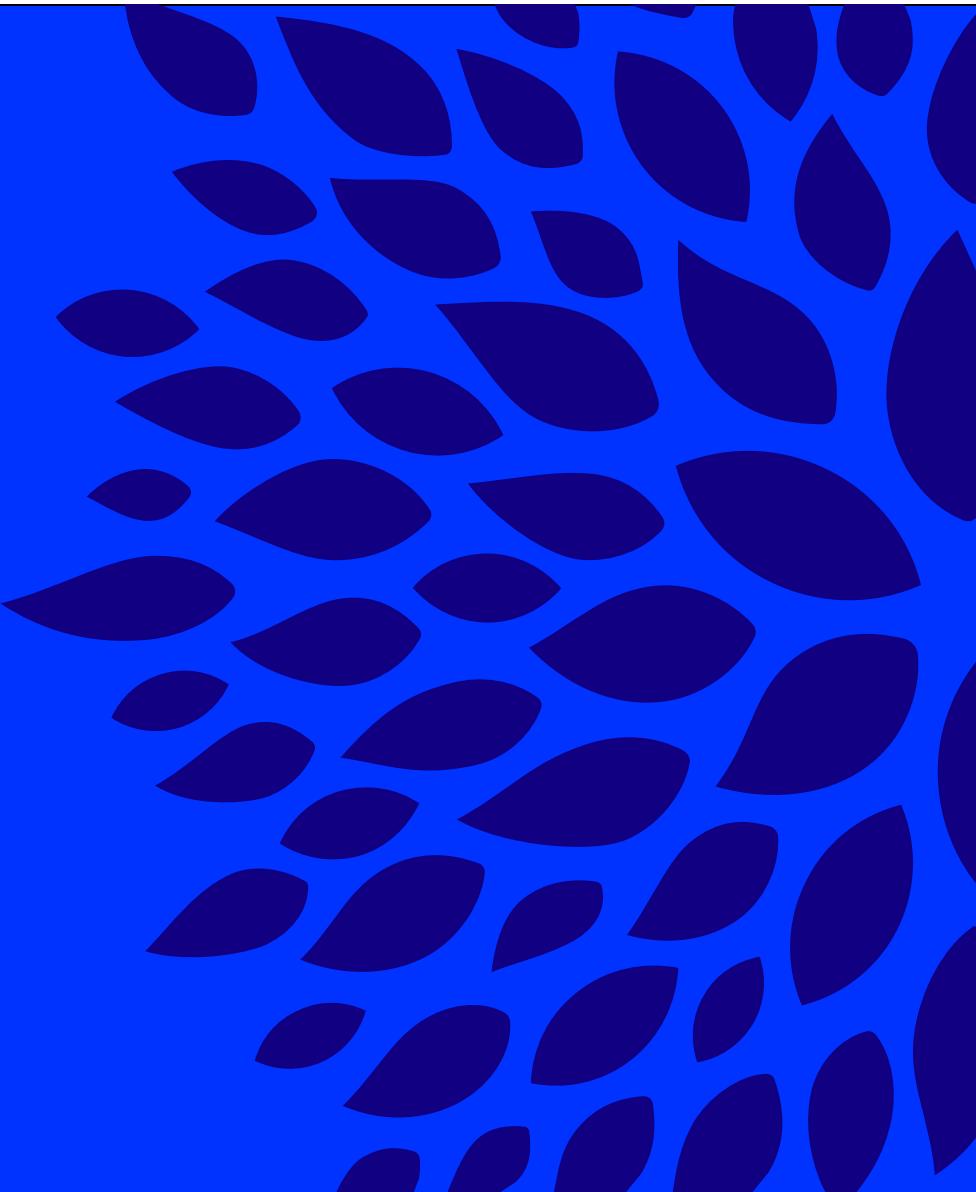
Medications that typically have lower-cost generic and/or preferred brand alternatives available to treat the same conditions.

Specialty:

These high-cost medications are used to treat complex medical conditions. They're often injected or infused and may require special handling, such as refrigeration.



Medical plans



Open Access Plus In-network (OAPIN)



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist in the OAP network without a referral



Network: For your care to be covered, you must use health care professionals and health care facilities in the OAP network

- If you choose to see a doctor who is not in the network, you will not have coverage except in emergencies
- Use the Cigna Healthcare® network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs.¹ Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²



