SELECTING YOUR MEDICAL PLAN

Chapman University offers you a choice of FIVE different medical plans.

- **Kaiser HMO (CA only)**
- **Cigna SELECT HMO**
  - Los Angeles County: Health Care Partners
  - Orange County: Providence St. Joseph Hoag Health
  - San Diego County: Scripps
- **Cigna FULL HMO (CA only)**
- **Cigna Open Access Plus HDHP + HSA**
- **Cigna PPO**

Kaiser HMO Plan

The Kaiser HMO plan is available to employees who live or work in California. This plan is an "integrated group model" HMO that allows you to use Kaiser Permanente facilities and doctors/providers for your medical and pharmacy needs. You choose a Primary Care Physician (PCP) contracted with the plan. If you are a new member, Kaiser will automatically assign a PCP to you and your enrolled family members based on your zip code. You can change your PCP by contacting Kaiser Member Services. Services outside the Kaiser network are not covered, except for out-of-area emergency care.

Cigna SELECT HMO

- Los Angeles County: Health Care Partners
- Orange County: Providence St. Joseph Hoag Health
- San Diego County: Scripps
- Available to employees who live or work in Los Angeles County, Orange County and San Diego County
- Narrow network of providers, but your physician may already participate
- Find Select Network HMO providers using this step-by-step guide before you enroll
- Same high quality care as the Full Network HMO
- Lower paycheck contribution rates than those for the Full Network HMO
- Lower office visit and hospital copayments than those for the Full Network HMO

With both of the Cigna HMO plans, you choose a Primary Care Physician (PCP) contracted with the plan. If you are a new member, Cigna will automatically assign a PCP to you and your enrolled family members based on your zip code. You can change your PCP by contacting Cigna Member Services. For children, you may designate a pediatrician as the PCP. Your PCP will manage all of your medical care within the HMO network and will refer you to a specialist or arrange hospital care when it is needed. If you use non-HMO providers, or if you obtain care without approval from your PCP, your care will not be covered (except for emergency care).

Women do not need prior authorization from Cigna or their PCP in order to obtain access to obstetrical or gynecological care from a provider in the HMO network. The provider, however, may be required to comply with certain procedures.

Cigna FULL HMO (CA only)

- Available to employees who live or work in California
- Cigna's full network of HMO physicians
- Higher paycheck contribution than those for the Select HMO
- Higher office visit and hospital copayments than those for the Select HMO

Cigna Open Access Plus HDHP + HSA

This plan gives you more choice and control over how you receive and pay for medical care and services, both now and in the future. The plan allows you to use any provider you want, with greater cost savings in-network.

- Lower paycheck contribution rates than those for the PPO
- You could come out ahead financially by enrolling in the Open Access Plus HDHP + HSA instead of the PPO plan. View the case studies to see some examples

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This Open Access Plus HDHP + HSA is made up of two parts:

1. High-Deductible Health Plan (HDHP): With the HDHP, you pay the full cost of your medical **and** prescription drug expenses up to the calendar year deductible amount, before the plan starts to pay. The deductible is waived for in-network routine preventive care services and preventive medications.

2. Health Savings Account (HSA): When you enroll in the Cigna Open Access Plus HDHP + HSA, you will automatically be set up with an HSA through HSA Bank, which comes with free money from Chapman. An HSA is a special tax-favored savings account that allows you to save and pay for any qualified health-related expenses permitted under federal tax law. This includes most medical care, prescription drugs, dental services, vision care and expenses related to meeting the plan's deductible.

Funding Your HSA

Chapman University will make a contribution to your HSA based on the level of medical coverage you choose (see chart below). You may also deposit your own dollars into your HSA through convenient payroll deductions.

The amount you elect to contribute will automatically be deducted from your paychecks in equal amounts throughout the year. IRS rules allow you to contribute to your HSA on a pre-tax basis, meaning you pay less tax on your net pay. The maximum amount you can contribute to an HSA is determined by the IRS each year. The maximum total combined annual contribution for 2020 is:

Coverage Level	CHAPMAN*	YOU	TOTAL
Employee Only	**$750**	up to $2,800	$3,550
Employee + 1 or more	**$1,500**	up to $5,600	$7,100

Individuals age 55 and over may also contribute an additional $1,000 per year in catch-up contributions.

*Chapman's contribution will be made in the month you become eligible and have enrolled.

Advantages of an HSA

- **Triple tax-advantaged:** You will not pay federal income tax on:
  - Money you put in via a payroll deduction
  - Interest the money earns in the HSA
  - Money you spend on eligible health care services

  State taxation rules vary.

