



A HEALTHY LIFE STARTS WITH A HEALTHIER YOU

**We're here to help you -
body & mind.**

**A guide to your Wesleyan
University Medical benefit plan
options.**

PLAN YEAR: 01/01/2022 - 12/31/2022

Together, all the way.®



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A guide to your Wesleyan University Medical benefit plan options	Page
Words to know.....	3
Benefit highlights.....	4
Open Access Plus (OAP) and Open Access Plus In-network (OAPIN).....	5
Cigna Choice Fund Health Savings Account (HSA).....	6
Pharmacy benefits.....	8
Plan option details.....	9
Vision plan.....	13
Programs to support you, body and mind.....	14
Make sure you read this important information.....	17
Nondiscrimination and language assistance.....	18
Important notice: special enrollment requirements.....	20
Your enrollment checklist.....	21
Personal guidance for better health and savings.....	24



CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

Whether you're a current Cigna customer or considering Cigna for the first time, we understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® is available to you now.**

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- › Easily understand the basics of health coverage
- › Identify the types of health plans available to you that best meet the needs of you and your family
- › Check if your doctors are in-network to help you avoid unnecessary costs
- › Get answers on any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.*

Don't wait until the last minute to enroll.

Call **1.800.Cigna24** to speak with a Cigna One Guide representative today.*

After enrollment, the support continues for Cigna customers.

Your Cigna One Guide representative will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find the right hospitals, dentists and other health care providers in your plan's network
- › Get cost estimates and avoid surprise expenses
- › Understand your bills

Access Cigna One Guide - after enrollment - in the way that's most convenient for you:

App



Chat



Phone



Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

* During enrollment, personal guides available Monday through Friday, 8:00 am–9:00 pm EST. Once your coverage begins, call the number on your ID card to speak with a personal guide. Additional customer service representatives are available 24/7.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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Words to know



This guide was created to help you make important decisions about your health care. Before you begin, we think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that you'll see in this guide.

Deductible: An annual amount you'll pay out-of-pocket before your plan begins to pay for covered health care costs.

Copay: A preset amount you pay for your covered health care services. The health plan pays the rest.

Coinsurance: Your share of the cost of your covered services. The health plan pays the rest.

Out-of-pocket maximum: The most you pay before the health plan begins to pay 100% of covered charges. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network: Health care providers and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

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

Preferred brand: 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.

Out-of-network: A health care provider or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.

Tier 1 provider: Every year Cigna evaluates provider performance in certain primary care and medical specialties. Providers with top results in delivering quality, cost-efficient care become Tier 1.¹

1. Some doctors are included in Tier 1 due to contractual obligations or network adequacy requirements and may not meet Cigna quality and/or cost-efficiency measures.

Non-preferred brands: These high-cost medications have lower-cost generic or preferred brand alternatives which are used to treat the same condition.

Benefit highlights

Cigna wants to help you choose benefits that fit your needs and help keep you healthy – body and mind.

This year, Wesleyan University Medical offers you the following:

- › **Open Access Plus**
- › **Open Access Plus In-Network (OAPIN)**
- › **Open Access Plus - High Deductible w/ HSA**

As well as:

- › **Cigna Vision**

Your employer works with Cigna to offer you health plans that provide the coverage, tools and resources you need to help you take control of your health – and health spending.

- › Compare costs, look at claims, search for health care providers, and more using the myCigna® website or app.
- › Get 24/7/365 live customer service support.
- › Through virtual care, find help with minor medical or behavioral issues from board-certified doctors by video or phone.⁴
- › Choose from a large list of covered brand and generic medications.
- › Save when using in-network providers.

Please read all of the information in this brochure. Health plans may work differently, so it's important to use this along with your other enrollment materials.

**This is one of the most important decisions you'll make this year.
If you have questions, we're here to help.**

HR Representative or
benefits@wesleyan.edu

Pre-enrollment line: 800.Cigna24 (800.244.6224)

Cigna One Guide® 800.244.6224

Speak with a personal guide who can provide information to help you select a plan that meets the needs of you and your family.

Please submit your enrollment choice by 11/15/2021.

4. Cigna provides access to virtual care through national telehealth providers 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. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service. See full virtual care disclaimer at the back of this guide.

Options 1 and 2

Open Access Plus and Open Access Plus In-Network (OAPIN)

These options provide coverage for medical care, including:

- › Visits to your doctor’s office
- › Hospital stays
- › Behavioral health and substance use services
- › Chiropractic treatment, physical therapy and other services

With the OAP and OAP In-network plans, you may pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Once you meet your deductible, you pay either a set fee (copay) and/or a percentage of the cost (coinsurance) and your health plan pays the rest.¹ For any services that have a copay, you will pay that copay amount at the time you receive the service regardless of whether your plan deductible has been met. That copay amount doesn’t apply to your plan deductible.

