



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

WELCOME

Benefits Open Enrollment

Moody Bible Institute

Agenda

- What is Open Enrollment?
- Cigna Medical Benefits
- Cigna Behavioral Health Support
- Cigna Prescription Drugs
- Cigna Dental
- Cigna Programs, Services, Tools and Resources
- EyeMed Vision Benefits
- Discovery Benefits, a WEX Company, Flexible Spending Accounts
- Navigate Wellness
- Guardian Benefits
- Employee Discount Program



What Is Open Enrollment? Action Required

- This year, you will not be required to **enroll or waive coverage**, if you wish to keep the **same plan(s)** in which you are currently enrolled. However, you do have to enroll in the FSA each year.
- Please make sure enrollment/waiver is completed by the Open Enrollment deadline of: **November 15, 2024**
- Elections (including changes) will take effect on **January 1, 2025**



What Is Open Enrollment?

Overview

- Open enrollment is your opportunity to make changes to your current benefit elections and plans
- Benefits are effective for the entire plan year, unless you (or your dependents) experience a *qualifying life event* (QLE) during the upcoming plan year such as:
 - Marital status
 - Your number of dependents (e.g., birth, adoption)
 - Employment status
 - Benefits coverage or cost
 - Entitlement to government health care or premium assistance for it
- You have **30 days** to inform HR of your QLE to make any change





Moody Bible Institute

Your Medical Plan Options

Plan year: 01/01/2025-12/31/2025

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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Planning for Your Medical Costs

	OAP		HSA		Chicago One Health HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Deductible	Individual: \$1,000 Family: \$3,000	Individual: \$1,000 Family: \$3,000	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000	None
Coinsurance	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	None
Out-of-pocket maximum¹	Individual: \$3,000 Family: \$6,000 <u>Prescription:</u> Individual: \$4,850 Family: \$7,700	Individual: \$4,000 Family: \$12,000 <u>Prescription:</u> Individual: \$4,850 Family: \$7,700	Individual: \$4,000 Family: \$8,000	Individual: \$6,000 Family: \$12,000	Individual: \$1,500 Family: \$3,000 <u>Prescription:</u> Individual: \$5,100 Family: \$10,200
Employer Contribution	N/A		Employee: \$600 Family \$1,200		N/A

If you choose to receive care outside of your plan's network, only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions. **All plans have exclusions and limitations.** See your enrollment materials for more information about costs and details about covered and non-covered services, including plan exclusions and limitations.

- This is the most a family (employees plus covered family members) will pay for in-network, out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped at \$8,700 for 2022 health plans, and overall family in-network costs are capped by the IRS at \$17,400. The out-of-pocket costs for people with individual coverage are capped at \$7,050 for 2022. To see examples of how this works, please visit www.InformedOnReform.com > Federal Regulations > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.

Open Access Plus (OAP)



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



Specialist: You can see a specialist without a referral



Network: Lower costs by using providers and health care facilities in the OAP network

- Use the Cigna HealthcareSM 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.



Health Maintenance Organization (HMO)



Primary Care Provider: A primary care provider (PCP) in the HMO network is required. Your PCP will provide or arrange for your routine care needs



Specialist: When necessary, your PCP will refer you to an in-network specialist



Network: For your care to be covered, you must use providers and facilities in the network. Emergency and urgent care are covered.



Deductible: You may pay an annual amount — a deductible — before your plan begins to pay for covered costs

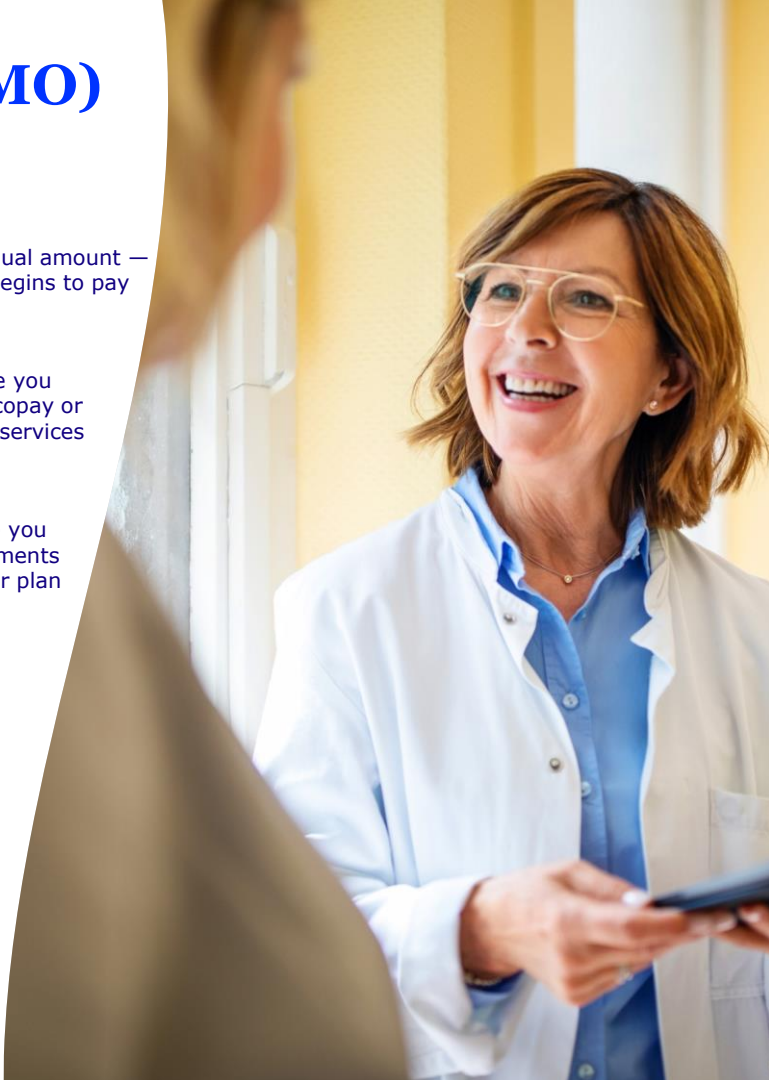


Copays and co-insurance: Once you meet your deductible, you pay a copay or co-insurance amount for covered services and the plan pays the rest¹



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. 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.



Open Access Plus High Deductible Health Plan (OAP HDHP)



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



Specialist: You can see a specialist without a referral



Network: Lower costs by using providers and health care facilities in the OAP network

- Use the Cigna HealthcareSM network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency



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.



Virtual care¹

MDLIVE[®]

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.

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.

Your HSA Plan



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

Contributing the Maximum to Your HSA



The IRS has set the following limits for 2025:

Under age 55 and not enrolled in Medicare (based on a 12-month period):

- Up to \$4,300 individual coverage¹
- Up to \$8,550 family coverage¹

Age 55 or older:

- Maximum contribution increases by \$1,000 (considered a “catch-up” contribution)
- Up to \$5,300 individual coverage¹
- Up to \$9,550 family coverage¹

To make the maximum contribution in a calendar year, you must:

- Meet all requirements to be eligible for HSA contributions on January 1²
- Remain qualified through December 1²

1. Contributions to your HSA that you receive from your employer and incentives count toward your maximum.
2. If these criteria are not met, the maximum contribution is prorated; if 1/12 maximum contribution for each month, then individual is qualified.

The benefits of your health plan plus a health savings account

Cigna Choice Fund® Health Savings Account (HSA)



- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- Offers in-network preventive care covered by the plan at 100%¹
- Provides flexibility as you own the account; contributions can come from you, your employer or both
- Encourages greater savings; contributions are generally not taxable²
- Provides investment options

1. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). See your plan materials for a complete list of covered preventive care services.

2. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.

Are you eligible to participate?

Because HSA plans have certain tax advantages, the IRS defines specific rules for participation

To be eligible:

- ✓ You must be enrolled in an IRS-qualified high-deductible medical plan by the first of the month
- ✓ High-deductible medical plans offered with Cigna Choice Fund[®] HSA meet IRS requirements
- ✓ If your health plan effective date is after the first of the month, your HSA will be established on the first of the following month
- ✓ You cannot have any other health coverage that is not also a qualified high-deductible plan
- ✓ You cannot be claimed as a dependent on another person's tax return
- ✓ You may not be enrolled in Medicare (A, B or D), TRICARE, or a Full Purpose FSA (including a spouse's Full Purpose FSA)

Understanding and tracking HSA expenses



Explanation of benefits (EOB)

- Clearly shows how and when claims were paid
- Receive them in the mail or electronically
- Manage your communication settings on the myCigna® app or website



24/7/365 phone assistance

- One toll-free number
- Benefits and claim details
- IRS requirements
- Transaction activity and balance
- Live transfer to HSA Bank for investment questions
- Help with myCigna resources



Online health statement

- An exact snapshot of the information that you want
- Customize your statement view by date range, claim type and more
- Easy to print and save



24/7 online health account management

- Details on plan coverage, balances, claims and payments
- HSA bank account information
- Link to the bank to manage investment accounts

Employee Contribution Medical Rates

Coverage Tier	Employee Contribution (Monthly)					
	Cigna Open Access Plus (OAP)		Cigna One Health (HMO)		HDHP with HSA	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$154.70	\$169.70	\$116.60	\$131.60	\$110.60	\$125.60
Employee + Spouse (EE + 1 for HMO Plan)	\$336.80	\$361.80	\$259.20	\$284.20	\$241.10	\$266.10
Employee + Child(ren)	\$330.20	\$355.20	N/A	N/A	\$235.80	\$260.80
Family	\$574.40	\$609.40	\$453.30	\$488.30	\$413.00	\$448.00

Behavioral health support



Virtual behavioral care¹



Now you don't have to wait — or travel — for behavioral care. Cigna Healthcare has partnered with MDLIVE® so you can connect by video or phone to licensed therapists and psychiatrists, all from the privacy of home. Non-emergency behavioral/mental health conditions treated include:



- Addiction
- Bipolar disorder
- Child/adolescent issues
- Depression
- Eating issues
- Grief/loss
- Life changes
- Men's issues
- Postpartum depression
- Panic disorders
- Relationship and marriage issues
- Stress
- Parenting issues

1. This is not a full list and is subject to change. Cigna Healthcare provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna Healthcare also 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. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna Healthcare. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs.