- **Long-term savings:** Unused funds can grow through interest and investment earnings and can be "banked" for future health-related expenses. This provides a strong incentive for you to spend wisely on your medical care, just like you do on other items you purchase.

- **There is no "use it or lose it" rule:** Unused funds grow tax-free until you need to use them for eligible expenses.

- **Portable:** Account moves with you when you change medical plans, change employers or retire.

- **More choice and control:** You decide when to use your HSA funds to pay for qualified health-related expenses.

HSA Eligibility

To make and receive contributions to an HSA, you must meet all of the following requirements.

- You are enrolled in the Cigna Open Access Plus HDHP + HSA
- You are not covered by any other medical plan
- You are not enrolled in a traditional Health Care Flexible Spending Account (FSA) (HSA participants may enroll in the Limited Purpose Health Care FSA)
- You are not enrolled in Medicare, TRICARE or Medicaid
- You are not claimed as a dependent on another person's tax return
- Your spouse does not have a Health Care FSA or Health Reimbursement Account (HRA)
- You have not received Veterans Administration (VA) benefits within the past three months

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Using Your HSA Funds

You can use the money in your HSA to pay for any current and future qualified health-related expenses permitted under section 213(d) of the Internal Revenue Code. You may also use funds in an HSA beyond qualified health-related expenses for such items as COBRA premiums, health insurance premiums while unemployed, long-term care insurance and Medicare insurance premiums including A, B, C, D and Medicare Advantage products (not Medigap).

Only expenses covered by the medical plan count toward the plan's annual deductible.

Only qualified health-related expenses incurred after you have established your HSA meet the requirements for tax-free reimbursement.

Whose Expenses are Eligible?

You may use your HSA funds without penalty to pay for qualified health-related expenses for yourself, your spouse, dependent children and others who are considered your federal tax dependents — this is true even if they are not covered under the medical plan. (Remember, if the dependent isn't covered under the medical plan, his/her expenses won't be applied toward the plan's annual deductible.)

Note: Even though you can cover your registered domestic partner and children up to age 26 on your medical plan, your HSA funds can only be used to pay for qualified health-related expenses if they are considered your federal tax dependents. If you have a non-tax dependent child age 18 or older, or registered domestic partner who is enrolled in the medical plan, he or she may be eligible to open his or her own HSA.

You may also use HSA funds for non-qualified expenses (including health-related expenses for your non-tax dependents) but you will be required to pay income tax and pay a 20% tax penalty. (The 20% penalty doesn't apply to distributions made after your death or disability, or after you've reached age 65.)

How to Use the Open Access Plus HDHP + HSA (In-Network)*

1. Present your Cigna Member ID card at the time of your visit so the discounted in-network rate is applied and the expense is credited toward your deductible.

2. You do not pay for medical visits at the time of the visit. With the Open Access Plus HDHP + HSA, you have no copay and will be billed for the visit at a later date. If your doctor's staff asks for payment, remind them that they need to submit a claim to Cigna first. For prescription drugs, the discounted rate is provided at the cash register, so use your Cigna Choice Fund HSA Debit Card for maximum convenience.

3. Your provider's office will file a claim with Cigna for you.

4. You will receive an Explanation of Benefits (EOB) from Cigna explaining what was covered and if you need to pay anything. An EOB is not a bill. It's important to carefully review your EOB to ensure that all services were received and are listed and coded correctly.

5. Your provider will bill you for any amount you owe. Make sure your EOB matches your bill.

6. Pay your provider using funds in your HSA or you can pay with other funds.

*If you visit an out-of-network provider, you will have to pay the provider in full at the time of your visit and file your own claim with Cigna. You may pay out-of-network providers using funds in your HSA or you can pay with other funds.

Cigna PPO

With the PPO plan, you can use any provider you want, with greater cost savings in-network.

In-Network
- Higher level of benefits
- Lower out-of-pocket expenses
- Reduced fees for services
- No balance billing
- Providers will file all claims for you

Out-of-Network
- Lower level of benefits
- Higher out-of-pocket costs
- File your own claims with Cigna
- Providers may balance bill. For example, if the provider's charge is $2,000 and Cigna's allowed amount is $500, the provider may bill you for the remaining $1,500.

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MEDICAL TOOLS & RESOURCES

Kaiser Members

To manage your Kaiser medical benefits and get started on a path to well-being, register and log in to www.kp.org or download the Kaiser app.

