

# Your Medical Plan Options

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# Your Medical Plan Options

## Medical plan options: overview

CNO offers two medical plan options – Medical Option 1 and Medical Option 2 – that pair a high-deductible health plan (HDHP) with a Health Savings Account (HSA). You decide whether to use the pre-tax HSA to help pay your current health plan expenses – such as the annual deductible, coinsurance, and prescriptions – or save it for future use.

**You can enroll in a medical plan option, even if you don't contribute to an HSA.** If you don't choose (or aren't eligible) to contribute to an HSA, you can still enroll in either of CNO's medical options to take advantage of the comprehensive medical coverage.

The two medical options have the same structure:

1. You pay out-of-pocket (or from your HSA) until you meet your annual deductible. Remember, if you seek services in-network, your expenses are discounted, reducing your out-of-pocket expenses.
2. Once your deductible is met, the Plan shares expenses with you through coinsurance. For example, the Plan pays 80% of covered in-network charges, and you pay the remaining 20%, up to the designated out-of-pocket maximum.
3. Once the out-of-pocket maximum is reached, the Plan pays 100% of eligible expenses for the rest of the plan year.

**The plan pays 100% for preventive care** under both medical plan options if you use in-network providers, including OurClinics@CNO, located in Carmel, Chicago, and Philadelphia. Refer to the **CIGNA networks** section of this guide for more information about CIGNA's networks.

**Remember, CNO provides Generic Preventive Maintenance (Generic PM) medications at no cost to you if they're obtained from CIGNA Home Delivery or OurClinics@CNO.** See the prescription drug coverage section of this guide for more information.

How do I use my CNO medical coverage?

- When you receive services from an in-network medical provider, show the provider your CIGNA ID card. (Note: If you receive services from an in-network physician who requires payment upfront, confirm that the provider has verified your benefits with CIGNA and applied all network discounts when determining the final amount you owe).

- The provider will submit the claim to CIGNA, which processes the claim and issues an Explanation of Benefits (EOB) to the provider. The EOB summarizes the billed and discounted amounts, the amount the plan will pay and the amount (if any) you owe the provider. All non-preventive covered expenses apply to your deductible and out-of-pocket maximum.
- If you owe the provider payment for a claim, you determine whether to use your HSA funds or save them for future expenses. Once your deductible is met, claims are paid by the CNO Care Options Plan according to the terms outlined in the Medical Plan options table.

**Note:** If you receive services from an out-of-network provider, you may be required to pay in full when you receive services and then submit a claim for reimbursement. The Plan will reimburse covered out-of-network claims according to its stated terms.

In all cases except preventive care, deductibles must be met before the Plan begins paying.

Refer to the HSA section of this Guide for detailed information about using your HSA with your medical coverage.

## Important Information about the Patient Protection and Affordable Care Act and Your Medical Benefits

For 2014, the Patient Protection and Affordable Care Act (PPACA) will introduce a Health Insurance Marketplace (Marketplace) intended to be a place where individuals who don't have access to employer healthcare or government healthcare programs can purchase individual health insurance Coverage. Tax credits may be available to individuals who purchase health insurance through the Marketplace based upon certain eligibility requirements.

Because CNO's medical coverage meets the requirements of the PPACA for affordability and minimum value standards for all full-time associates, tax credits will not be available to full-time associates and their family members who are eligible for CNO medical benefits.



## Medical plan options table

Both medical options are supported by the CIGNA Open Access Plus network.

| Medical Plan Features  | Medical Option 1   |  | Medical Option 2  |   |
|--|--|--|---|---|
| <b>Health Savings Account</b><br>(See for HSA Contribution limits)                       | <b>POTENTIAL CNO CONTRIBUTION<sup>1</sup></b><br>Associate: \$1,000<br>Associate + child(ren): \$1,500<br>Associate + spouse: \$1,500<br>Family: \$2,000   |  |   |   |
| <b>Preventive care</b>   | 100% payable by the Plan<br>(including annual exam, routine mammogram, Pap, PSA, immunizations, annual eye exam, etc.)   |  |   |   |
| <b>Calendar-year deductibles</b>   | <b>IN-NETWORK</b><br>\$2,500<br>Associate<br><br>\$3,750<br>Limited family<br><br>\$5,000<br>Family  | <b>OUT-OF-NETWORK</b><br>\$5,000<br>Associate<br><br>\$7,500<br>Limited family<br><br>\$10,000<br>Family   | <b>IN-NETWORK</b><br>\$1,750<br>Associate<br><br>\$2,625<br>Limited family<br><br>\$3,500<br>Family | <b>OUT-OF-NETWORK</b><br>\$3,500<br>Associate<br><br>\$5,250<br>Limited family<br><br>\$7,000<br>Family   |
| <b>Coinsurance</b>   | In-network: 80% of allowable charges covered after deductible<br>Out-of-network: 50% of allowable charges after deductible   |  |   |   |
| <b>Specialists<sup>2</sup></b><br>CCN = CIGNA Care Network;<br>INN = In-network, non-CCN | 80% CCN or 70% INN of allowable charges covered after deductible<br>Out-of-network: 50% of allowable charges after deductible <sup>3</sup>   |  |   |   |
| <b>Prescription drugs</b><br>(see the following page for details)                        | Generic PM: 100% payable by the Plan   Tier 1 through 3: After deductible you pay:<br>Tier 1: 20% up to \$15   Tier 2: 40% up to \$50   Tier 3: 60% up to \$100<br>*There are no out-of-network benefits for prescription drugs. |  |   |   |
| <b>Annual out-of-pocket maximum</b>  | <b>IN-NETWORK</b><br>\$5,000<br>Associate<br><br>\$7,500<br>Limited family<br><br>\$10,000<br>Family   | <b>OUT-OF-NETWORK</b><br>\$10,000<br>Associate<br><br>\$15,000<br>Limited family<br><br>\$20,000<br>Family | <b>IN-NETWORK</b><br>\$4,000<br>Associate<br><br>\$6,000<br>Limited family<br><br>\$8,000<br>Family | <b>OUT-OF-NETWORK</b><br>\$8,000<br>Associate<br><br>\$12,000<br>Limited family<br><br>\$16,000<br>Family |
| <b>Semimonthly premiums</b>  |  |  |   |   |
| Associate  | \$43.00  |  | \$76.00   |   |
| Associate + child(ren)   | \$134.50   |  | \$193.50  |   |
| Associate + spouse   | \$158.50   |  | \$228.50  |   |
| Family   | \$201.00   |  | \$289.00  |   |