Cigna Total Behavioral Health® (CTBH)¹

Large, national network

Includes national virtual network that features Talkspace, MDLIVE, Headspace Care, and more. Online scheduling and text messaging. Appointment availability often in as little as two days.² Appointment scheduling assistance provided. We offer three sessions to connect you with a licensed clinician in our Employee Assistant Program network, at no additional cost to you.³

Care Navigator

Special Care Navigators are available to support you with all your behavioral health needs, from matching to the right therapist to feeling better, and more.

24/7/365 crisis and emergency support

In-the-moment clinical consultations

Speak with a clinician by phone 24/7/365. Connect directly with a licensed clinician for an unlimited number of 45-60 minute sessions for an evaluation, or to discuss your concerns, whenever you need to.

Coaching and support

Dedicated support for a broad range of conditions including autism, eating disorders, intensive behavioral case management, substance use, opioid and pain management, and parents and families.

Sessions to manage life events

We offer three sessions to connect you with a licensed clinician in our Employee Assistance Program network, at no additional cost to you.

1. All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. Use and distribution limited solely to authorized personnel.

2. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.

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Cigna Total Behavioral Health¹ online resources



myCigna.com[®] **guided navigation**

Our digital portal includes guided navigation that provides you with customized, convenient care options (digital, coaching, virtual, and in person)



Happify[™] offered through **Cigna Healthcare**

Increase resilience through games, guided meditations, and other activities. This digital self-guidance tool reduces stress while encouraging confidence²



iPrevail offered through **Cigna Healthcare**

On-demand peer coaching and personalized learning to help boost your mood and improve mental health care²

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2. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

Cigna Healthcare Enhanced Behavioral Health^{SM1}

Large, national network

Includes national virtual network² that features Talkspace, MDLIVE, Headspace Care, and more. Online scheduling and text messaging. Appointment availability often in as little as two days.³ Appointment scheduling assistance provided.

Care Navigator

Special Care Navigators are available to support you with all your behavioral health needs, from matching to the right therapist to feeling better, and more.

In-the-moment clinical consultations

Speak with a clinician by phone 24/7/365. Connect directly with a licensed clinician for an unlimited number of 45-60 minute sessions for an evaluation, or to discuss your concerns, whenever you need to.

myCigna.com® guided navigation

Our digital portal includes guided navigation that provides you with customized, convenient care options (digital, coaching, virtual, and in person).

Coaching and support

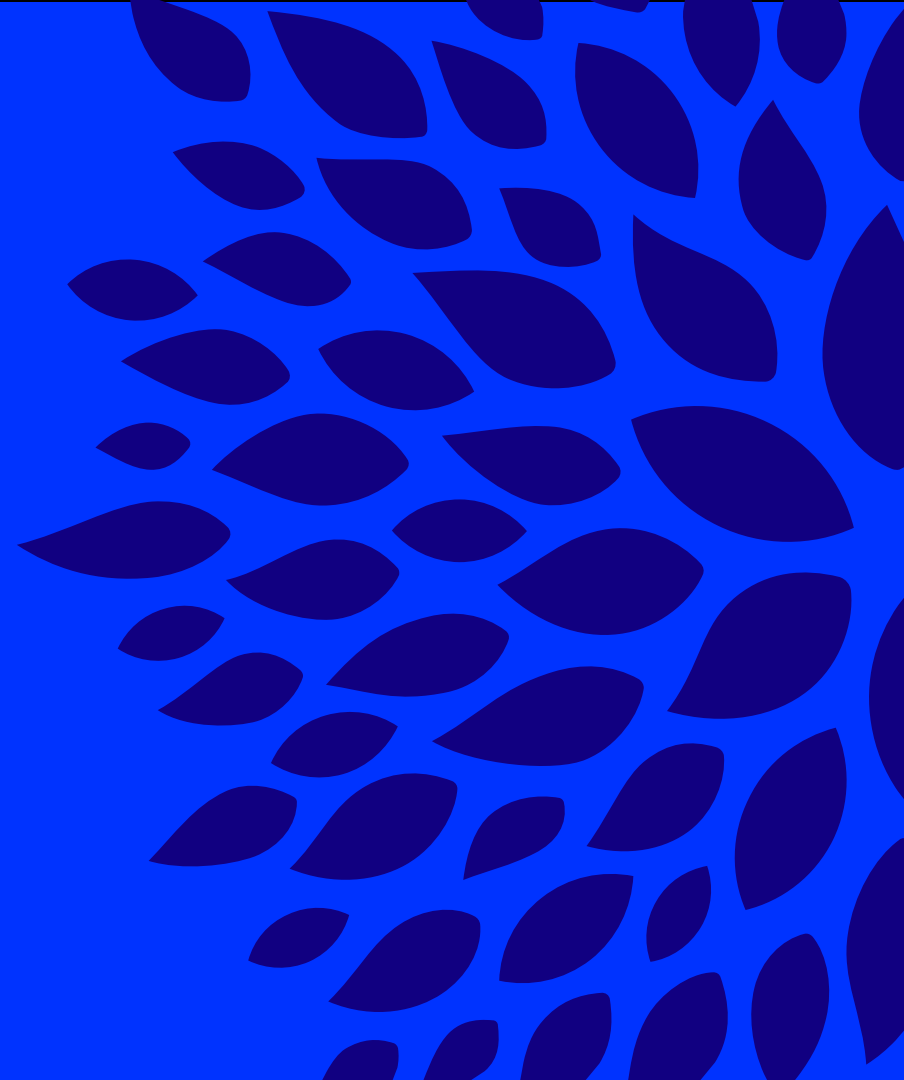
Dedicated support for a broad range of conditions including autism, eating disorders, intensive behavioral case management, substance use, opioid and pain management, and parents and families.

24/7/365 crisis and emergency support

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2. 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 all services may not be available in all areas; subject to state regulations. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.
3. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.



Your pharmacy plan options



Understanding Terms in your Pharmacy Plan



Generics:

Generic medications have the same active ingredients, strength and dosage as the brand-name but often cost less.



Preferred brands:

You'll often pay more for a preferred brand-name medication than for a generic. Preferred brands may also have a lower-cost generic alternative available.



Non-preferred brands:

These high-cost medications have lower-cost generic or preferred brand alternatives that are used to treat the same condition(s).



Specialty:

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

What You'll Pay for Prescriptions

In-network	OAP			HSA			Chicago One Health HMO		
	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)
Tier 1 (typically generics)	You pay \$10	You pay \$20	You pay \$20	You pay 20%^A	You pay 20%^A	You pay 20%^A	You pay \$10	You pay \$20	You pay \$20
Tier 2 (typically preferred brands)	You pay \$50	You pay \$100	You pay \$100	You pay 20%^A	You pay 20%^A	You pay 20%^A	You pay \$50	You pay \$100	You pay \$100
Tier 3 (typically non-preferred brands)	You pay \$80	You pay \$160	You pay \$160	You pay 20%^A	You pay 20%^A	You pay 20%^A	You pay \$80	You pay \$160	You pay \$160
Tier 4 (Specialty)	You pay \$125	N/A	You pay \$250	You pay 20%^A	N/A	You pay 20%^A	You pay \$125	N/A	You pay \$250
Out-of-network	Retail		Home Delivery	Retail		Home Delivery	Retail		Home Delivery
	You pay 25%	You pay 25%	Not Covered	You pay 25%^A	You pay 25%^A	Not Covered	Not Covered	Not Covered	Not Covered

This chart shows the amounts you'll pay for covered services after you meet your plan deductible. Not all health benefit plans are the same, but in general, to be eligible for coverage, a medication must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. **All plans have exclusions and limitations.** Please check your plan documents for costs and complete details of your plan's prescription medication coverage.