The amount you’ll pay for your health care costs is limited. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

1. If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

Important features:

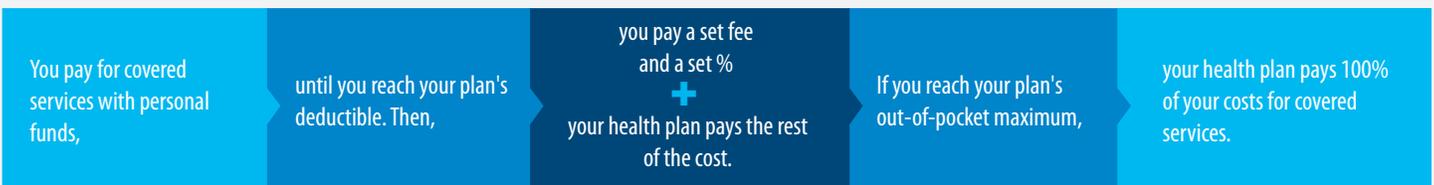
- › In the OAP plan, your costs will be lowest when you use the OAP network.
- › Your plan also offers a benefit that could save you more money by seeing a Tier 1 health care provider.
- › In the OAP In-network plan, if you receive care outside of the OAP network, your care won’t be covered by your health plan (except in emergencies).
- › You’re encouraged to select a primary care provider to help guide your care. It’s recommended, but not required.
- › You can see a specialist without a referral, although precertification may be required.
- › Certain in-network preventive care services are covered at no added cost to you.
- › Access to Cigna’s national network of labs, x-ray and radiology centers.
- › You’ll receive 24-hour coverage for emergency care, in- or out-of-network.
- › No claim paperwork necessary when you receive care in-network.

See OAP highlights in Review Your Plan Options. Remember, this brochure is a guide only. Make sure to read **all** your enrollment information thoroughly, as plan details may vary.

Open Access Plus and Open Access Plus In-network plans are insured and/or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

HOW YOUR OAP AND OAP IN-NETWORK PLANS WORK

What’s covered: Your medical care and prescription medication. Certain in-network preventive care services are covered at no added cost to you.



This is how most plans work generally, but costs and coverage for specific types of services may vary under your plan.

Option 3

Open Access Plus - High Deductible w/ HSA

A Cigna Choice Fund® HSA combines a health plan with a compatible tax-advantaged¹ health savings account (HSA)¹. You can use your HSA to help pay for some of your covered health care costs. You can also use your HSA to pay for qualified covered health care costs not covered through your health plan such as dental and vision expenses. You decide how and when you spend your HSA dollars.

With your health plan, you may pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Only services covered by your health plan count toward your deductible.

Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care costs and your plan pays the rest.²

You can choose to pay for your share of the health care costs up to the health plan's out-of-pocket maximum by using your HSA, other personal funds or both.

The amount you pay out-of-pocket is limited. Once you reach an annual limit on your payments (out-of-pocket maximum) the health plan pays your covered health care costs at 100%.

You can take the HSA with you when you leave the plan, change jobs or retire.

Key benefits of choosing an HSA:

- ▶ You may contribute to your account, up to the current federal limit.
- ▶ You decide how and when to use the money in your HSA. Pay for qualified expenses during the year, save it for future health care needs or open an investment account.
- ▶ Your savings account earns interest, tax-free.¹
- ▶ You can take your HSA with you when you leave the plan, change jobs or retire.

Important features:

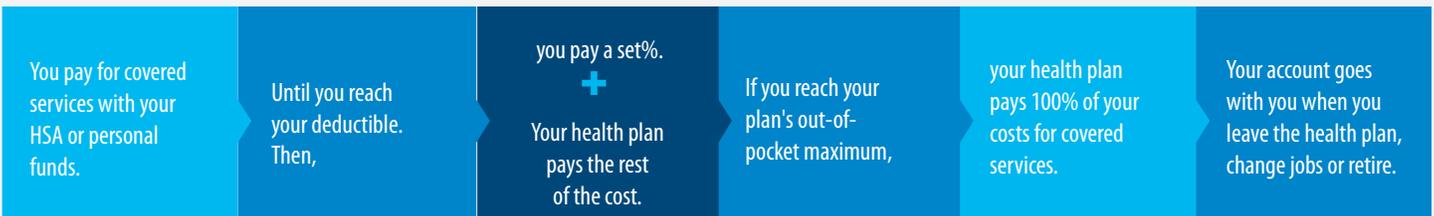
- ▶ You can select the health care providers you want to see – no referral is needed to see a specialist.
- ▶ Certain in-network preventive care services are covered at no added cost to you.
- ▶ You'll receive 24-hour coverage for emergency care, in- or out-of-network.

See HSA highlights in Review Your Plan Options. Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary.

1. 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. Contact your tax professional or accountant for information about your state.
2. If you go out-of-network your expenses may exceed the coinsurance amount because the doctor may bill you for the charges not covered under the plan.

