

Adelphi University

YOUR MEDICAL PLAN OPTIONS

Plan year: January 1, 2021

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

Together, all the way.®



A health plan that lets you choose which doctors to see and when

Open Access Plus (OAP)

- You have the option of choosing a primary care provider (PCP) to guide your care (it is recommended but not required)
- You can see a specialist without a referral
- Using doctors and health care facilities in the Cigna OAP network may keep your costs lower
- You can choose doctors or facilities not part of the Cigna OAP network, but your costs may be higher
- You have access to Cigna's national network of labs, x-ray and radiology centers – plus 70% potential savings through in-network national labs (LabCorp or Quest)*
- Nationwide in-network coverage for emergency care
- You may pay an annual amount – a deductible – before your health plan begins to pay for covered health care costs.** Only services covered by the health plan count toward the deductible
- Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest
- Once you meet an annual limit on your payments – out-of-pocket maximum – your plan pays 100% of covered costs

*Savings based on average in-network national lab costs compared with out-of-network labs using internal Cigna national claims data: DOS January–December 2018. Savings will vary.

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

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Planning for your medical costs

	Open Access Plus – Standard Plan		Open Access Plus – High Plan	
	Single	Family	Single	Family
Deductible	<p>\$500 In-network</p> <p>\$1,500 Out-of-network</p>	<p>\$1000 In-network</p> <p>\$3,000 Out-of-network</p>	<p>\$650 In-network</p> <p>\$2,250 Out-of-network</p>	<p>\$1,300 In-network</p> <p>\$4,500 Out-of-network</p>
Out-of-pocket maximum*	<p>\$2,800 In-network</p> <p>\$7,500 Out-of-network</p>	<p>\$6,000 In-network</p> <p>\$18,750 Out-of-network</p>	<p>\$2,800 In-network</p> <p>\$3,000 Out-of-network</p>	<p>\$6,000 In-network</p> <p>\$7,500 Out-of-network</p>
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited

Planning for your medical costs



	Open Access Plus – Standard Plan		Open Access Plus – High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Physician Office Visit	\$25 PCP Co-pay	Your Plan pays 70% after deductible	\$25 PCP Co-pay	Your Plan pays 70% after deductible
Specialty Care Physician Office Visit	\$35 Specialist Co-pay	Your Plan pays 70% after deductible	\$35 Specialist Co-pay	Your Plan pays 70% after deductible
Hospitalization	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible
Outpatient Surgery	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible
Advanced Radiology (MRI)	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible
Emergency	\$100 per visit (copay waived if admitted)		\$100 per visit (copay waived if admitted)	
Urgent Care	\$35 per visit (copay waived if admitted)		\$35 per visit (copay waived if admitted)	
Preventive Care (Well Visits)	Plan pays 100%; Not Subject to Deductible	Your Plan pays 70% after deductible	Plan pays 100%, Not Subject to Deductible	Your Plan pays 70% after deductible

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. 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 \$7,150 for 2017 health plans. To see examples of how this works, please visit: www.InformedOnReform.com > Reform Topics Overview > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts





YOUR PHARMACY PLAN



Planning for prescription costs

	Open Access Plus – Standard Plan			Open Access Plus – High Plan		
In-network	Retail (30-day supply) (except Specialty up to 30-day supply)	Retail (90-day supply) (except Specialty up to 30-day supply)	Home delivery (90-day supply) (except Specialty up to 30-day supply)	Retail (30-day supply) (except Specialty up to 30-day supply)	Retail (90-day supply) (except Specialty up to 30-day supply)	Home delivery (90-day supply) (except Specialty up to 30-day supply)
Tier 1 (Generic)	You pay \$10	You pay \$20	You pay \$20	You pay \$10	You pay \$20	You pay \$20
Tier 2 (Cigna-preferred brand)	You pay \$30	You pay \$60	You pay \$60	You pay \$30	You pay \$60	You pay \$60
Tier 3 (Non-preferred brand)	You pay \$50	You pay \$100	You pay \$100	You pay \$50	You pay \$100	You pay \$100
Out-of-network	Not Covered					

This chart shows the amounts you'll pay for covered services after your plan deductible has been met. Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Important changes you need to know about.