## Out-of-area medical plan option

If you live in an area where there is no CIGNA Open Access Network availability, you will be enrolled in the Medical Option 1 – Out of Area Plan. This option has the same features as Medical Option 1 (Refer to the chart on the previous page), but in-network benefit levels are provided for covered medical services from any physician regardless of their network status. If an associate receives covered medical services from an in-network physician, service fees are discounted, reducing the out-of-pocket expense.

## Prescription drug coverage

Prescription drug coverage is managed and administered by CIGNA for the CNO Care Options Plan.

### Prescription drug definitions

For all plan options, the amount you pay for prescription drugs depends on the type of drug you receive.

- **Generic** – prescription drugs that are not protected by trademark registration. CNO's Tier 1 includes generic drugs. Generic drugs are the least expensive.
- **Generic Preventive Maintenance (Generic PM)** – includes generic drugs prescribed to prevent the occurrence of a disease or condition (e.g. high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or a prenatal nutrient deficiency). This includes coverage of preventive maintenance drugs as a result of the Patient Protection and Affordable Care Act for women's health needs. Refer to CIGNA's Drug List on [mycigna.com](http://mycigna.com) for a list of drugs in Tier 1 with a "PM" after the drug name.
- **Tier 1** – includes all generic drugs. Some brand-name drugs are also approved for Tier 1.
- **Tier 2** – includes commonly used brand-name drugs that are not available in a generic form. These drugs are selected for their ability to meet patient needs at a lower cost.
- **Tier 3** – includes brand-name drugs that have the highest level of cost to the patient.

How do the prescription drug benefits work?

Prescription drug benefits work the same for all medical options as follows:

- Generic PM medications are paid 100% if obtained through CIGNA Home Delivery or from one of OurClinics@CNO. Generic PM drugs related to women's health needs under the Patient Protection and Affordability Care Act are also paid at 100% when obtained from a retail pharmacy. All other Generic PM medications related to chronic health conditions are subject to the Tier 1 deductible and coinsurance when obtained from a retail pharmacy.
- For Tier 1, Tier 2, and Tier 3, you pay 100% of the discounted cost until your deductible is met. After your deductible is met, coinsurance applies as well as the per-prescription, out-of-pocket maximums, as indicated in the Medical plan options table on the previous page.

### You can pay for prescriptions with HSA funds.

You have the option of using your available HSA funds to help you pay for your prescription expenses. Prescription drugs are not covered outside the CIGNA pharmacy network and OurClinics@CNO.

**How can I take advantage of the Generic PM benefit?** To receive a Generic PM medication at no cost you may obtain it from CIGNA Home Delivery or from one of CNO's onsite clinics (OurClinics@CNO). You can set up CIGNA Home Delivery for a 90-day supply of medications by calling CIGNA at (800)285-4812.

**Are all generic medications free?** No, only generic prescriptions that are for preventive maintenance medications, which are obtained through CIGNA Home Delivery or from one of OurClinics@CNO will be provided at no cost to participants (except for certain generic PM prescriptions for women's health needs under the Patient Protection and Affordability Care Act, which can be obtained at no cost at a retail pharmacy). You can identify Generic PM medications on CIGNA's drug list ([mycigna.com](http://mycigna.com)) as any generic (Tier1) drug with a "PM" after the drug name. All other generic medications included in Tier 1 are subject to the deductible and co-insurance.



**What if my maintenance medication isn't a generic?** If you're using a Tier 2 or Tier 3 maintenance medication (i.e. a brand name drug), you will be subject to the deductible and co-insurance. You may want to talk with your physician to determine if a generic form of your medication is available and would work for you.