Cigna Choice Fund plans are insured and/or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

HOW YOUR ACCOUNT PLAN WORKS



This is how most plans work generally, but costs and coverage for specific types of services may vary under your plan.

Take control of your health – and your health care costs.

Cigna health plans can help find the care you need and save on out-of-pocket health care expenses. Once enrolled, you also can find more affordable in-network providers and facilities by calling the number on your Cigna ID card or going to Find Care & Costs on the **myCigna** website or app.

Stay in-network and save

Network doctors, hospitals and health care facilities

Chances are, there's a network doctor or facility in your neighborhood. It's easy to find quality, cost-effective care right where you need it.

Lower-cost labs

If you go to a national lab, such as Quest Diagnostics® or Laboratory Corporation of America (LabCorp®), you can get the same quality service and save money. Even though other labs may be part of the Cigna network, you'll often get even bigger savings when you go to a national lab. And with hundreds of locations nationwide, they make it easy to get lab services at a lower cost.

Independent radiology centers

If you need a CT scan or MRI, you could save hundreds of dollars by using an independent radiology center. These centers can provide you with quality service like you'd get at a hospital, but usually at a lower price.

Colonoscopy, endoscopy or arthroscopy facilities

When you choose to have one of these procedures at an in network freestanding outpatient surgery center, you could save hundreds of dollars. These facilities specialize in certain types of outpatient procedures, and offer quality care, just like a hospital, but at a lower cost to you.

Know before you go

Convenience care clinics

When you need face-to-face routine medical care but can't wait for an appointment, consider using a convenience care clinic.

You'll get quick access to quality and affordable treatment, as well as routine immunizations. You can find convenience care clinics in grocery stores, pharmacies and other retail stores.

Know before you go

Here's an at-a-glance view of your options when you need medical care.¹

	Cost	Wait time	Severity
Virtual care ²	\$\$\$\$	⌚⌚⌚⌚	++++
Convenience care clinic	\$\$\$\$	⌚⌚⌚⌚	++++
Primary care provider	\$\$\$\$	⌚⌚⌚⌚	++++
Urgent care center	\$\$\$\$	⌚⌚⌚⌚	++++
Emergency room	\$\$\$\$	⌚⌚⌚⌚	++++

Virtual medical care

Find a safe and convenient way to speak with a board-certified doctor or pediatrician, any time of day without leaving home.² Use virtual care to:

- ▶ Get care and treatment for a wide variety of minor medical conditions, including allergies, colds and flu, upper respiratory infections, urinary tract infections and more.
- ▶ Have same day, on-demand visit, or schedule an appointment at a time that's convenient for you.
- ▶ Have a prescription sent directly to your local pharmacy, if appropriate.

Virtual behavioral care

If you or a covered family member is dealing with anxiety, stress or depression, speak with a licensed counselor or psychiatrist from the comfort and privacy of your home.

- ▶ Schedule appointment online at a time that's convenient for you.
- ▶ Have a prescription sent directly to your local pharmacy, if appropriate.

1. For illustrative purposes only. Actual covered benefits, costs and wait times will vary. Always consult with your doctor for medical advice, including prior to selecting another provider for care.

2. Availability may vary by location and plan type and is subject to change. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna 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. Refer to plan documents for complete description of virtual care services and costs. Not all plans include behavioral coverage.

Pharmacy benefits

Prescription drug list

The Cigna Prescription Drug List is a list of the generic and brand medications your plan covers. You can view your plan's drug list online at [Cigna.com/PDL](https://www.cigna.com/PDL) or on the **myCigna** App or website.¹ You can also use the Price a Medication tool on the myCigna App or website to see how much your medication costs and if there are lower-cost alternatives available.

Pharmacy network

There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. If your plan allows, you can use Express Scripts® Pharmacy, our home delivery pharmacy, to fill your prescriptions.²

Every pharmacy in your plan's network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions. To find an in-network pharmacy that's approved to fill 90-day supplies, go to [Cigna.com/Rx90network](https://www.cigna.com/Rx90network).

Maintenance medications

You have the choice of filling the medications you take on a regular basis to treat an ongoing health condition in either a 30-day or 90-day (or 3-month) supply.³

- **Choose to fill a 30-day supply** and use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **Choose to fill a 90-day (or 3-month) supply³** and use an in-network retail pharmacy approved to fill 90-day prescriptions, or Express Scripts® Pharmacy, our home delivery pharmacy.² Having a 90-day supply means fewer trips to the pharmacy for refills and it helps keep you from missing a dose.

myCigna website and app tools and resources¹

Avoid surprises.