- > **Use the new ID card you'll get in the mail.** It has important information on it the pharmacy needs to access your benefits and process your prescription.
- > **Your next refill date may be different from what's listed on your current pill bottle.** The date will now be based on the timing of your last few fills.
- > **Accredo®** is our new specialty pharmacy for those managing a complex medical condition that requires a specialty medication.

Express Scripts Pharmacy® is our new home delivery pharmacy.

- > See "Express Scripts" on your pill bottles/order materials.
- > Express Scripts Pharmacy® will contact you (phone calls, emails and texts*) about your order.
- > You'll need to update your payment information.
- > Continue to use myCigna® app or website to manage your home delivery prescriptions – you'll be connected to Express Scripts' website.
- > Sign up for automatic refills and/or auto renewals.
- > You can't order home delivery prescriptions online or by phone on 1.1.2021 only.

* You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

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Get the most out of your pharmacy benefits plan

<p>Use the myCigna® App or website. Plan info at your fingertips – 24/7.¹</p>	<p>Avoid surprises at the pharmacy</p> <ul style="list-style-type: none"> • Price a medication and search for lower-cost alternatives, if available² • See which medications your plan covers • Find a pharmacy in your plan's network • Ask a pharmacist a question 24/7 	<p>Stay organized</p> <ul style="list-style-type: none"> • See your pharmacy claims • Update your personal profile • Set up your communication preferences <p>Home delivery</p> <ul style="list-style-type: none"> • Track your order • Request refills
<p>Use home delivery.³ Get medications delivered to your door, and more.</p>	<ul style="list-style-type: none"> • Fast, free, reliable shipping. We provide free standard delivery to your home or work address. • Easy refills. Fill up to a 90-day supply at one time, so you fill less often. • Free reminders. We'll send you refill reminders to help make sure you don't miss a dose. 	
<p>Use Accredo® to help manage a complex medical condition.³</p>	<ul style="list-style-type: none"> • 24/7 access to hundreds of specialty-trained pharmacists and nurses experienced in complex conditions that require specialty medications. • Access to a wide-range of personalized care services. This includes counseling and training on how to administer your medication. • Refill your prescriptions by text.⁴ • Get real-time updates once they ship your order. 	
<p>Cigna's pharmacists will help you stay on track.</p>	<p>Our pharmacists offer confidential help with prescription medication interactions and side effects. They can also help you find ways to lower your medication costs.</p>	

1. Your carrier's standard mobile phone and data usage charges apply. 2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information. 3. Not all plans include 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. 4. 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.



The Cigna 90 Now program

Making it easier to fill the medications you take on a regular basis

More choice, more convenience

With the Cigna 90 NowSM program, you can choose to fill your maintenance medications in either a **30-day** or **90-day** supply.

- **For 30-day supplies:** You can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **For 90-day (or 3-month) supplies:**¹ You can use an in-network retail pharmacy approved to fill 90-day prescriptions or home delivery.²

Filling a 90-day supply helps make life easier

- ✓ Make fewer trips to the pharmacy for refills
- ✓ Less likely to miss a dose³
- ✓ More likely to stay healthy³

1. 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 a medication equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. 2. Some plans may not 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. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna National Book of Business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply taking antidiabetics, RAS antagonists and statins.





YOUR DENTAL PLAN OPTIONS

Together, all the way.®



A health plan that gives you savings and predictability.

