

Osceola County Government  
Benefit Year 2010

## Frequently Asked Questions (FAQs)

*If you have questions regarding the CIGNA Medical and Dental plans, please feel free to call the toll-free # on the back of your card. Representatives are available 24 hours 7 days a week to assist you with your questions.*

### Provider Questions:

*Question 1: What do I do if my doctor's office requests payment at the time of my visit when I have funds available in my HRA/Choice Fund?*

**Answer:** CIGNA continuously educates physician offices on the HRA, availability of HRA funds and a tool available to providers called the Cost of Care Estimator. In order to ease the way for Osceola County Government members CIGNA proactively mailed flyers with the new OCG benefits to approximately 120 of our top providers. If you encounter a provider requesting payment at the time of service, please follow these steps: 1. Call CIGNA Customer Service number at the number on the back of your ID Card, because they can view and verify available funds at that point in time; 2. Contact the CIGNA Onsite Representative, Dennis Rimes at (407) 742-1292 for assistance and to report the issue so that a CIGNA Provider Relations Representative can reach out to this provider for additional training. ***NEW 10/21/2010!***

### Eligibility Questions:

*Question 1: Are current Osceola County Employees subject to the Pre-existing Condition Limitation on the medical plans?*

**Answer:** No. If you are currently covered on the existing County plan and re-enroll in a medical for the new plan year effective October 1, 2010, the Pre-existing Condition Limitation will not apply to you. Also, effective October 1, 2010 children under age 19 are not subject to pre-existing conditions due to changes related to the health care reform law.

*Question 2: Are dependents to age 30 eligible to enroll in the plans?*

**Answer:** Yes, under certain criteria they would be eligible. For specific eligibility criteria, please see page 3 of your benefits booklet.

### Medical/Pharmacy Questions:

*Question 1: On the Health Reimbursement Arrangement (HRA) Plan do you have to satisfy the plan deductible before the Pharmacy Copays and Coinsurance become effective.*

**Answer:** Yes, on the HRA Plan the Pharmacy Copays and/or coinsurance become effective once the plan deductible (\$1,250 single/\$2,500 family) has been satisfied. The one exception is preventive generic

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medications which do not apply to the deductible and out of pocket maximum and are offered at no charge.

*Question 2: What can the HRA Employer Fund be used for?*

**Answer:** Only medical and pharmacy expenses can be paid from the HRA Employer Fund.

*Question 3: Does the HRA have a vision benefit like our old network base plan?*

**Answer:** No, the HRA does not have a vision benefit. The OAPIN and the OAP plans do have the vision benefit for annual eye exams. Visit [cigna.com](http://cigna.com) for vision discounts or consider purchasing the Humana Vision benefit.

*Question 4: What is a collective deductible?*

**Answer:** The collective deductible only applies for family coverage with the HRA Plan. Under a "collective deductible," claims are covered under the coinsurance once the family deductible has been met, by either one covered member or any combination of covered family members.

*Question 5: Will Preventive Generic Medications be covered at 100%?*

**Answer:** Yes, only if you enroll in the HRA Plan, will Preventive Generic Medications be covered at 100% no cost to you. The cost of these medications will not come out of your fund, be subject to the deductible or apply to the out-of-pocket maximum. You can obtain a copy of the Preventive Generic Medication List at: <http://share/SITES/HR/Pages/Benefits.aspx>

*Question 6: Where can I find a listing of the prescription medications covered by the medical plan?*

**Answer:** You can find the prescription drug list at [www.cigna.com](http://www.cigna.com), click on "Drug List" on the left. Please be sure to select from the drop down menu "Three Tier Plan". Or you can log into [www.mycigna.com](http://www.mycigna.com) visit the Pharmacy Page, scroll down to "CIGNA Prescription Drug List" for a listing that corresponds to your current plan.

*Question 7: For the new medical plans the Preferred Brand and Non-Preferred Brand we now pay a percentage of the cost. Where can we obtain the pricing of the medications?*

**Answer:** Effective October 1st you can use CIGNA's Prescription Drug Price Quote Tool available at [www.myCIGNA.com](http://www.myCIGNA.com). If you are estimating costs for the new plan year and need a listing of the medications you have purchased log into [www.myCIGNA.com](http://www.myCIGNA.com), visit the Pharmacy Page to search your claim history. Use the amount listed under "Total Paid" when calculating your estimated costs for the new plan year.

*Question 8: Will the new plans include the same network of providers and rates that*

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*we have on our current plans?*

**Answer:** Yes, there are no changes to the HRA, OAPIN or OAP plans related to CIGNA's network or contracted rates. Any in network service you receive will be based on CIGNA contracted rates.