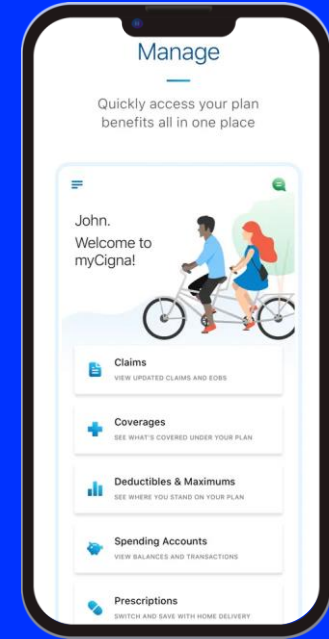


Use the myCigna® App¹ or website – 24/7

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

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.



For illustrative purposes only.

Spend smarter on medications

Use the Price a Medication tool

- Compare the price of your medication at in-network retail pharmacies and through our home delivery pharmacy¹
- View lower-cost alternatives, if available
- See which medications your plan covers
- View your costs for a 30-day and 90-day supply, depending on your plan
- Find out if your medication needs approval before your plan will cover it

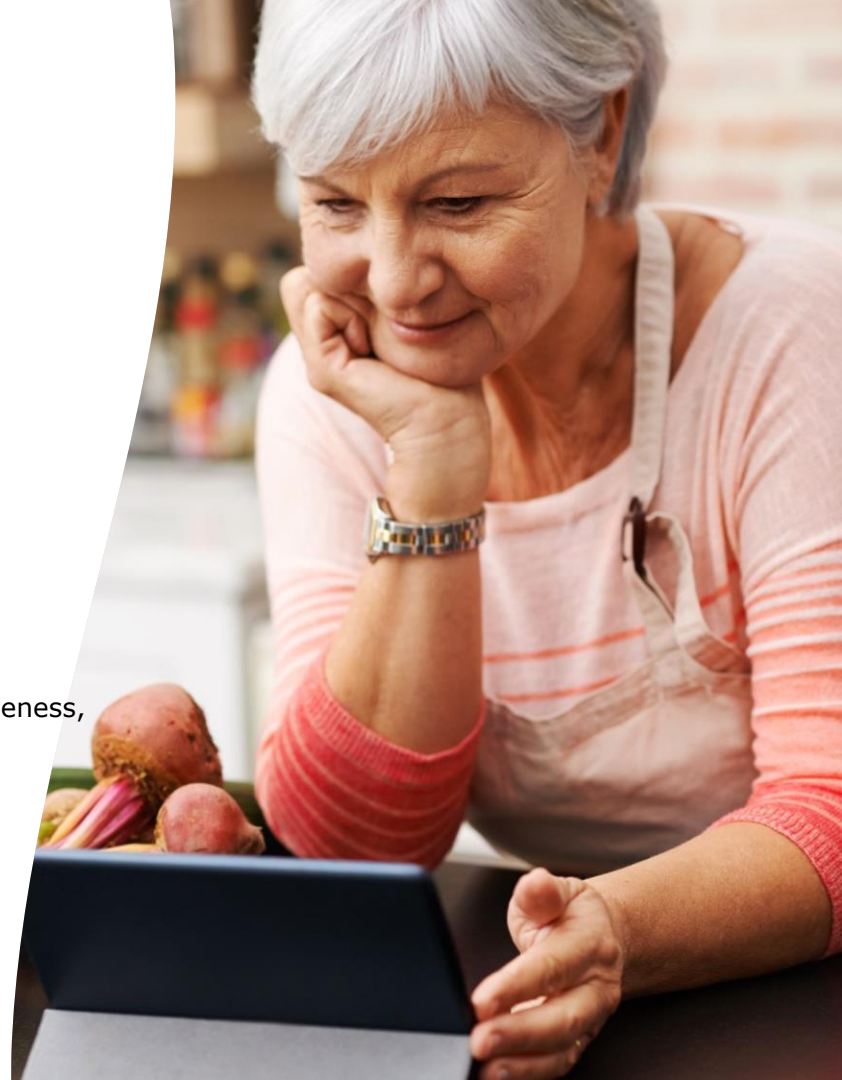
Choose a generic and save

- Generic medications work just as well as their brand-name versions
- Generics have the same active ingredients, strength, dosage form, effectiveness, quality and safety
- Generics typically cost much less than brand-name medications

1. 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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Save a trip with home delivery



Order, manage, track and pay for medications on your phone or online



Standard shipping at **no extra cost**¹



Fill up to a **90-day supply** at one time²



Automatic refills³ or refill reminders so you don't miss a dose



Helpful pharmacists available 24/7



Flexible payment options



To learn more about Express Scripts® Pharmacy, go to **[Cigna.com/homedelivery](https://www.cigna.com/homedelivery)** or call **800.835.3784**

1. Standard shipping costs are included as part of your prescription plan.
2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
3. Express Scripts Pharmacy can automatically refill certain medications. You can sign up for the automatic refill program when you call. Or, you can log in to the myCigna App or website to sign up on your own. The downloading and use of the myCigna mobile app is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Help with specialty medications

Accredo[®], your specialty pharmacy, is focused on supporting complex medical conditions.

- Easily order, manage and track your medications on your phone or online¹
- Fast shipping, at no extra cost²
- Easy refills and free reminders to help make sure you don't miss a dose. Refill certain prescriptions by text.³
- 24/7 access to specialty-trained pharmacists and nurses experienced in complex medical conditions
- Personalized care services including counseling and training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

1. You'll see your first order in the myCigna App or website once Accredo ships it.

2. Standard shipping costs are included as part of your prescription plan.

3. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.



A woman with dark, wavy hair, wearing a blue long-sleeved shirt, is seated at a white kitchen counter. She is looking down at a tablet computer held in her left hand, with a pen in her right hand resting on a notepad. The background shows a kitchen with white cabinets, a tiled backsplash, and a window with plants. A blue banner is overlaid on the left side of the image.

Taking Control of Health Care Costs

Take Control of your Health and your Health Care Costs

Here are a few easy ways to save on out-of-pocket health care expenses:



Stay with in-network providers and facilities



Visit an urgent care center instead of the ER for non-life-threatening health concerns



Use a convenience care clinic (inside supermarkets, pharmacies and other retail stores) for routine care



Access virtual care¹ through MDLIVE[®] 24/7 for a range of minor conditions

1. Cigna 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. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.

Additional Ways to Save

Here are a few easy ways to save on out-of-pocket health care expenses:



In-network providers

Visit myCigna.com and use the “Find Care & Costs” tool to locate in-network providers and facilities



Lower-cost labs

Stay with lower-cost national labs like Quest Diagnostics® or LabCorp®



MRIs and CT scans

Choose independent radiology centers (versus hospital-based radiology) for MRIs and CT scans



Outpatient centers

Select an in-network, freestanding outpatient surgery center for procedures like colonoscopy, endoscopy or arthroscopy

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.

Compare and Select Providers

Cigna Care Designation

Cigna Healthcare evaluates in-network providers in the most common specialties. Only those who meet these standards for both quality and cost efficiency receive the Cigna Care Designation.¹

Cigna Centers of Excellence

Cigna Healthcare identifies hospitals as Centers of Excellence when they achieve the highest performance in both health outcomes and savings.²

Indicates doctor with
Cigna Care Designation
Shows cost-efficiency rating
and other recognitions



Robert K. Smith, MD 3.3 mi | 

Medical Group | 123 Main St. #100 Anytown, USA 12345 | (555) 123-4567

Specialties: Internal Medicine

 Cigna Care Designation

Cigna Care Network - Tier 1 Provider

Cost Efficiency Rating: ★★★★★

Internal Medicine

Hospital Affiliations (2): [see all](#)