Medical Tools

- Get information about your plan
- Find the right doctor for you
- Locate a facility in your area
- Download forms and publications
- Exchange secure e-mail with your doctor's office
- Order an ID card
- Schedule appointments
- Refill your prescriptions
- View your past visit information

Wellness Resources

Here are some examples of the wellness programs available to you:

- Take a Total Health Assessment with Succeed™
- Manage chronic conditions with Care™ for Your Health
- Lose weight with Balance™
- Eat healthy with Nourish™
- Manage diabetes with Care™ for Diabetes
- Quit smoking with Breathe™
- Reduce stress with Relax™

Kaiser has an online collection of practical tools, tips and information. Here are a few examples of the information available to you:

- Women's health
- Men's health
- Child and teen health
- Fitness
- Nutrition and recipes
- Pregnancy and new baby

Cigna Members

To manage your Cigna medical benefits and get started on a path to well-being, register and log in to www.mycigna.com or download the Cigna app.

Medical Tools

- Get information about your plan
- Find the right doctor for you
- Order an ID card
- Manage and track your claims
- Manage your health information
- Estimate medical costs
- Refill a prescription
- Compare hospitals
- Compare Rx prices
- Manage your HSA

Wellness Resources

- My Health Assessment: Complete a confidential online questionnaire to establish a health profile and get personalized health and wellness recommendations.

- Condition and Wellness Resources: Find information on health conditions, first aid, medical exams, wellness and more with an interactive medical library.

- WebMD® Personal Health Record: Keep your medical history at your fingertips by automatically storing and tracking medical conditions, medications, allergies, procedures, immunizations and emergency contacts online.

- Your Health First: If you are diagnosed with a chronic health condition, such as asthma, heart disease, diabetes, depression and weight complications, you will receive the following support through Cigna: Health and Wellness Coaching; Cigna Well Informed Program; Preference Sensitive Care; Pre/Post Discharge Outreach; Healthy Steps to Weight Loss Lifestyle Management Program; Quit Today Lifestyle Management Program; and Strength and Resilience Lifestyle Management Program.

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SMART HEALTH CONSUMER TIPS

While Chapman University's health plans include important features to help you stay healthy and reduce your health care costs, it's up to you take advantage of them. To get the most from your benefits, you need to become an active consumer of health care. This means managing your health care dollars and making informed decisions about your care.

1. Get Regular Preventive Care Exams

They're covered at 100% through our medical plans when you use in-network providers and can help identify any potential health problems early on. Doctors can catch the things that you might dismiss as just mildly annoying — but could really be putting your health at risk.

When you call your doctor's office to schedule an appointment, be sure to specify the visit is for routine preventive care. Not all preventive care is recommended for everyone, so talk with your doctor to decide the services that are right for you and your family.

2. Stay Healthy

The biggest way to save on health care costs is to be healthy. Work with your doctor to learn ways to stay healthy through exercising, eating a balanced diet, modifying your lifestyle, quitting smoking and other preventive measures.

3. Consider an Urgent Care Facility

If you have a non-emergency situation that requires immediate care, and you can't get in to see your doctor, consider an urgent care facility rather than a hospital emergency room, when possible. The costs for services received in an urgent care facility will be lower than a hospital emergency room, and the waiting time for treatment is typically shorter. Note: Cigna HMO members must get a referral from their PCP before seeking care at an urgent care facility.

- Urgent Care: Basic illness/injury, stitches/sutures, fever
- Emergency Room: Any life threatening condition, chest pain, shortness of breath, serious bodily injury, severe abdominal pain, loss of consciousness

4. Call the 24/7 Nurse Line

Both Kaiser and Cigna provide you with access to a 24-hour nurse line. Through the nurse line, you can speak with an experienced registered nurse for immediate and reliable answers to your health questions. Nurses are ready to provide you with information that can help you choose care that is appropriate for your situation.

- Kaiser Nurse Line: 888-576-6225
- Cigna Nurse Line: 800-244-6224

5. Use In-Network Providers

If you enroll in a PPO medical plan, you receive the highest level of benefits at pre-negotiated reduced rates and pay the lowest out-of-pocket expenses when you use in-network providers. When you get a referral for another doctor, lab or hospital, check to make sure it is in-network. If you enroll in an HMO plan, services are covered in-network only (except for out-of-area emergency care).

6. Order Prescriptions by Mail

You can save time and money by having your maintenance prescription medications sent directly to your home — a great convenience for medications you take on an ongoing basis, such as those used to treat chronic conditions like high blood pressure or diabetes. For example, a generic three-month supply at a retail pharmacy would cost you $30, but by utilizing mail order, your prescription would cost you $20. That is a 33% savings!

- To order prescriptions through Cigna Home Delivery Pharmacy, log in to www.mycigna.com and click on the "Home Delivery Pharmacy" tab at the top of the page. You can also call Cigna Home Delivery Pharmacy at 800-835-3784.
- Log in to www.kp.org for Kaiser Home Delivery Pharmacy details and instructions.

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