- Price a medication and search for lower-cost alternatives, if available⁴
- See which medications your plan covers
- Ask a pharmacist a question

Stay organized

- See your pharmacy claims
- Update your personal profile
- Set up your communication preferences

Easily manage all of your prescriptions

- Order a refill, track order status or pay your bill online for home delivery prescriptions.
- View where and when you last filled your medications at retail pharmacies.
- Move your prescription from a retail pharmacy to home delivery with the click of a button.
- Connect to your online Accredo account to manage specialty medications.⁴

Save with generic medications

Consider using a generic medication if one is available. Generic medications work in the same way and provide the same clinical benefits as their brand-name versions.⁵ Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality and safety. Generics typically cost 80% less than brand-name medications.⁵

1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.
2. Not all plans offer home delivery or Accredo as covered pharmacy options. 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. You may be taking a medication that isn't actually available in a 90-day supply. Certain medications 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.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. U.S. Food and Drug Administration (FDA). "Generic Drugs: Questions & Answers." <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>. Page last updated March 16, 2021.

OPTION 1

Open Access Plus⁴

OPTION 2

Open Access Plus In-Network (OAPIN)⁴

Medical plan highlights

	Medical deductible		Out-of-pocket maximum		Medical deductible		Out-of-pocket maximum	
	In-network	Out-of-network	In-network ²	Out-of-network	In-network	Out-of-network	In-network ²	Out-of-network
Individual	\$500	\$750	\$1,500	\$2,500	\$500	Not covered	\$1,000	Not covered
Family	\$1,000	\$1,500	\$2,500	\$5,000	\$1,500	Not covered	\$3,000	Not covered

Prescription medication highlights

	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)
Pharmacy deductible	included in medical above	included in medical above	included in medical above	included in medical above	included in medical above	included in medical above
Tier 1 (Generic)	20%; \$5 minimum; \$50 max	20%; \$10 minimum; \$100 max	20%; \$10 minimum; \$100 max	20%; \$5 minimum; \$50 max	20%; \$10 minimum; \$100 max	20%; \$10 minimum; \$100 max
Tier 2 (Preferred brand)	25%; \$15 minimum; \$50 max	25%; \$30 minimum; \$100 max	25%; \$30 minimum; \$100 max	25%; \$15 minimum; \$50 max	25%; \$30 minimum; \$100 max	25%; \$30 minimum; \$100 max
Tier 3 (Non-preferred brand)	25%; \$20 minimum; \$50 max	25%; \$40 minimum; \$100 max	25%; \$40 minimum; \$100 max	25%; \$20 minimum; \$50 max	25%; \$40 minimum; \$100 max	25%; \$40 minimum; \$100 max

WORDS TO KNOW

Deductible: An annual amount you'll pay out-of-pocket before your plan begins to pay for covered health care costs.

Copay: A preset amount you pay for your covered health care services. The health plan pays the rest.

Coinsurance: Your share of the cost of your covered services. The health plan pays the rest.

Out-of-pocket maximum: The most you pay before the health plan begins to pay 100% of covered charges. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network: Health care providers and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

Out-of-network: A health care provider or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care provider or facility may cost you more.

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 which are used to treat the same condition.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary. If you need more assistance, contact HR Representative or benefits@wesleyan.edu.

Health plans provide coverage for most medically necessary services. However, there are certain services and supplies that may not be covered. See the "What's Not Covered" section of this guide for examples of plan exclusions.

OPTION 3

Open Access Plus - High Deductible w/ HSA^{1,4}

Medical plan highlights

	Medical deductible		Out-of-pocket maximum		Employer contribution
	In-network	Out-of-network	In-network ²	Out-of-network	
Individual	\$1,500	\$1,500	\$3,000	\$3,000	up to \$500 ³
Family	\$3,000	\$3,000	\$6,000	\$6,000	up to \$500 ³

Prescription medication highlights

	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)
Pharmacy deductible	included in medical above	included in medical above	included in medical above
Tier 1 (Generic)	20%; \$5 minimum; \$50max after deductible	20%; \$10min/\$100max after deductible	20%; \$10min/\$100max after deductible
Tier 2 (Preferred brand)	25%; \$10 minimum; \$50 max after deductible	25%; \$30min/\$100max after deductible	25%; \$30min/\$100max after deductible
Tier 3 (Non-preferred brand)	25%; \$20 minimum; \$50 max after deductible	25%; \$40min/\$100max after deductible	25%; \$40min/\$100max after deductible

We're here 24/7/365 when you need us.

Life doesn't operate 9 to 5 – and neither should your health plan. That's why we're available 24 hours a day, seven days a week, 365 days a year.

- Call us to find a doctor, check on your coverage or ask about a claim. Get help finding answers to your health questions with a nurse advocate.*
- Log in to the myCigna® website or App to get personalized search results and view ID card information.**
- Use virtual care to connect with a board-certified provider via video or phone.***
- Talk with a pharmacist about your medication, interactions or to help find ways to lower your costs.

*These nurse 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.

** Actual myCigna features will vary, depending on your plan and individual security profile. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.

***Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna 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. Refer to plan documents for complete description of virtual care services and costs.