New Patient Office Visit

\$167 ESTIMATED OUT-OF-POCKET COST

Show Math

 In-Network

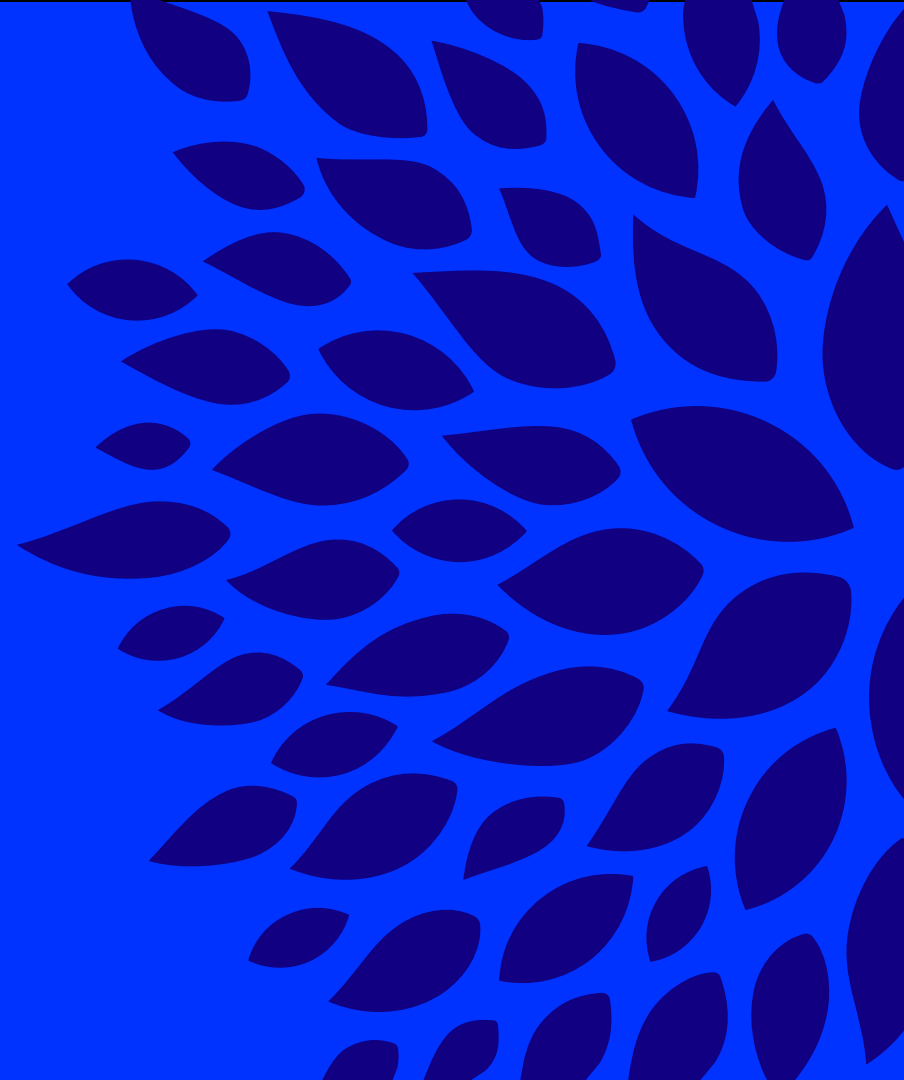
 Accepting new patients

Select PCP

Example for illustrative purposes only. Actual costs will vary.

1. Cigna Care Designation: Patient experience, quality designations, cost-efficiency and other ratings found in Cigna Healthcare's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and are not agents of Cigna Healthcare.
2. Cigna Centers of Excellence: The Cigna Healthcare Center of Excellence designation is a partial assessment of quality and cost-efficiency and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna Healthcare's online provider directories are not a guarantee of the quality of care that will be provided to individual patients. Providers are solely responsible for any treatment provided and are not agents of Cigna Healthcare.

Dental plan options



Cigna Dental Care[®] (DHMO)¹



General dentist: Choose any general dentist in the Cigna Dental Care[®] network who can coordinate your dental care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



Network: Cigna Dental Care offers access to providers who have pre-negotiated the cost of patient care so there are no surprises. Emergency care is covered both in- and out-of-network.²



Predictable costs: Estimate treatment costs in advance based on your Patient Charge Schedule, then pay the pre-negotiated charge for each service listed, if applicable



Deductible: No deductibles, you don't have to reach an out-of-pocket cost before coverage starts.



Maximums: No calendar year or lifetime maximums, your coverage isn't limited by a dollar amount.

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care[®] (DHMO) product availability varies by state and is subject to change.
2. There are no out-of-network benefits with a Cigna Dental Care[®] plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See Appendix A for details.



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Dental Preferred Provider Organization (DPPO)



Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



Specialist: See a specialist without a referral



Deductible: An annual amount that may apply to covered services before your plan begins to pay.



Coinsurance: Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will pay of your covered dental care costs.



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



Your Coverage

PERCENTAGE OF COVERED EXPENSES YOU PAY

	Cigna DPPO Advantage	Non-Network
Class I – Preventive care	100%	100%
Class II – Basic restorative ²	You pay 10%	You pay 20%
Class III – Major restorative ²	You pay 40%	You pay 50%
Class IV – Orthodontia ²	You pay 50%	Not Covered
Class V – (Implants) ²	You pay 40%	You pay 50%
	Individual	Family
Annual deductible	\$50	\$150
Calendar-year dollar maximum	\$1,500	\$1,500
Calendar-year maximum: Implants	\$1,500	\$1,500
Lifetime maximum: Orthodontia <small>(Dependent Child up to age 19)</small>	\$1,250	Not Covered

1. The amount your plan will pay for covered services received through the Cigna DPPO network and out-of-network will be subject to your plan's Maximum Reimbursable Charge provisions. When visiting a dentist out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.
2. Waiting periods may apply. Not all services are covered. **See Appendix C for a listing of related plan limitations and exclusions.**

Estimate dental care costs

Cigna[®] dental estimator tools¹ are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists



Ready to start estimating dental care costs? Log on to **myCigna[®]** website or app² > Find Care & Costs

1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.

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

Cigna Oral Health Integration Program® (OHIP)



Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.¹



Qualifying conditions² include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

2. Not a full list of conditions.

Cigna Dental Virtual Care¹

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care²
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

 To access Cigna Dental Virtual Care, just log on to your **myCigna.com**[®] account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.



Employee Contribution Dental Rates

Coverage Tier	Employee Contribution (Monthly)	
	DPPO	DHMO
Employee Only	\$19.00	\$11.00
Employee + 1	\$39.00	\$22.10
Family	\$59.70	\$32.40



Support to Improve Your Health and Well-being

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

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Preventive Care



Many preventive services from in-network providers are covered 100% by your health plan.¹ That means you won't pay anything out of your own pocket.

Covered preventive care services can include, but are not limited to:¹

- Screenings for blood pressure, cholesterol and diabetes
- Screenings for colon/rectal cancer
- Mammograms and Pap tests
- PSA blood tests

1. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care service.



Biometric screenings

Knowing certain information will help you and your doctor better understand your health, and where there's opportunity for improvement. If your employer offers biometric screenings¹ — or if you receive them during regular check-ups with your doctor — be sure to get the following and record the results.



Blood pressure



Body mass index (BMI)



Cholesterol



Blood glucose

1. Biometric screenings are independently administered by third-party providers and not by Cigna Healthcare.

Cigna Healthcare Wellness Experience

How it works:

Reach your health goals while having fun. The Cigna HealthcareSM Wellness Experience puts powerful resources at your fingertips – at no additional cost to you.

- **Personalize your experience:** Connect your activity tracker and set topics of interest.
- **Complete a Health Check:** Answer questions to get a health score and learn about possible risks.
- **Track your Healthy Habits:** Follow a healthy routine by taking small steps.
- **Stay motivated:** You can invite up to 10 friends and family members outside of work.
- **Participate in fun challenges:** Join coworkers and motivate each other to build new healthy habits.



Cigna Healthcare Lifestyle Management Programs

Our health advocates provide personalized support to help you make lasting changes.

- **Weight management:** Learn to manage your weight using a non-diet approach that helps you change habits, eat healthier and become more active
- **Quit tobacco:** Develop a personal quit plan to become — and stay — tobacco-free
- **Reduce stress:** Understand the sources of your stress and learn coping techniques to better manage it in all areas of your life



Use the telephone coaching program for the support you need.



Cigna Healthy Pregnancies, Healthy Babies®

Enroll during your first or second trimester. Our maternity specialists will reach out to you during and after your pregnancy to support you along the way, answer any questions, offer screenings for post-partum depression and much more.



Access 24/7 support through the Health Information Line



Get ongoing support from a maternity specialist with nursing experience



Download a guide with information, tools and resources



Access an audio library of pregnancy health topics

 Enrolling in the program is easy and at no cost to you. Just call 800.615.2906 or sign up through the Cigna Healthy Pregnancy® app.²

1. Incentive paid after completion of post-partum call. Reward eligibility and type may vary based on plan offering. Incentive awards may be subject to tax; you are responsible for any applicable taxes.
2. The app is for educational purposes only. Medical advice isn't provided. Don't use information in this app to diagnose yourself. Always check with your health care provider for information about examinations, treatment, testing, and care recommendations. In an emergency, dial 911 or visit the nearest emergency room. App/online store terms and mobile phone carrier/data charges apply.

Healthy Rewards[®] Program¹

Get discounts on the health products and programs you use every day, including:



Gym memberships



Virtual workouts



Hearing care



LASIK eye surgery



1. **Healthy Rewards is a discount program and is NOT insurance.** These programs give a discount on the cost of certain goods and services. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services..

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Omada Complete

Omada® helps you live healthier—all at no cost to you. You'll go further with a personalized care plan, access to the latest technology and daily support from your health coach and specialist. You can create lasting change by unlearning and relearning what it means to be healthy.



Get started today: omadahealth.com/omadacomplete.

If you or your covered adult dependents are enrolled in the company medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease or are living with diabetes or high blood pressure, and are accepted into the program, you'll receive the program at no cost.



\$0 cost
to you

**Shift your mindset,
*change your health***

Create lasting change with Omada®.

All at no additional cost to you.