Cigna Dental Care® (DHMO)*

- You choose a primary care dentist in the Cigna Dental Care® network where you can receive all your care
- You can change your network dentist at any time
- You can use a pediatric dentist up to age 13
- By using dentists in the Cigna Dental Care® network you may pay less than you would with other types of dental plans
- You pay the charge for each service listed on your Patient Charge Schedule
- No deductible or calendar year maximums, and predictable costs based on your patient charge schedule
- There is no out-of-network coverage (except in emergencies)**

* 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.

** 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.



Cigna Dental Care (DHMO)

Coverage with no deductibles or waiting periods*



Examples of covered services*



- ✓ Preventive care, such as cleanings and exams, at no added or low cost
- ✓ Additional cleanings, fluoride, and fluoride varnish available for a copay
- ✓ Temporomandibular joint (TMJ) diagnosis
- ✓ General anesthesia/IV sedation when medically necessary
- ✓ Coverage for brush biopsy, a noninvasive diagnostic procedure for detecting oral cancer
- ✓ Coverage for teeth whitening (take-home bleaching gel with trays) and athletic mouth guards
- ✓ No age limit on sealants
- ✓ Coverage for advanced procedures like crowns and bridges over implants
- ✓ Second opinions covered
- ✓ Emergency care
- ✓ Orthodontic coverage for children AND adults

* Plan copayment and coinsurance requirements apply. Prior authorization may be required for certain specialty care treatments. Not all services are covered. See Appendix B for a listing of related plan limitations and exclusions.

Your access – thousands of dentists, one directory

Cigna Dental Care® provides access to a **network of quality** dentists and covers hundreds of procedures. This means convenience and savings to you.

All participating dentists are consolidated into **one directory**, which you can easily search online at **Cigna.com®** and via the **myCigna®** website or app.

Search for providers in the Access Plus Network



A dental plan that gives you choice

Cigna Dental Preferred Provider Organization (DPPO)

- You can choose to use any licensed dentist, but see bigger savings if you use a dentist in the Cigna dental network
- You can see a specialist without a referral
- You'll pay an annual amount – deductible – before your plan begins to pay for covered costs
- Once you meet your deductible and satisfy any waiting period, you'll pay a portion of your covered dental care costs – coinsurance – and the plan pays the rest
- Most Total Cigna DPPO network dentists will submit claims for you. Your plan will then pay the dentist or you (based on the claim form)
- The amount your plan pays depends on:
 - The coinsurance level for the service you received
 - Which dentist you visit
 - If you've paid your deductible and/or reached your maximum
- Once you reach the plan's annual benefit maximum, your plan will no longer pay a portion of your costs during that plan year



Thousands of dentists, one directory

- With the Total Cigna DPPO network, you have a choice of over 150,000* dentists nationwide.
- The Total Cigna DPPO network is made up of two separate networks. They're known as the Cigna DPPO Advantage and the Cigna DPPO. Each network offers different levels of coverage.
- All participating dentists are combined into one directory, which you can easily search online at Cigna.com® and via the myCigna® website or app.

Cigna DPPO Advantage

- Highest benefit level and may result in a lower cost to you

Cigna DPPO

- Lower benefit level than DPPO Advantage



* 2019 year-end unique dentist count for Cigna Total DPPO Network. Subject to change.

Your coverage



DENTAL:
DPPO

	Cigna DPPO			Cigna DPPO + Ortho		
	Cigna DPPO Advantage In-network	Cigna DPPO In-network	Cigna DPPO Out-of-network*	Cigna DPPO Advantage In-network	Cigna DPPO In-network	Cigna DPPO Out-of-network*
Class I – Preventive care	100%	80% No deductible	80% No deductible	100%	80% No deductible	80% No deductible
Class II – Basic restorative	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Class III – Major restorative	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Class IV – Orthodontia	N/A	N/A	N/A	50% after deductible	50% after deductible	50% after deductible
Annual deductible	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150
Calendar-year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum: \$1,500 Dependent Children to age 19	N/A	N/A	N/A	\$1,500	\$1,500	\$1,500



HELP WITH YOUR HEALTH

Programs and services



The Cigna One Guide® service can help you make smarter, informed choices and get the most from your plan. It's our highest level of support that combines the ease of a powerful app with the personal touch of live service.