OPTION 1

OPTION 2

Open Access Plus⁴

Open Access Plus In-Network (OAPIN)⁴

Office/routine care – What you'll pay once you meet your deductible				
	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care⁵	Plan pays 100%, no deductible	70% after deductible	Plan pays 100%, no deductible	Not Covered
PCP office visit	\$25 co-pay, plan pays 100%	70% after deductible	\$25 co-pay, then plan pays 100%	Not Covered
Specialist visit	\$35 co-pay, plan pays 100%	70% after deductible	\$35 co-pay, then plan pays 100%	Not Covered
Virtual care***	\$25 co-pay, plan pays 100%	70% after deductible	\$25 co-pay, then plan pays 100%	Not Covered
Prenatal care	Please see plan benefit summaries for coverage	Please see plan benefit summaries for coverage	See plan benefit summary for coverage details	Not Covered
Chiropractic	\$35 co-pay, plan pays 100%	70% after deductible	\$35 co-pay, then plan pays 100%	Not Covered
Physical, occupational and speech therapy	\$35 co-pay, plan pays 100%	70% after deductible	\$35 co-pay, then plan pays 100%	Not Covered
Well-childcare⁵	100% after deductible	70% after deductible	See plan benefit summary for coverage details	Not Covered
Lab, x-ray, diagnostic tests	Please see plan benefit summaries for coverage	70% after deductible	See plan benefit summary for coverage details	Not Covered
Durable medical equipment	100% after deductible	70% after deductible	Plan pays 100% after deductible	Not Covered
Hospital and urgent care – What you'll pay once you meet your deductible				
Inpatient hospitalization	Plan Pays 100% after deductible	70% after deductible	Plan pays 100% after deductible	Not Covered
Outpatient surgery	Plan Pays 100% after deductible	70% after deductible	Plan pays 100% after deductible	Not Covered
Emergency room	\$200 copay, and plan pays 100%	\$200 copay, and plan pays 100%	\$200 per visit, then plan pays 100%	\$200 per visit, then plan pays 100%
Urgent care center	\$40 copay, and plan pays 100%	\$40 copay, and plan pays 100%	\$40 per visit, then plan pays 100%	\$40 per visit, then plan pays 100%
Ambulance	Plan pays 100% for emergency transportation	Plan pays 100% for emergency transportation	Plan pays 100% for emergency transportation	Plan pays 100% for emergency transportation
Behavioral health and substance use – What you'll pay once you meet your deductible				
Inpatient (unlimited day maximum)	Plan Pays 100% after deductible	70% after deductible	Plan pays 100% after deductible	Not Covered
Outpatient	Physician's Office -\$35 copay, and plan pays 100%	70% after deductible	Plan pays 100% after deductible	Not Covered

1. You can make contributions to build your balance, up to a calendar year maximum of \$3,600 for an individual and \$7,200 for a family in 2021. For 2022, the calendar year maximum is \$3,650 for an individual and \$7,300 for a family. Limits are set by the IRS. Employees who reach age 55 may make an additional catch-up contribution of \$1,000. The maximum contribution allowed is determined by the number of months you are allowed in the plan during the year. Employer or incentive contributions reduce the maximum an employee can contribute by an amount equal to the contribution.
2. 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 by the IRS at \$8,700 for 2022 health plans, and overall family in-network costs are capped at \$14,100. The out-of-pocket costs for people with individual coverage capped at \$7,050 for 2022. To see examples of how this works, please visit www.InformedOnReform.com > FederalRegulations> Cost SharingLimits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.
3. Please ask your benefits manager for details on when the contribution from your employer would be available in your account.
4. What you'll pay after you meet your deductible. You'll pay 100% of the cost until you meet your deductible.
5. Certain in-network preventive care services and well-childcare services are covered at no added cost to you. You have no deductible to meet for these services.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary. If you need more assistance, contact HR Representative or benefits@wesleyan.edu.

Health plans provide coverage for most medically necessary services. However, there are certain services and supplies that may not be covered. See the "What's Not Covered" section of this guide for examples of plan exclusions.

OPTION 3

Open Access Plus - High Deductible w/ HSA 1,4

Office/routine care (continued)		
	In-network	Out-of-network
Adult preventive care ⁵	Plan pays 100%, no deductible	Plan pays 80% after deductible
PCP office visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Specialist visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Virtual care***	Plan pays 100% after deductible	Plan pays 80% after deductible
Prenatal care	See Benefit Summaries for coverage details	See Benefit Summaries for coverage details
Chiropractic	Plan pays 100% after deductible	Plan pays 80% after deductible
Physical, occupational and speech therapy	Plan pays 100% after deductible	Plan pays 80% after deductible
Well-childcare ⁵	See Benefit Summaries for coverage details	See Benefit Summaries for coverage details
Lab, x-ray, diagnostic tests	See Benefit Summaries for coverage details	See Benefit Summaries for coverage details
Durable medical equipment	Plan pays 100% after deductible	Plan pays 80% after deductible
Hospital and urgent care (continued)		
Inpatient hospitalization	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient surgery	Plan pays 100% after deductible	Plan pays 80% after deductible
Emergency room	Plan pays 100% after deductible	Plan pays 80% after deductible
Urgent care center	Plan pays 100% after deductible	Plan pays 80% after deductible
Ambulance	Plan pays 100% after deductible	Plan pays 80% after deductible
Behavioral health and substance use (continued)		
Inpatient (unlimited day maximum)	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient	Plan pays 100% after deductible	Plan pays 80% after deductible

***Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna 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. Refer to plan documents for complete description of virtual care services and costs.

Vision

Vision plans provide access to one of the largest specialty networks of quality eye care¹ – from private practice eye doctors to nationally recognized retail optical stores.

When you choose one of the eye doctors in the Cigna Vision network, you'll get the most savings for covered services. You can also choose to see an eye doctor who is out-of-network; however, you'll have to pay the full cost of the service at the time of the appointment. Then you'll need to submit a claim form to get reimbursed for covered charges.² Whether you choose a doctor in- or out-of-network, you'll also be responsible for paying any charges that aren't covered by your plan.

In addition to your vision plan coverage, check with your eye doctor to see if he or she participates in the Healthy Rewards[®] Vision Network Savings Program. This program is available to all Cigna Vision customers, and you can save 20% or more on additional eyeglass frames and/or lenses with a valid prescription.³

Important features:

- ▶ The Cigna Vision network is different from the networks supporting our health plans. You can choose your own eye doctor, but you'll save money when you stay in the Cigna Vision network.
- ▶ You pay your plan copay(s), any amount over the plan allowances and costs for non-covered services.
- ▶ No claim paperwork necessary when you receive care in-network.
- ▶ You may find additional savings if your eye doctor participates in the Healthy Rewards Vision Network Savings Program.

Remember, this brochure is a guide only. Make sure to read your benefit summary for details of your specific vision plans. Plan details may vary.

1. Competitive landscape based on publicly available industry numbers found on company websites as of December 2017. Subject to change.
2. Your Cigna Vision plan coverage is based on the plan chosen by your employer. Be sure to review your plan benefit summary for details on covered and non-covered services. Plan deductibles, coinsurance, copays and materials allowances may apply.
3. Discount is based on retail prices. **Healthy Rewards is a discount program and is NOT insurance.** You are required to pay the entire discounted charge.

**Vision plans are insured and/or administered by
Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.**

How your Cigna Vision PPO Exam Only (E1) plan works:

Plan details for in-network coverage

Exam copay	\$0
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Please review your Benefit Summary for details, including plan exclusions and limitations.

Cigna One Guide

Navigating health care can be complex and that's why we make getting and staying healthy as easy as possible with Cigna One Guide®. One call or chat with our personal guides can help you make informed choices and get health and money-saving recommendations based on what matters most to you and this personalized support comes with your medical plan.

During the preenrollment period, you can call the One Guide team at 800.244.6224 for help with all your questions about available health plans and coverage. After enrollment, One Guide continues to offer ongoing support to help you:

Understand your plan.

- › Know your coverage and how it works
- › Get answers to all your health care or plan questions

Get care.

- › Find the right doctor, lab or urgent care center
- › Connect to health coaches and more
- › Stay on track with appointments and preventive care
- › Take advantage of dedicated one-on-one support for complex health situations

Save and earn.

- › Maximize your benefits and earn incentives (if provided in your plan)
- › Get cost estimates and service comparisons to avoid surprises
- › Check account balances and claim activity to manage expenses

Once you have enrolled, start using Cigna One Guide support by registering on the myCigna® website or app,¹ click to chat or by phone.

1. The downloading and use of the myCigna 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.

Cigna Total Behavioral Health

When you or a family member need help taking care of your emotional well-being, Cigna provides access to a wide range of behavioral experts, programs and resources to help you take control of your whole health - mind and body.

Cigna's behavioral health network includes licensed therapists, psychiatrists and nurse practitioners, behavioral facilities and programs, and more. Our Fast Access guarantees appointments with psychiatrists or psychiatric nurse practitioners within 15 business days.

We offer three sessions to connect you with a licensed clinician in our Employee Assistance Program network, at no additional cost to you.¹

Cigna behavioral health benefits also include:

Virtual care lets you receive quality, behavioral health care without leaving home. Simply connect via your phone, computer or tablet and you can:

- › Schedule online appointments with licensed counselors or psychiatrists through our partnership with MDLIVE®²
- › Have access to more than 62,000 clinicians in Cigna's behavioral network for virtual counseling sessions³
- › Receive confidential treatment for conditions like stress and anxiety
- › Have a prescription sent directly to your pharmacy, if appropriate

Online tools help you find in-network providers and facilities, stress management tools, and a variety of health and well-being information. You'll also have access to online, on-demand seminars, as well as a wide range of referrals to community resources.