What you get with Omada:

- ✓ Dedicated health coach & care team
- ✓ Interactive weekly lessons
- ✓ Smart devices, delivered to your door
- ✓ Tools for managing stress



Weight loss & overall
health



Diabetes



High blood pressure

Learn more:

omadahealth.com/comadacomplete



Omada Complete: modular programs for virtual-first care

Program	DPP	Diabetes	Hypertension
Clinical Indication	Prediabetes + At Risk	Type 1 & 2 Diabetes	High Blood Pressure
Care Team	Health Coach Behavioral Health Specialist	Health Coach Diabetes Specialist Behavioral Health Specialist	Health Coach Hypertension Specialist Behavioral Health Specialist
Connected Devices	Connected Scale	Scale, Blood Glucose Monitor, Continuous Glucose Monitor	Scale, Blood Pressure Monitor
Feature Highlights	<ul style="list-style-type: none"> Nutrition counseling Interest-Based Communities 	<ul style="list-style-type: none"> Personalized content Interactive lessons 	<ul style="list-style-type: none"> Targeted outreach Curated peer groups

All programs include behavioral health support



Omada for Prevention

Improve Overall Health

Program Goals



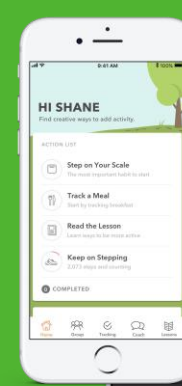
Sustainable weight loss



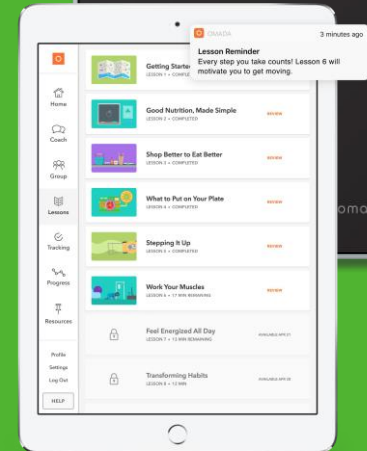
Reduce the risk of developing T2D, heart disease and stroke

Program Features

- **Health coach**
- Real-time interventions
- **Peer Groups**
- DPP certified **curriculum**
- **Connected scale**, food and activity tracking



0.0 lb



Omada for Diabetes

Improve Blood Glucose Control

Program Goals



Achieve and maintain target blood glucose levels



Reduce the risk of complications and diabetes distress



Build confidence to self-manage medications

Program Features

- **Certified Diabetes Educator (CDCES)**
- **DSMES curriculum**
- **Real-time interventions**
- **T1 & T2 Specific Peer Groups**
- **Continuous Glucose Monitor**
- **Blood Glucose Meter w/automatic refilled test strips & lancets**
- **Additional Devices as needed (scale & BP Cuff)**



Omada for Hypertension

Improve Blood Pressure Control

Program Goals



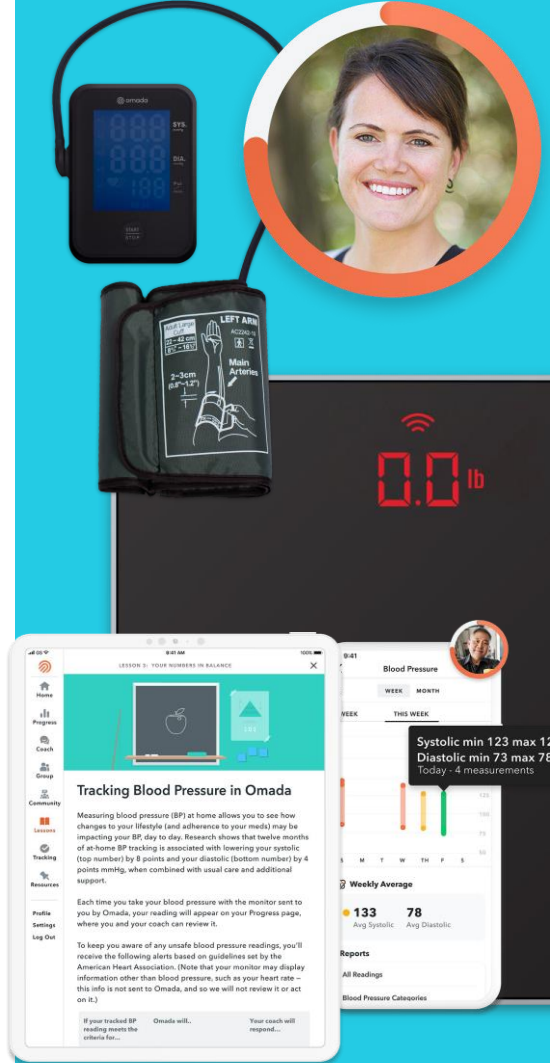
Achieve target blood pressure



Reduce cardiovascular risks & reduce healthcare costs

Program Features

- **Health coach & HTN Specialist**
- **HTN curriculum**
- **Real-time meaningful interventions**
- **Peer Group & Topic-based communities**
- **Connected Devices**



Omada for Diabetes & Hypertension

Improve Blood Glucose and Blood Pressure Control

Program Goals



Achieve & maintain target blood pressure and glucose levels

Reduce the risk of complications and diabetes + HTN distress



Learn to self-manage medications & reduce healthcare costs



Program Features

- **Health Coach, Certified Diabetes Educator & HTN Specialist**
- Diabetes + HTN specific **curriculum**
- Real-time **interventions**
- **Peer Group** & Topic-based communities
- **Connected Devices**



Virtual Physical Therapy- Airrosti

Airrosti Remote Recovery program is an in-network physical therapy provider that connects you with an experienced provider who will help you understand your condition, prescribe an individualized recovery plan, and give you the tools you need to live pain free! Airrosti provides effective care that you can access from the convenience of home.

Customer cost share will apply based on the customer's benefit plan for the first four visits for that injury.



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How to Access Airrosti

1.

Find Care & Costs for Grace ▾ in Chicago, IL

Five light blue buttons with icons and text: Immediate Care (cross icon), Doctor by Type (doctor icon), Doctor by Name (Aa icon), Reason for Visit (heart with pulse icon), and Health Facilities (pillbox icon).

2.

Find Care & Costs for Grace ▾ in Chicago, IL

Five buttons as in step 1, but 'Health Facilities' is highlighted in dark blue. Below is a search bar with 'Airrosti' entered and a 'Search' button. A dropdown menu shows search results: 'Search 'Airrosti' in Facility Names', 'Airrosti (Virtual Care Services - IL)', and 'Airrosti Rehab (Virtual Care Services - IL)'.

3.

Summary card for 'Airrosti Rehab' with phone number (800) 404-6050. It has tabs for 'Office Info' and 'Costs'. Under 'Office Info', there are 'In-Network' and 'Virtual Care Services' status indicators, a 'Schedule online' button, and the facility name, phone number, and website URL. Under 'Facility Type', it lists 'Physical Therapy - National Vendor' and 'Virtual Care Services'.





Monitor, alert, and fix

Identity theft impacts both the **financial** and **emotional** well-being of victims.

That's why Cigna Healthcare teamed up with IdentityForce® to offer its services as part of your medical coverage at **no additional cost**.¹ The identity theft protection provides monitoring, alerts, and restoration services.

1. The program and services are provided by TransUnion and not by Cigna Healthcare Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability may vary by location and plan type and is subject to change. References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services are at your sole risk. Not available for insured clients situated in NY and NJ.

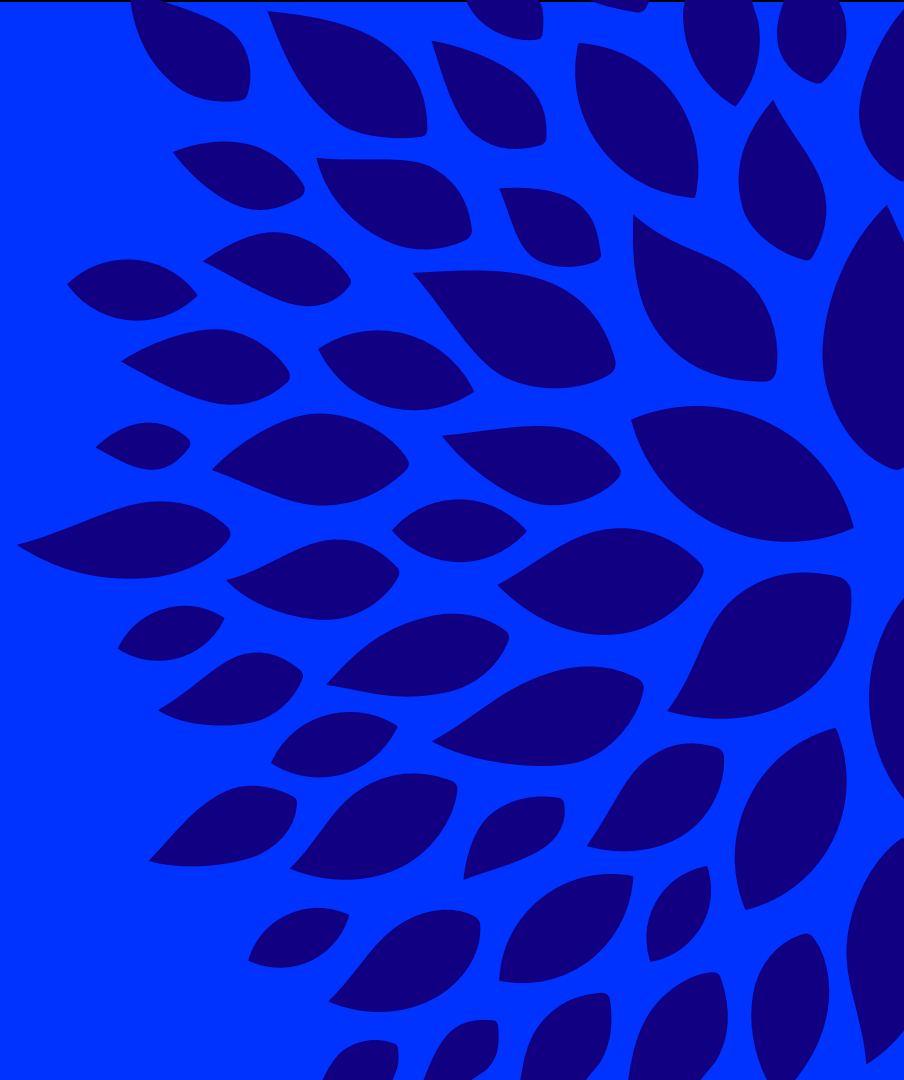
2. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. <https://www.cnbc.com/select/best-identity-theft-protection-services/>. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/>.