### Where to get more information about prescription drugs

Information on prescription drugs covered by the CNO Care Options Plan is available in the SPD on [Benefits InfoNet](#). You also may request information by calling CIGNA toll-free at (800) 244-6224 or going to [mycigna.com](#).

Information on prescription drugs available at OurClinics@CNO is available at the [OurHealth portal](#).

## Other important medical coverage information

### Will a pre-existing limitation apply to me?

No. As required by the PPACA, pre-existing condition limitations are not applied to plan participants effective January 1, 2014.

### How can I ensure that I'm billed correctly for medical services?

You can take several steps to ensure you're billed correctly for medical services.

1. Whenever possible, use in-network providers. In most cases, you will not be required to pay at the time of service. (Note: If your in-network physician requires payment upfront, confirm that the provider has verified your benefits with CIGNA and applied all network discounts when determining the final amount you owe.)
2. The provider will submit your claim to CIGNA, who processes the claim and sends an EOB to you and to your provider with detailed information about your claim and all associated costs. For the 21 specialties listed on the following page, you must use a CIGNA Care Network specialist to receive the highest level of in-network coverage. If you receive services outside the Open Access Plus network, you may have to pay in full at the time of service and submit a claim for reimbursement.

2. Keep track of your claim activity at [mycigna.com](#). You can register for an account and then view your claims activity and EOBs. If you owe your provider payment, you decide whether to use your available HSA funds or to save them for future expenses.
3. If you are enrolled in the CNO Care Options Plan and aren't sure of how to access benefits, call CIGNA *before* you receive services.

## Consumer Tools

Castlight Health, is an online, telephonic, and mobile tool that helps you find high-quality medical care and see how much you will pay for it before you go. Castlight Health makes it easy to compare your options on cost, quality, and convenience so you can make smart health care decisions for your family.

Using Castlight, you're able to:

- Compare in-network doctors and medical services in your area based on the price you'll pay and quality of care other patients have received.
- See personalized cost estimates before you go to the doctor that take into account your health plan and whether you've already met your deductible.
- Review step-by-step explanations of past medical spending so you know how much you paid and why.
- Receive recommendations about ways to save money and find high-quality care.

Associates, spouses, and same-sex domestic partners who are enrolled in a CNO Care Options medical plan may register for Castlight Health services at [www.castlighthealth.com/register](http://www.castlighthealth.com/register).



## CIGNA networks

### What is the Open Access Plus Network?

Medical Options 1 and 2 are part of the CNO Care Options Plan supported by CIGNA's Open Access Plus network. You receive the highest level of benefits and lower out-of-pocket expenses when you receive care from in-network providers. (Refer to the Cigna Care Network section below for information about certain physician specialists.) You may use out-of-network providers, but benefits are reduced and out-of-pocket expenses are higher and you may be required to submit claims for reimbursement.

### What is the Cigna Care Network (CCN)?

CCN is a program that helps associates choose the best healthcare providers for various medical specialties. The CCN designation is given to participating doctors who meet quality and efficiency standards. CCN designations apply to the following specialties:

- Allergy/immunology
- Cardiology
- Cardiovascular surgery
- Colon and rectal surgery
- Dermatology
- Endocrinology
- Gastroenterology
- General surgery
- Hematology/oncology
- Infectious disease
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology (ear, nose, throat)
- Pulmonary medicine
- Rheumatology
- Urology
- Vascular surgery

If you need care in one of these specialties, your benefits will depend on your choice of specialist:

- If you receive covered services from a CCN-designated specialist, you'll receive the highest level of in-network benefits as stated in the **Medical plan options table** on Page 3 of this section.
- If you receive covered services in a specialty listed above from a CIGNA Open Access Plus doctor who does not have the CCN designation, you'll receive the lower level of in-network benefits as stated in the **Medical plan options table** on Page 3 of this section.
- If you receive covered services in a specialty listed above who is not a CIGNA participating doctor, you'll receive benefits at the out-of-network coverage level as stated in the **Medical plan options table** on Page 3 of this section.

A doctor's CCN designation can change. CIGNA reevaluates providers once each year. Evaluations are in effect from January 1 through December 31. Before seeing your doctor, check the provider directory at [mycigna.com](http://mycigna.com) to determine whether the provider is designated as a CCN specialist.

### How do I find a doctor in CIGNA's Open Access Plus network?

1. You have access to CIGNA's Open Access Plus network of physicians and facilities no matter which medical option you choose. You are responsible for verifying that your physician or specialist is an in-network provider before you enroll for Medical Option 1 or 2.
2. Log in to [cigna.com](http://cigna.com) to find doctors who participate in the CIGNA Open Access Plus or CCN networks.
  - On the main page, enter your location information in the "Find a Doctor" section.
  - Select the "Open Access Plus ONLY" plan type.
  - Select the type of primary care physician or specialist.
  - Click "Search."
  - To identify a CCN specialist, look for the CCN designation on the search results screen.
3. If you have any questions or need help locating in-network providers, contact CIGNA's customer service (800) 244-6224.