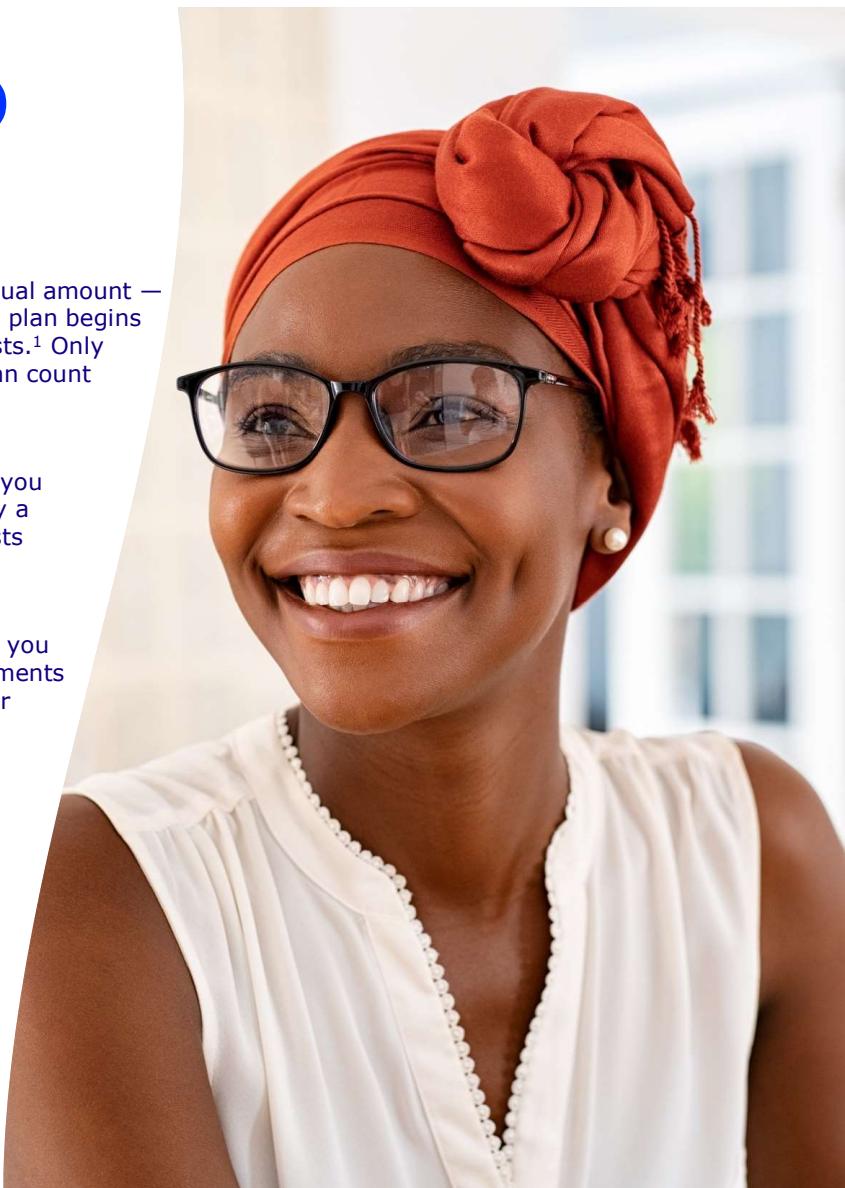
Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.

2. Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.



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Virtual care¹



Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/ wellness screenings available at no additional cost²
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.



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Virtual medical care¹



Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. Conditions treated include:²



- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory and sinus infections
- Sore throats
- Urinary tract infections

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2. This is not an all-inclusive list. See your plan documents for details.



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Medical plans

	Cigna CURRENT H.S.A			Cigna NEW HRA 1st Dollar	
Deductible/Out-of Pocket Max (OPX)	Individual	Family		Individual	Family
Medical Deductible	\$5,000	\$10,000		\$6,500	\$13,000
Out-of-Pocket Maximum					
<i>Medical</i>	\$5,000	\$10,000		\$6,500	\$13,000
Net OPX for Employees	\$1,500	\$3,000		\$2,600	\$5,200
Family Deductible/OPX					
<hr/>					
Funding Options	HSA	HRA		HSA	HRA
Single	\$500	\$3,000		\$0	\$3,900
2-Person	\$1,000	\$6,000		\$0	\$7,800
Family	\$1,000	\$6,000		\$0	\$7,800

H.S.A / HRA Illustration – Individual – CURRENT H.S.A PLAN

EMPLOYEE HEALTH INSURANCE COST-SHARING

Cigna HDHP

Single Deductible \$5,000



Employee total out-of-pocket exposure = \$1,500



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H.S.A / HRA Illustration – Family – CURRENT H.S.A PLAN

EMPLOYEE HEALTH INSURANCE COST-SHARING

Cigna HDHP

Family Deductible \$10,000



Family total out-of-pocket exposure = \$3,000



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HRA Illustration – Individual – NEW HRA PLAN

EMPLOYEE HEALTH INSURANCE COST-SHARING

NEW CIGNA PLAN

Single Deductible \$6,500

HRA 60% Employer / 40% Employee



Employee total out-of-pocket exposure = \$2,600



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HRA Illustration – Family – NEW HRA PLAN