Proactive protection and restoration

- Top-rated, 24/7 identity theft protection²
- Real-time fraud alerts for any account or credit activity
- White glove restoration services for identity recovery
- ChildWatch monitoring for covered dependents
- Social Media Activity Alerts (Adult and Child)

Cigna Modes of Communication



Cigna One Guide

After enrollment, personalized support helps you:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Get cost estimates
- Understand your bills
- Navigate the health care system

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



After you've enrolled, access Cigna One Guide® the way that's most convenient to you.



myCigna® website or app¹



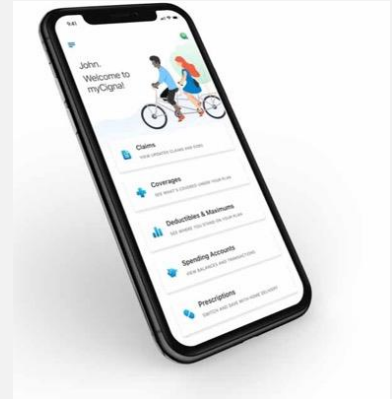
Live chat



Phone

Your online home for assessment tools, plan management, medical updates and much more:

- Find in-network doctors, dentists and medical services
- View, print and email ID cards
- Review your coverage
- Manage and track claims, account balances and deductibles
- Compare cost and quality information for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Manage your home delivery prescription orders² or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs³



 Download the **myCigna[®]** app and access your account.¹

For illustrative purposes only.

1. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna[®] features may vary depending on your plan and individual security profile.
2. [Not all plans include home delivery as a covered pharmacy option. Please log in to the myCigna[®] app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.]
3. [Prices shown on myCigna[®] are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna[®] for more information.]

Digital ID Cards

Enjoy easy, secure access to your ID cards.

No longer worry about misplacing your ID. Simply log in to the myCigna® mobile app or website to view your digital ID card.¹

Getting your digital ID card is easy!

- Log in to myCigna® website or app.
- Click or tap “ID Cards.”
- View your card(s) and the cards of any dependents.²

You can **show** your digital ID card on your phone screen, **print** it, or **email** it to your doctor’s office.

1. The transition to digital ID cards does not apply to the following: all insured medical clients situated in Texas, New York, Florida, and Colorado (ASO will be included); all medical clients situated in Minnesota regardless of funding type; all D-HMO plans situated in Texas; all D-HMO and D-PPO plans situated in Georgia and Minnesota; all vision plans situated in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia, and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.



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For illustrative purposes only.

Health Information Line



Call the number on your ID card, 24/7/365

- Offers access to a trained clinician¹ to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics



Chat via myCigna.com[®] website or app Mon-Fri 9:00 am – 8:00 pm EST²

- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

1. These health advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.

2. Excluding holidays.



ENROLLMENT



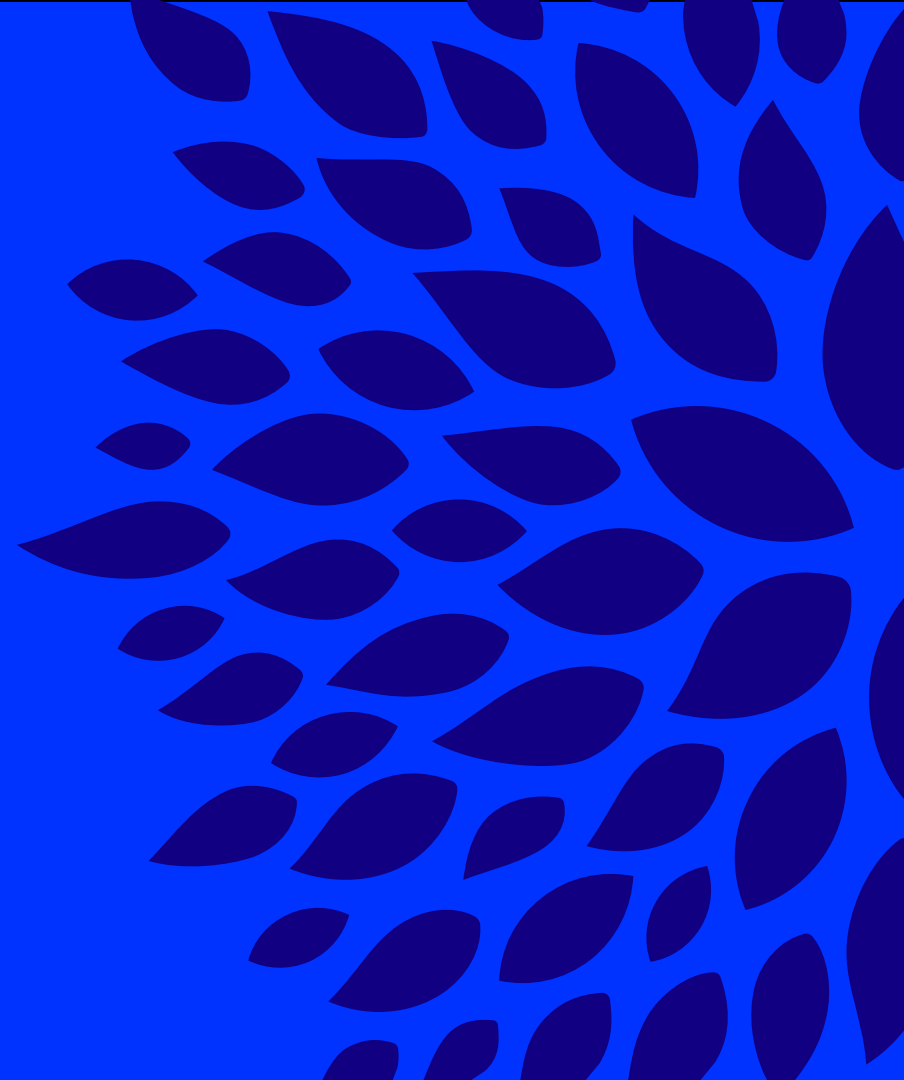
Enrollment Checklist



Before you decide, take these steps to learn more about your health plan — and your health. This checklist will help you choose wisely.

- Think** about your health history and health care needs. On average, how much do you spend on health care? How might that change in the upcoming year?
- Check** the online provider directory on **Cigna.com** to see if your doctor participates in our network.
- Review** your Summary of Benefits for specific plan details.
- Enroll** in your HSA and decide how much you would like to add to your account. Check IRS.gov for contribution limits.
- Find out** if you can earn incentives for taking certain actions to improve your health.
- Review** the medications on your plan's online drug list at **Cigna.com/PDL** or **myCigna.com**.
- Visit CignaEasyChoice.com** to review benefit details and choose the best plan for you.
- Call** the Cigna Pre-Enrollment Line at **888-806-5042** to speak with a Cigna One Guide representative on any questions.

Cigna Easy Choice Tool



Cigna Easy Choice Tool

How we can help you choose a plan



Need help deciding on your medical benefits?

Cigna Easy Choice Tool is an easy-to-use online decision support tool that takes the work and worry out of choosing a plan. Just answer a few questions and the decision support tool will provide you with plan choices that you can review and compare



Easy online access

Use the access code provided by your employer and visit **CignaEasyChoice.com**

It's easy to find a network doctor or specialist

Current members may access the directory on www.myCigna.com

You can find an OAP network doctor from the online directory on Cigna.com

- Go to **Cigna.com**, click on **“Find a Doctor”** at the top of the screen.
- Select a directory for plans offered through your **“Employer or School”**
- Within the Find a Doctor box, enter in **“address, city, or zip”** and click **“continue as guest”**.
- Medical Plan: **“Cigna Open Access Plus, OA Plus, Choice Fund OA Plus”**

Please Select a Plan

HMO, Network
Cigna One Health

Network, Network POS
Illinois

LocalPlus
LocalPlus

OAP
Open Access Plus, OA plus, Choice Fund OA Plus ←

Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink

PPO
PPO, Choice Fund PPO

Cigna

For Medicare For Providers For Brokers For Employers Search Q Español

For Individuals & Families: Shop for Plans Member Guide Find a Doctor Log in to myCigna

Find a Doctor, Dentist, or Facility in

Aurora, IL

Doctor by Type Doctor by Name Health Facilities

Enter a specialty or type of doctor

Popular Doctor Types

- Primary Care Provider (PCP)
- OB-GYN
- Pediatrician
- General Dentist
- Pediatric Dentist
- Orthodontist
- Behavioral Health Counselor
- Optometrist

