

# Frequently Asked Questions

## The Missouri Educators Unified Health Plan's Transition to Cigna July 1, 2017

(Updated March 3, 2017)

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### GENERAL QUESTIONS

#### **1. Q. What is the MEUHP?**

A. The MEUHP is the Missouri Educators Unified Health Plan. The plan sponsor is MEUHP, Inc., a non-profit corporation governed by a Superintendent-led Board of Directors and an Executive Director. Currently 123 Missouri public school districts with 13,000 covered plan members participate in this pooled health plan for the benefit of all members. The plan is self-funded to provide cost efficiency and flexibility for the member districts and their covered staff members. Your school district is a member of the MEUHP.

#### **2. Q. Who is CIGNA?**

A. Cigna is a national health insurance and service provider that specializes in providing integrated health plan insurance and services to larger employers across the country. Cigna offers a seamless national provider network in all 50 states with over 1 million health care professionals, clinics, facilities and pharmacies. Cigna owns their own prescription drug benefit program to provide real time integration and long-term financial advantages for MEUHP members and the plan as a whole. Cigna also provides certified, comprehensive medical management and wellness resources to manage member and plan expenses over the long term.

#### **3. Q. Why is the MEUHP changing the claim administrator from Anthem BCBS to CIGNA?**

A. The MEUHP Board of Directors made the unanimous decision to change to Cigna after a thorough review and evaluation of 3 competing proposals offered to the MEUHP. The evaluation included professional advice from Crooks Actuarial Consulting, the MEUHP's independent actuary, and Forrest T. Jones & Company, the MEUHP's Third-Party Plan Administrator. Cigna provides a long-term strategic partnership with the MEUHP to enhance and expand administrative services, support plan members' health care needs and manage ever-increasing health care costs. For example, Cigna emphasizes customer service, including comprehensive 24/7/365 "concierge" services to members, to assist plan members obtain high quality and cost-effective care. In addition, the MEUHP plan's finances and its plan members will benefit from significant savings to administrative fees, Rx drug expenses and individual stop loss reinsurance rates.

#### **4. Q. When will this change take effect?**

A. The change will take effect as of July 1, 2017. Expenses incurred for medical services you receive on or before June 30, 2017, will continue to be filed and processed by Anthem BCBS. This includes office visits, lab tests, and filling prescriptions at a pharmacy. Expenses incurred for services obtained on or after July 1, 2017, will be submitted to Cigna for processing and payment.

#### **5. Q. When will I get a new ID card?**

A. We anticipate having new ID cards in your hands one to two weeks prior to July 1, 2017. The combined medical/pharmacy ID card will be mailed directly to your home. Keep and continue to use your current MEUHP ID card with Anthem BCBS through June 30, 2017. Be sure to share your new MEUHP ID from Cigna with all of your medical providers for medical services obtained on and after July 1, 2017.

#### **6. Q. When I enroll for the health plan I want for the July 1, 2017 to June 30, 2018 enrollment period, will I get credit for the deductible and coinsurance amounts I've already met in calendar year 2017?**

A. YES, except if you switch to the OAP-IN (old HMO), which is a "copay" based plan. See Q.28 for further details.

**7. Q. What if I have questions during open enrollment and also prior to July 1—who do I call?**

A. FTJ representatives can be contacted at any time with questions. Cigna will begin providing customer services to address questions after April 1. Regular communications will be provided to you during the transition, including a directory of resources to address any questions or concerns you may have. FTJ’s toll-free number is 800-821-7303, ext. 1179. You may also contact your FTJ Regional Director or District Broker. NOTE: This applies to retirees as well.

**8. Q. When will CIGNA’s customer service toll free numbers be available?**

A. By April 1, Cigna will be providing their One Guide<sup>SM</sup> concierge customer service for MEUHP plan members. The phone number for **Cigna’s One Guide<sup>SM</sup> customer service is 888.806.5042**, or after July 1 you can use the MyCigna app available from your mobile provider app store. Beginning July 1, 2017, the customer service phone number on your ID card will be operational. NOTE: This applies to retirees as well.

**9. Q. What services are available through CIGNA’s toll free customer service number?**

A. One Guide<sup>SM</sup> customer service is Cigna’s advocacy program to proactively work with MEUHP members. Services include personalized assistance to help you choose a plan option, minimize any disruption of medical and Rx drug care during the transition to Cigna, help you find appropriate medical providers and care and resolve any claim issues. You can also transfer your mail order Rx drug service from Express Scripts to Cigna with a simple phone call to **888.806.5042 for Cigna’s OneGuide<sup>SM</sup> customer service for Quickswitch<sup>®</sup> prescription service**. See Q. 20 for more information on switching prescriptions to Cigna after July 1. NOTE: This applies to retirees as well.