EMPLOYEE HEALTH INSURANCE COST-SHARING

NEW CIGNA PLAN

Family Deductible \$13,000

HRA 60% Employer / 40% Employee

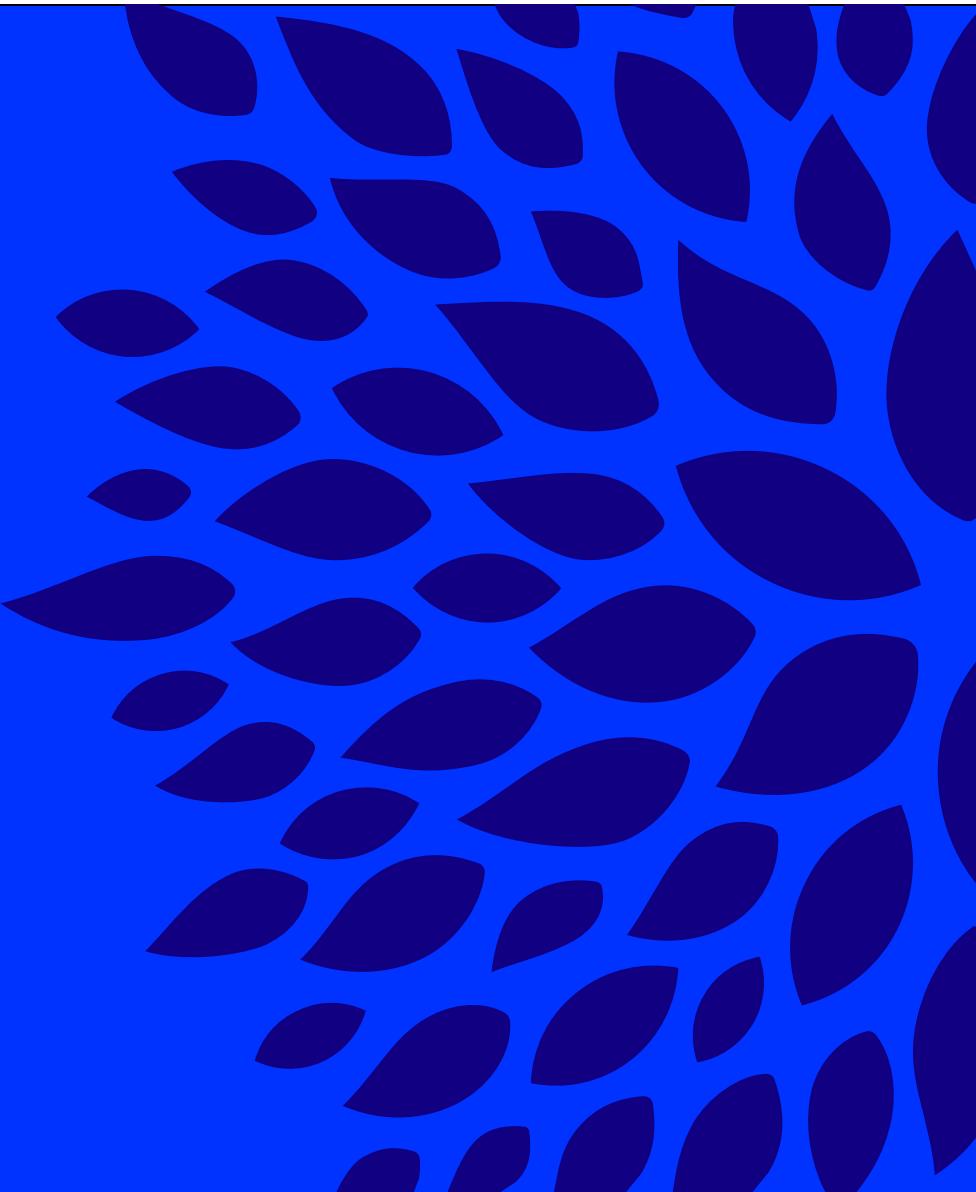


Employee total out-of-pocket exposure = \$5,200



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HRA



The claim process



1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.