One Guide personal support, tools and reminders can help you stay healthy and save money.



During enrollment you can use a personal guide and the Cigna Easy Choice Tool - together or individually - to help you understand your plan options and provide personalized recommendations based on what matters most to you.

Once enrolled, you can access the Cigna One Guide features by downloading the enhanced myCignaSM app*.



WE'RE HERE FOR YOU

Tools and resources





By phone – 800.Cigna.24 or 800.844.6224

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 200 languages
- Speak with a nurse anytime, day or night through the 24-Hour Health Information Line

myCignaSM – online or through the app

- Directory of doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
 - Review your coverage
 - Manage and track claims
 - Track account balances and deductibles, and sign-up for email notifications
 - Find quality of care information for common procedures and treatments
 - Get Claims and Balances statements on demand to view claim history and account transactions
 - Submit receipts for HRA and/or FSA reimbursement*
 - Save money when you order through Cigna Home Delivery PharmacySM (**myCigna.com** only)



myCignaSM app users log in with just one touch.

Download the myCigna app and access your account with just a fingerprint on any compatible device.**

*Available for Cigna Choice Fund[®] Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) plans only.

**The downloading and use of the myCignaSM app is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Information to help you save money

Saving on Lab cost



- With Cigna national labs such as Quest and LabCorp, you can save up to 75% and still get the same quality service
- With hundreds of locations nationwide, they make it easy to get lab services at lower cost to you
- To find a Quest or LabCorp location near you, go to mycigna.com or call the toll-free number on your Cigna ID card



Use virtual care 24/7 through MDLIVE

Virtual care lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions.

Who: Board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.

When: Medical conditions: 24/7/365 day or night, including weekends and holidays.

Behavioral health: schedule an appointment.

How: Phone or video.



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. 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. 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. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.



Medical virtual care

Board certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- 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

This is not a full list and is subject to change. 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.

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. 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. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.



Behavioral/mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

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

This is not a full list and is subject to change. 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.

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. 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. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.



Employee Assistance Program

Just when you think you have it figured out along comes a challenge. But whether those challenges are big or small, your employee assistance program (EAP) is available to assist you and anyone in your household in finding a solution and peace of mind. Our employee assistance consultants are just a phone call away whenever you need them – at no cost to you.



You and your household members (even a roommate) have access to face-to-face or video-based sessions with our network of licensed employee assistance counselors.



Sessions are completely confidential, available for routine or urgent concerns and to include **up to 6 sessions per issue at no cost to you and your household members.**



Call us or go online to search the directory and request a referral to a licensed EAP counselor in our network.



Employee Assistance Program

Just when you think you have it figured out along comes a challenge. But whether those challenges are big or small, your employee assistance program (EAP) is available to assist you and anyone in your household in finding a solution and peace of mind.



Your program also offers a variety of (work/life and online) services to help you and your family balance changes and challenges you may face – in and out of work. Call for assistance or a referral to a service in your community on topics such as:



Legal consultation or identity theft*



Parenting, childcare and adoption assistance



Senior care and caregiver support



Financial consultation



Convenience services



Pet Care

Online EAP resources and tools are available on **myCigna.com** for you and your household members, regardless of whether or not the person is enrolled in employer's medical plan (**Access Name: adelphi**).

*Legal consultations for employment-related matters are excluded.



EAP CONTACT INFORMATION



Reach your EAP by phone: 1.877.622.4327

Reach your EAP Online: www.myCigna.com

Enter Employer ID: adelphi

Pre-Enrollment Line

If you have questions on the medical program under Cigna before January 1, 2021 effective date, please call the Pre-Enrollment hotline at 1-888-806-5042



Q&A

What you want to know



Rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket and lifetime maximums.

All health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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