Login/Register

Log in Register

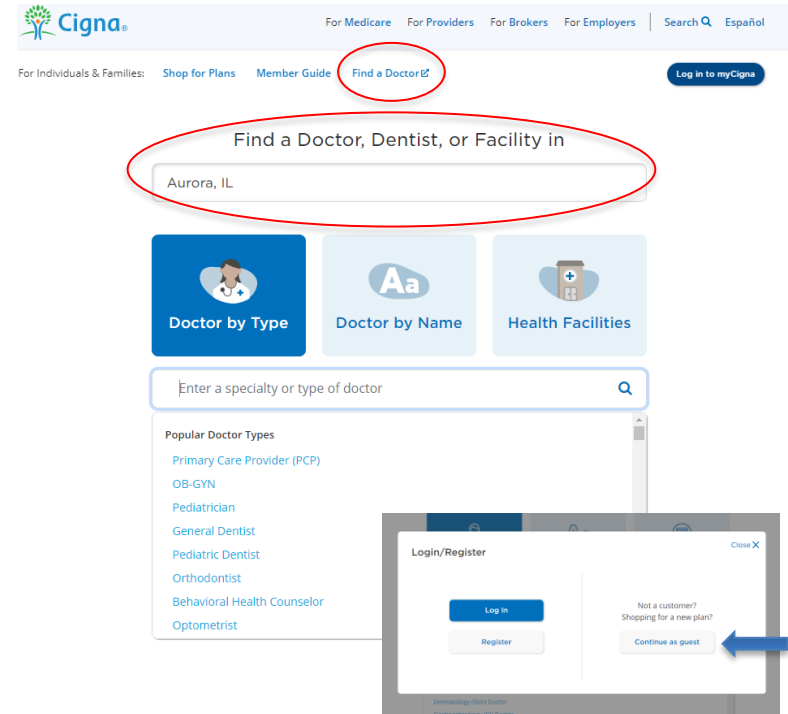
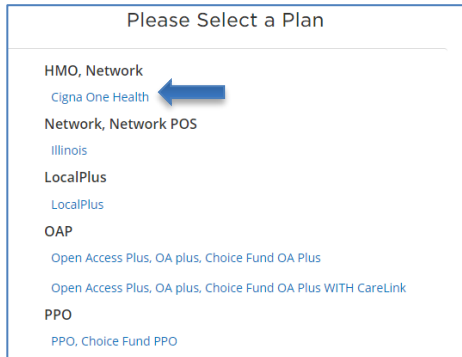
Not a customer? Shopping for a new plan? Continue as guest

It's easy to find a network doctor or specialist

Current members may access the directory on www.myCigna.com

You can find a Cigna One Health network doctor from the online directory on Cigna.com

- Go to **Cigna.com**, click on **“Find a Doctor”** at the top of the screen.
- Select a directory for plans offered through your **“Employer or School”**
- Within the Find a Doctor box, enter in **“address, city, or zip”** and click **“continue as guest”**.
- Medical Plan: **“Cigna One Health - HMO”**



Vision Plan Options



We've got you covered: Your vision benefits at-a-glance

Eye exam every 12 months,
covered with \$10 copay – PLUS...



\$130 frame allowance
every 24 months



\$25 lens copay plus
fixed pricing on options,
every 12 months



\$130 contact lens
allowance, with coverage
for fit and follow-up
every 12 months

A few more benefit basics

Your frequency is based on: Plan Year

So, if you receive an exam on 1/6/24, you are eligible again 1/1/25.

Contacts are in lieu of lenses only

That means you are entitled to a full pair of glasses (frame & lenses) OR contacts and frames (you would then receive a 20% discount on your lenses).



How to find an eye doctor



Use the Provider Locator
at eyemed.com



Download and use the EyeMed Members App
(available in the App Store or Google Play)



Check the listing of the closest
eye doctors from your Welcome Kit (you'll
get this after you enroll)



Enjoy more extras: Member-only savings & discounts



40% off

additional pair of glasses



15% off

standard LASIK prices or
5% off the promotional price



20% off

any remaining balance
over the frame allowance



15% off

any balance over the conventional
contact lens allowance



20% off

any non-covered items,
including non-prescription
sunglasses



up to 40% off

hearing exams and discounted,
set pricing on hearing aids

At participating in-network providers. Some exclusions may apply. Log into Member Web for details.

Confidential Notice: This document contains privileged information and is for the sole use of the intended recipient(s). Disclosure or distribution to and review or use by any unauthorized Luxottica EyeMed associate(s) and external parties is prohibited.

Freedom never looked so good

Get the frame you want for \$0 out-of-pocket*

AT THESE RETAILERS

LENSCRAFTERS[®]

 OPTICAL[®]

EyeMed members get a special offer from LensCrafters[®] and Target Optical[®]. Enjoy \$0 out-of-pocket cost on nearly any frame — no matter the original price point — even on top brands like Ray-Ban[®] and Oakley[®]. Once enrolled, you'll receive instructions on how to redeem this offer.

* Valid for frames only and must be used in conjunction with your EyeMed frame benefit of \$130 or more. Valid for select EyeMed plans and may be used once per frame benefit year. Valid in-store at LensCrafters or Target Optical. Complete pair purchase required — member is still responsible for lenses, which are covered based on your vision benefits and may include an additional copay. Discounts are not insured benefits. Offer excludes Chanel, Cartier, Giorgio Armani, Gucci, Prada, Tiffany, Tom Ford and Maui Jim frames.

Experience more with member tools

You'll receive an in-home Welcome Kit detailing your new vision benefits and the closest eye doctors. And using your benefits couldn't be easier with access to convenient digital tools.

EyeMed Members App

- Benefits, eligibility and claims at-a-glance
- Find an eye doctor and get door-to-door directions
- Grab special offers
- Load and save prescriptions
- Set exam and contact lens reminders
- Pull up ID card and add to your wallet (for iOS only)

Member Web

- See benefits and eligibility status*
- View Savings Dashboard
- Estimate out-of-pocket costs before your visit to the eye doctor
- Download ID cards and EOBs
- Find an eye doctor
- Check claim status
- Get special offers



*Due to HIPAA regulations, members will not be able to view dependents over the age of 18

Employee Contribution Vision Rates

Coverage Tier	Employee Contribution (Monthly)
Employee Only	\$5.04
Employee + Spouse	\$9.58
Employee + Child(ren)	\$10.08
Family	\$14.82



Spending Accounts

FSA with WEX

Flexible Spending Accounts (FSA)

How Does it Work?

FSA vendor: Discovery Benefits, a WEX Company

FSAs offer Health and Dependent Care benefits through **pre-tax deductions**; contributions are deducted pre-tax via payroll deductions

Money goes into FSA **before** taxes are calculated – so your taxable income is reduced

You can reimburse yourself **tax free** for qualified expenses

Remaining funds, at the end of the plan year, are forfeited

Employees electing the **Cigna OAP** and **Cigna One Health (HMO)** plan will have access to the Healthcare FSA. If you are in HSA plan, you are not eligible for the regular FSA.

*If you are Enrolled in FSA for 2024 you must exhaust FSA funds by 12/31/2024 to enroll in Cigna HSA;

Dependent Care is not affected by HSA accounts

IRS Maximum Contributions are listed below:

FSA	Maximum Contributions
Healthcare FSA	\$3,200
Dependent Care	\$5,000 (\$2,500 if filing joint)

*Anyone enrolled in the 2024 standard health care FSA plan and enrolls in the HSA for 1/1/25 must have a \$0 balance to contribute or use the health savings account as of January 1. Recommending FSA participants strive to have a \$0 balance by December 15th. If someone goes into the grace period, the earliest date the health savings account can be established is April 1, 2025. This means the health savings account can only be used for expenses incurred on or after April 1, 2025.

Benefits debit card

- Free Benefits Debit Card
- Minimize the amount of out-of-pocket spending
- Valid for three+ years
- Instant access to FSA funds
- May need to substantiate some charges



Claim filing

The best form of documentation when submitting a claim is either an explanation of benefits (EOB) from your carrier, or an itemized receipt from your provider



- Any documentation provided must contain the following information:
- When the service was received
- Where the service was received
- What service was received
- The amount/cost of the service received

Claim filing options



**Mobile app, online account
or manual claims**

Processed within two business days



Choose direct deposit or paper check

Direct Deposit – FREE
\$25 minimum reimbursement
for paper checks

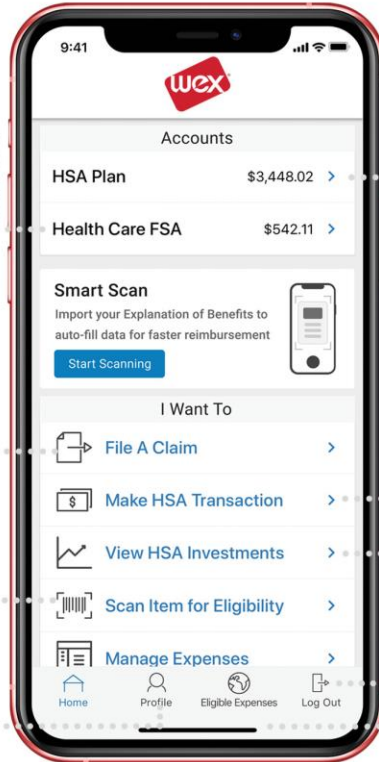
With our mobile app you can:

Get instant notifications on the status of your claims.