### DENTAL:

*Question 1: If my dental provider is not contracted with CIGNA, what can I do?*

**Answer:** You will have the opportunity to nominate your dental provider, by completing a Dental Nomination Form. Please visit: <http://share/SITES/HR/Pages/Benefits.aspx> to obtain the form and fax it to (866) 561-5455.

*Question 2: I have already met my calendar year deductible under our current dental plan; will CIGNA have a record that I have met my calendar year deductible? Do I have to meet another calendar year deductible?*

**Answer:** If you have met your deductible prior to becoming effective with CIGNA on October 1, 2010, then you will not need to meet your deductible until January 1, 2011. If you have not met your deductible prior to October 1, 2010 and have basic or major services performed, you will need to meet it for this calendar year. *Updated 10/21/2010.*

*Question 3: What happens to the current annual maximum when the new CIGNA Dental plan begins on October 1<sup>st</sup>?*

**Answer:** The annual maximum under the CIGNA plan is \$1000. The plan maximum will reset on October 1, 2010 and will expire on September 30, 2011.

*Question 4: If my eligible dependent child who is currently in treatment for orthodontia and is on a "payment plan" – will CIGNA pick up any of the orthodontia costs beginning October 1, 2010 while they are still in treatment?*

**Answer:** CIGNA will pick up any orthodontia remaining balances regardless of when treatment started as long as they have months remaining in treatment as of October 1<sup>st</sup>.

*Question 5: When I call the toll-free Customer Service number to obtain eligibility and plan information, the automated system asks for my an ID #?*

**Answer:** You can either enter the ID# on your medical card or you can enter your social security number.

### Flexible Spending Accounts:

*Question 1: I was told that I will not be able to use my healthcare Flexible Spending*

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*Account (FSA) for over-the-counter medications. Is this true?*

**Answer:** The Patient Protection and Affordable Care Act (PPACA), as modified by the Health Care and Education Reconciliation Act of 2010 (HCERA) (collectively the “Act”) places a new restriction on what can be reimbursed from a health care FSA. Beginning January 1, 2011, health care FSAs will no longer be permitted to reimburse expenses for over-the-counter drugs and medications. The change is effective for purchases made on or after January 1, 2011. For a list of eligible and ineligible expenses visit the IRS website at: <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

*Question 2: How does the Dependent Care Flexible Spending Account work?*

**Answer:** Please see page 23 & 24 of your benefit book for details.

*Question 3: When is the first day that I can use my FSA funds?*

**Answer:** October 1, 2010.

*Question 4: I'm interested in having Lasik surgery. If I were to elect the Flexible Spending Account, would I pay the provider first and submit a claim for reimbursement or can I present my Benny card and have it deducted directly from my Flexible Spending Account.*

**Answer:** You can either pay the provider first, then submit the claim for reimbursement or you can use your Benny card, if the provider accepts this method of payment. Please see page 21 & 22 of your benefit book for further details.

### Life Insurance and Disability Insurance:

*Question 1: I'm applying for life insurance, are there separate forms I need to complete that are not available via the Employee Online tool or the Human Resources Sharepoint site?*

**Answer:** Effective October 1, 2010, if you are not a new employee, future enrollment for the life insurance and disability insurance or requests to increase the amount of coverage on the life insurance will require that you complete a health questionnaire providing proof of good health. Please contact Human Resources to obtain those forms.

*Question 2: How do I verify my coverage?*

**Answer:** Contact the CIGNA Onsite Representative, Dennis Rimes, at (407) 742-1292. **NEW 10/21/2010!**

*Question 3: Where can I obtain a copy of the certificate of coverage?*

**Answer:** Contact the Benefits Department at (407) 742-1256. **NEW 10/21/2010!**

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### Miscellaneous

*Question 1: When will I receive my new ID card?*

**Answer:** We expect to begin mailing ID cards by mid-September. You should receive them before October 1<sup>st</sup>. If you or your covered dependent does not receive an ID card, please log into your myCIGNA.com personal portal to print a temporary ID card and order a new one or call (800) CIGNA24 or (800) 244-6224 to order a new one.

*Question 2: My ID card shows percentages for the pharmacy benefit. I thought there were minimums and maximums on the Preferred Brand and Non-preferred Brand tiers?*

**Answer:** Due to the limited space on the ID card, the limits could not be printed. The pharmacy will process the claim according to the pharmacy benefits outlined in the benefit summaries and the benefit book.

*Question 3: I'm on the HRA plan and Preventive Generic Medications are covered at 100%, no cost to me or my fund, but it's not listed on my ID card.*

**Answer:** Due to the limited space on the ID card, the Preventive Generic Medication benefit could not be printed. The pharmacy will process the claim according to the pharmacy benefits outlined in the benefit summaries and the benefit book.