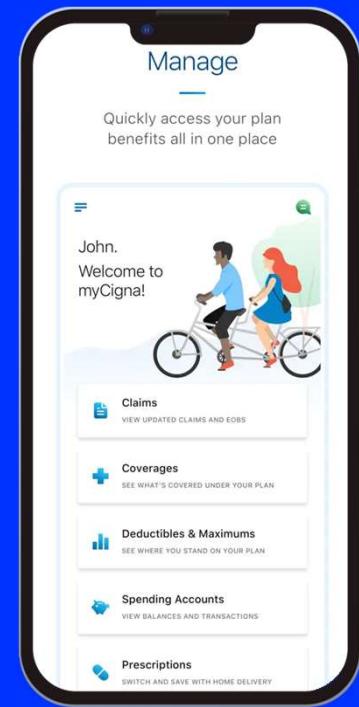
Use the myCigna® App¹ or website – 24/7

Manage all your prescriptions on the My Medications page

- See which medications your plan covers
- Price a medication²
- Search for lower-cost alternatives, if available
- View all the prescriptions you've filled in the last 18 months
- Find an in-network pharmacy
- Ask a pharmacist a question
- Switch a prescription from a retail pharmacy to our home delivery pharmacy

For home delivery prescriptions:

- Refill and track your orders
- Pay your bill online
- Sign up for automatic refills
- Request a payment plan
- For specialty medications, connect to your online Accredo® account



For illustrative purposes only.

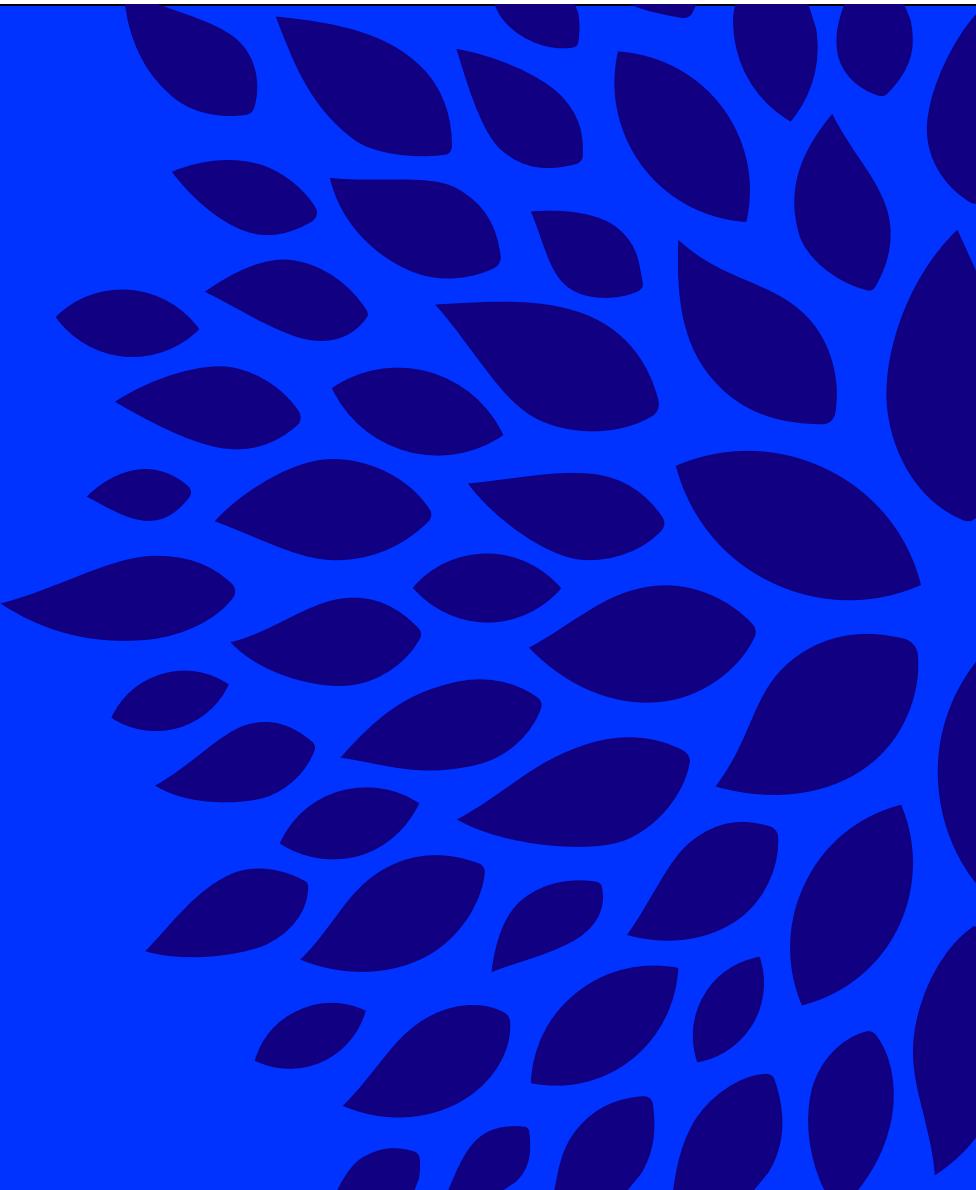
1. App/online store terms and mobile phone carrier/data charges apply.

2. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.



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Questions and answers





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