File a claim and upload documentation in seconds using your phone's camera.

Scan an item's bar code with your phone's camera to determine if it's an IRS code Section 213(D) eligible expense.

Report a card as lost or stolen.



Check your balance and view account activity.

Easily move funds from your HSA into your bank account to cover eligible expenses.

View current HSA investments balance, recent activity and rate of return.

Reset login credentials.

Log in with your Face ID.



Security on the go

Our mobile app uses secure encryption and won't store pictures on your phone, keeping your documentation safe and secure. Login is protected by a four-digit passcode of your choosing. You can also log in with your thumbprint on Apple devices.

Download the app for free on Apple and Android smartphones and tablets.



Contact participant services

Our Participant Services team is available Monday through Friday, from 6 a.m. to 9 p.m. CT, except holidays.



Live chat



Email

customerservice@discoverybenefits.com



Phone

866-451-3399

Flexible Spending Accounts (FSA)

FSA Example

	Using the FSA	Not Using the FSA
Annual Pay	\$50,000	\$50,000
Pre-Tax FSA Contributions	(\$1,000)	N/A
Federal, State and Social Security Taxes*	(\$14,700)	(\$15,000)
Health Care Expenses	Covered using FSA funds	(\$1,000)
Net take-Home Pay	\$34,300	\$34,000
TAX SAVINGS:	\$300	\$0

*Assuming typical taxes of approximately 30 percent



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Completing certain elements of this program will give you the opportunity to receive a discount on your health insurance premiums in 2026

Program Requirements:

Current employees are required to complete the Wellbeing Survey and Biometric Screening for 30 points and earn an additional 30 points for a total of 60 points between January 1, 2025 - September 30, 2025 to qualify for a premium discount in 2026. *Please note there are 175 points available but you only need to earn 60 points to qualify for the discount in 2026.*

If you are hired on or before June 30, 2025, you are required to complete the Wellbeing Survey and Biometric Screening for 30 points and earn an additional 30 points for a total of 60 points by September 30, 2025 to qualify for a premium discount in 2026. *Please note there are 175 points available but you only need to earn 60 points to qualify for the discount in 2026.*

If you are hired July 1 – August 31, 2025, you are required to complete the Wellbeing Survey and Biometric Screening for 30 points and earn an additional 10 points for a total of 40 points by September 30, 2025 to qualify for a premium discount in 2025. *Please note there are 175 points available but you only need to earn 40 points to qualify for the discount in 2026.*

If you are hired September - December 31, 2025, you will automatically qualify for a premium discount in 2026.

Wellness Discounts Reminder

- Complete program requirements and earn your incentive
- The monthly health insurance premiums will be reduced by the following amounts for qualified employees:

Employee Only: \$15

Employee + 1: \$25

Family: \$35





Guardian Benefits

Group Life and Accidental Death & Dismemberment Insurance

We help our eligible employees maintain financial security by providing a Group Life and Accidental Death and Dismemberment (AD&D) benefit.

This benefit is 100% paid by Moody Bible Institute

At a Glance:

A cash benefit of \$25,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident

AD&D coverage provides additional benefits in the event of certain bodily injuries or death



Voluntary Life and Accidental Death & Dismemberment Insurance

Voluntary Life and Accidental Death & Dismemberment Insurance is available for you and your dependents, which is paid by you via payroll deduction

Benefits At a Glance:

*Employee benefit amounts are available from \$10,000 to \$500,000 in \$10,000 increments

Spouse benefit amounts are available from \$10,000 to \$100,000 in \$10,000 increments, not to exceed 100% of Employee's amount

Child benefit amount is available at \$10,000, not to exceed 100% of Employee's amount

Guarantee Issue coverage up to: Employee \$150,000; Spouse \$20,000; Dependent children \$10,000

The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.

***Annual Election Option: allows an employee to annually enroll for an increase of coverage, by an electable amount up to \$50,000, not to exceed Guarantee Issue.**



Group Long Term Disability

We help our eligible employees maintain financial security by providing a Group Long Term Disability benefit.

At a Glance:

Moody Bible Institute provides Basic long-term (LTD) disability insurance to protect the income of eligible employees who need to take time off work due to a non-occupational accident, injury, illness, or other eligible condition. We provide this benefit to all benefits-eligible employees at no cost. Below is a high level overview.

Benefit Percentage	50%
Monthly Benefit Maximum	\$5,000
Benefits Begin	After 181 days of disability
Maximum Benefit Duration	Social Security Retirement Age



Voluntary Benefits

You will have the option to enroll in three plan offerings during Open Enrollment this year. You may select one, two or three voluntary benefits based on your personal needs and preferred protection.

- Accident
- Critical Illness
- Hospital Indemnity



Accident Insurance

Provide benefits in the event of an accident or injury for an employee or covered family member. The benefit amount will depend on type of injury and services received.

- 24 Hour protection
- Indemnity benefits for initial and on-going treatment of injuries
- Benefits paid for ER treatment, X-rays, diagnostic testing, follow up treatment, physical therapy
- Daily hospitalization benefits for hospital stays and surgical benefits
- Transportation and lodging benefits payable for travel to receive treatment
- \$50 Wellness Benefit paid once per year, per covered person

Example Covered Injury/Services	Benefit Amount
Shoulder Dislocation	\$1,250
Ambulance – Ground	\$200
Emergency Room	\$200
MRI	\$200
Physical Therapy	\$35 (x5)
Sports Package Included: Pays 25% higher benefit for injuries resulting from organized sport	

Example: An unexpected shoulder dislocation which occurs while playing soccer on an organized team. Benefit would pay fixed amounts for a ground ambulance ride, emergency room visit, MRI, shoulder dislocation and 5 physical therapy visits.

Total employee benefit received: \$2,530

Critical Illness

Plan pays a lump-sum benefit if you are diagnosed with a covered disease or condition. Benefit can be used to pay medical expenses, personal expenses, and lost wages.

- Guarantee Issue Benefit Levels
 - \$30,000 for Employee
 - \$15,000 for Spouse (Up to 50% of Employee benefit)
 - Child(ren) can receive 25% of Employee benefit
- No pre-existing condition limitation
- Annual \$50 Wellness Benefit for employee, spouse and child(ren)
- Additional and reoccurrence benefits available
- Childhood conditions covered (i.e. First Occurrence of Cerebral Palsy, Type 1 Diabetes, Cystic Fibrosis, Down's Syndrome, Cleft lip, palate, etc.)
- Includes \$250/day Hospital Admission Benefit if hospitalized for a condition other than list of covered illnesses

Benefit Payment will vary from 30%-100% based on condition:

Invasive Cancer (100%)

Carcinoma in Situ (30%)

Benign Brain Tumor (75%)

Skin Cancer (\$250)

Heart Attack (100%)

Stroke (100%)

Heart Failure (100%)

Coronary Arteriosclerosis (30%)

Organ/Kidney Failure (100%)

First Occurrence of ALS, Coma, Loss of Sight/Hearing/Speech,
Severe Burns – (100%)
Alzheimer's Disease (50%)
Addison's, Huntington's or MS (30%)

Hospital Indemnity

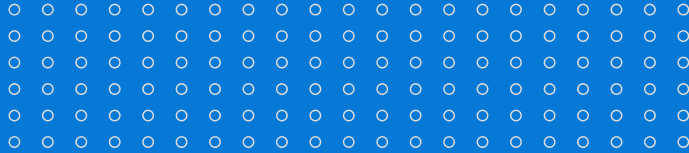
Provide admission and confinement benefits for a covered stay in a hospital or intensive care unit. Benefits can be paid for injuries, illnesses and hospital stays for labor and delivery.

- 24 Hour protection
- Initial lump sum for hospital admission
- Daily hospitalization benefit for each day confined to the hospital
- Normal pregnancy is included with no 9 month limitation
- No pre-existing condition limitation
- \$50 Wellness Benefit paid once per year, per covered person
- Will pay benefits for insureds confined to the hospital due to COVID-19

Covered Service	Benefit Amount
Hospital Admission (3 admissions, per year, per covered family)	\$1,000
Hospital Confinement (To a max of 15 days per year, per insured)	\$200/day

Example: An employee is admitted to the hospital for the labor and delivery of their newborn and stays for 2 days before returning home.

Total employee benefit received: \$1,400



BenefitHub

Employee Discount Program





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Every day**

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- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors



- 1) Go to: <https://moodybible.benefithub.com/>
- 2) Create an account

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

Thank you.

All projections prepared by HUB International are considered estimates, are based upon current information and are subject to change based on future developments. Therefore, any projection may change depending on multiple factors. Further, Health Care Reform estimates have been prepared based on current guidance and regulations and are subject to change as additional guidance is released. Lastly, our recommendations should not be regarded as tax or legal advice.

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