Coaching and support services

Our programs give you access to behavioral experts with extensive experience. Our experts can help you and your family address challenges such as autism spectrum disorder, eating disorders, opioid and pain management and substance use.

The following coaching programs also are offered through Cigna:

- › **Happify** is a self-directed program with activities, science-based games and guided meditations, designed to help reduce stress and anxiety, gain confidence, defeat negative thoughts and boost overall health.⁴
- › **iPrevail** is an on-demand coaching and personalized learning tool to help boost your mood and emotional health.⁴

Seminars offered monthly on topics such as autism, eating disorders, substance use and behavioral health awareness for children and families. These seminars are taught by industry experts and offer tips, tools and helpful information.

These online resources and tools are available on **myCigna.com** for you and your household members. To learn more, call us using the number in your enrollment materials.

1. Three visits per issue per year. Restrictions apply to fully insured business sites in New York.
2. Cigna provides access to virtual care through MDLIVE 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. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A primary care provider referral is not required for this service.
3. Cigna unique provider data as of May 2021. Subject to change, provider referral is not required for this service.
4. Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

Cigna Healthy Pregnancies, Healthy Babies Program.

Enrolling in the Cigna Healthy Pregnancies, Healthy Babies[®] program is an important first step toward a healthy future for you and your baby.

To support you along your journey, you'll get:

- › Helpful guidance and support on everything from infertility and preconception planning to post-delivery information.
- › A guide to help you learn about pregnancy and babies, including topics like prenatal care, exercise, stress, depression and more.
- › Support from a maternity specialist who has nursing experience and can help you with everything from tips on how to handle your discomfort during pregnancy to birthing classes and maternity benefits.
- › Access to an audio library of health topics.

- › Earn up to \$150 for completion of the program.¹

You'll also have easy access to a wealth of information on the **myCigna**[®] website from trusted sources like WebMD and Healthwise. You'll learn how to make a plan for a healthy pregnancy, monitor your pregnancy week by week, prepare for labor and delivery, care for your baby and more.

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.

Lifestyle Management Programs

If weight, tobacco or stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health advocate can provide you with personalized support to help you:

- › Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active.
- › Develop a personal quit plan to become and remain tobacco-free.
- › Understand the sources of your stress, and learn to use coping techniques to better manage stress both on and off the job.

Use an online or telephone coaching program – or both – for the support you need.

To learn more about our Lifestyle Management Programs please call us using the number in your enrollment materials.

Make myCigna your Cigna

Nothing is more important than your good health. That's why there's **myCigna** – your online home for assessment tools, plan management, medical updates and much more.

On **myCigna** you can:

- › Find in-network doctors, dentists and medical services
- › View ID card information
- › Review your coverage
- › See how much your medication will cost you at the different pharmacies in your plan's network.¹
- › Manage and track claims
- › Manage your home delivery prescription orders²
- › Compare cost and quality information for doctors and hospitals

- › Access a variety of health and wellness tools and resources
- › Sign up to receive alerts when new plan documents are available
- › Track your account balances and deductibles

Use the myCigna App and access your account with just a fingerprint on any compatible device.³

1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
2. Not all plans offer 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. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.

24/7 customer assistance

Anytime you need us, feel free to call the toll-free number printed on the back of your Cigna ID card.

- › You can reach us 24 hours a day, seven days a week.
- › You can get answers to your health, claims and benefit questions.
- › Ask for a Spanish-speaking service representative or someone who can translate one of 200 languages.
- › You can order an ID card, update insurance information and check claim status.

24/7 customer assistance is available for medical and dental plan customers only.

What's not covered¹

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer's medical plan, unless required by law.

- › Services provided through government programs
- › Services that aren't medically necessary
- › Experimental, investigational or unproven services
- › Services for an injury or illness that occurs while working for pay or profit, including services covered by workers' compensation benefits
- › Cosmetic services
- › Dental care, unless due to accidental injury to sound natural teeth
- › Reversal of sterilization procedures
- › Genetic screenings
- › Custodial and other non-skilled services
- › Weight-loss programs
- › Telephone, email and internet consultations in the absence of a specific benefit
- › Acupuncture
- › Eyeglass lenses and frames, contact lenses and surgical vision correction

- › If your employer offers prescription drug coverage through Cigna, your plan doesn't cover all medications. For example, over-the-counter medicines (which are available without a prescription) and weight loss medications are typically not covered. Not all plans are the same, but, in general, to be eligible for coverage, a medication must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan covers certain prescription medications at no cost-share to you, your plan may require you to use an in-network pharmacy to fill the prescription. If you use a pharmacy that isn't in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example, HRA, HSA or FSA) if you have one, and if permitted under applicable federal tax regulations.

1. This is a summary only and your plan's actual terms may vary. For a complete list of both covered and non-covered services, including benefits required by your state, please see your employer's insurance certificate or summary plan description – the official plan document. If there are any differences between the information in this brochure and the plan document, the information in the plan document takes precedence.

Discrimination is against the law

Medical coverage

Cigna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ▶ Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>



Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해 주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해 주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعلاء Cigna الحاليين برجاء الاتصال بالرقم المدون على ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dost. pnej, bezpłatnej pomocy j. zykowej, obecni klienci firmy Cigna mog. dzwoni. pod numer. podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر این صورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شمارگیری کنید).

Here is important information you should read before you enroll. If you have any questions about this information, please contact HR Representative or or send an email to benefits@wesleyan.edu.

If you are declining enrollment.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- ▶ You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage, or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance. To request special enrollment or obtain more information, call our Customer Service Team at 800.Cigna24 (800.244.6224).

To request special enrollment or obtain more information, call our Customer Service Team at 800.Cigna24 (800.244.6224).

Other late entrants.

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Women's Health and Cancer Rights Act (WHCRA).

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ▶ All stages of reconstruction of the breast on which the mastectomy was performed
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance
- ▶ Prostheses
- ▶ Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan, as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call our Customer Service Team at 800.Cigna24 (800.244.6224).

MAKE AN ENROLLMENT CHECKLIST

**This is one of the most important decisions you'll make this year.
If you have questions, we're here to help.**

HR Representative or
benefits@wesleyan.edu

Pre-enrollment line: 800.Cigna24 (800.244.6224)

Cigna One Guide®
800.244.6224

Speak with a personal guide who can provide information to help you select a plan that meets the needs of you and your family.

Please submit your enrollment choice by 11/15/2021.

Before you decide, take these steps to learn more about your health plan- and your health.

- Think about your health history and health care needs. How much do you spend, on average, for health care? How might that change in the upcoming year?
- Check the online directory on **Cigna.com** to see if your doctor participates in our network.
- Review your Summary of Benefits for specific plan details.
- See the medications on your plan's drug list online at **Cigna.com/PDL** or **myCigna.com**.
- Look to see if you can earn incentives for taking certain actions to improve your health.

Health care reform: Meeting the requirements

Coverage under your employer-sponsored health plan is considered “minimum essential coverage” under the Affordable Care Act. The individual mandate was effectively repealed beginning Jan. 1, 2019, when the penalty was zeroed out; however, Americans will still need to report health coverage during the IRS tax season.¹

Each year, Cigna, or your employer, will mail you an IRS Form 1095 confirming the coverage you were offered and any coverage you and any dependents may have had during the prior calendar year. The form should be kept with your tax records for audit purposes and not filed with your income tax return.

1. Health care reform information last updated in March 2019: With a permanent repeal of the individual mandate, it is possible reporting requirements may change. Please check InformedonReform.com for any updates.



The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary.

Dentists that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

The health care provider information we include in this guide and through Cigna websites is for educational purposes only. It is not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your physician when selecting a health care provider. The providers that participate in Cigna's networks and available through the Cigna Telehealth Connection program (if offered with your plan) are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

Cigna provides access to virtual care through national telehealth providers 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. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service. See full virtual care disclaimer at the back of this guide.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Not all services are eligible or may be covered under your specific medical plan. The following services are generally not covered: services that aren't medically necessary; experimental, investigational or unproven services; services for an injury or illness that occurs while working for pay or profit, including services covered by Worker's Compensation benefits; treatment of sexual dysfunction. This is a summary only and the terms of your specific medical plan may vary. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policies or plans may be continued in force or discontinued. For costs and complete details of coverage, see your plan documents.

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Personal guidance for better health and savings.

Cigna One Guide® personal guides can help you make informed choices and get the most from your plan. It's our highest level of support that combines the personal touch of live service with tools and resources you can access through the web, an app or an online chat feature.

During enrollment, a Cigna One Guide representative is just a call away to help you.

- › Easily understand the basics of health coverage.
- › Identify the types of health plans available to you to help you choose the one that best meets the needs of you and your family.
- › Check if your doctors are in-network to help you avoid unnecessary costs.
- › Get answers on any other questions you may have about the plans or provider networks available to you.

After enrollment, the support continues with personalized assistance to help you:

- › Resolve health care issues.
- › Save time and money.
- › Get the most out of your plan.
- › Find the right hospitals, and other health care providers in your plan's network.
- › Get cost estimates.
- › Understand your bills.
- › Navigate the health care system.

Get it all in the way that's most convenient for you.

- › Call **800.244.6224**.
- › Once you have enrolled, start using Cigna One Guide support by registering on **myCigna.com** or the app,¹ click to chat or by phone.



**DON'T WAIT UNTIL
THE LAST MINUTE.**

Call **800.244.6224** to speak with a One Guide representative today.

1. The downloading and use of the myCigna 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.