**10. Q. How long will I have access Anthem’s website for my claim history after July 1, 2017?**

A. Your prior information will be available from Anthem for 2 years if needed. Please obtain and keep a hard copy of any important health records for future reference if needed.

**11. Q. Does CIGNA have experience working with school districts in Missouri?**

A. Yes, Cigna currently provides medical plan services to over 20,000 Missouri School members, and with the addition of the MEUHP effective July 1, that number will increase to over 30,000. Most importantly, Cigna is the leader in serving large self-funded medical clients, like MEUHP, and in controlling medical cost trends for sustainable long term health improvement. Self-funded clients comprise 85% of Cigna’s block of medical business.

**PROVIDER ACCESS QUESTIONS**

**12. Q. Is my doctor / hospital in the CIGNA Network?**

A. FTJ will be providing more information over the coming weeks to help members review medical service providers in Cigna’s network. Note that over 99% of providers used by MEUHP plan members last year are in Cigna’s provider network. In southwest Missouri, MEUHP will have a custom network contract with Cox Health providers ([www.coxhealthnetwork.com](http://www.coxhealthnetwork.com)) effective July 1. All network providers (including Cox Health) will be listed in your [www.mycigna.com](http://www.mycigna.com) online directory after 7-1. For an initial review of Cigna providers, you can search online at [www.cigna.com](http://www.cigna.com):

- Click on “Find a Doctor,” and then “For Plans Offered Through Work or School.”
- Enter the city, state of your search location and click on “PICK” under SELECT A PLAN.
- Select the first “OAP” option (for the Open Access Plus network), and click on “Choose” below.
- Then click on “Search” for a listing of physicians in the area. You can also search for hospitals, pharmacies or facilities by clicking that button.

**13. Q. What if my doctor is not listed in the CIGNA Open Access Plus network?**

A. Please complete and submit a Provider Nomination form with the name and address of your provider. Cigna will contact nominated providers to join their network. A credentialing process and provider contracting must be completed for a provider to join the Cigna network.

**14. Q. Does CIGNA have a national network if I or covered family members need care outside of Missouri?**

A. Yes, all providers in Cigna's Open Access Plus nationwide network may be utilized by MEUHP plan members.

**15. Q. I will be traveling out of the country – Does CIGNA operate internationally?**

A. Yes, Cigna has a global network of more than 250,000 international health care professionals.

**16. Q. What labs are in network for CIGNA?**

A. Quest and LabCorp are the preferred labs for Cigna. Cigna providers are aware of and familiar with these preferred labs. Other labs are contracted and in network with Cigna.

**17. Q. What if I am under a doctor's care who is not in CIGNA's network?**

A. Cigna provides Transition of Care allowing members with specific medical or behavioral conditions to continue seeking treatment from a provider who is not in the network for a period up to 90 days. Below is a list of examples, but is not inclusive of all conditions that may qualify. Each submission is reviewed on a case-by-case basis:

- Pregnancy in the second or third trimester
- Trauma
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications with a transplant
- Recent major surgeries still in the global follow-up period (typically 6-8 weeks)
- Acute conditions such as heart attacks, strokes, or unstable chronic conditions
- Behavioral health conditions during active treatment

To apply for transition of care please complete a Transition of Care Request Form. Cigna will review your request and notify you in writing if you meet the criteria. Please note: A separate Transition of Care Request form is required for every provider involved in your treatment plan. If you need a Transition of Care Request form or have additional questions, please call **888.806.5042 for Cigna's OneGuide<sup>SM</sup> customer service** or contact the MEUHP customer service team at FTJ at 800-821-7303, ext. 1179, or ext. 1384, email at [mmaxwell@ftj.com](mailto:mmaxwell@ftj.com).

**18. Q. What if I obtained a pre-authorization prior to 07/01/2017 for a surgery after 7/1/2017?**

A. Your doctor or medical provider will need to call Cigna to obtain pre-authorization for services on and after 7/1/2017. Depending on the actual request, a medical necessity and formal pre-certification may still be required for a service to be covered. For procedures scheduled after July 1, your provider can call 888.806.5042 for Cigna's OneGuide<sup>SM</sup> customer service for pre-authorization. You will be notified in writing if the procedure is pre-approved. Please note: Transition of care does not constitute a pre-authorization - your provider will still need to call Cigna for a prior authorization.

**PRESCRIPTION AND PHARMACY QUESTIONS**

**19. Q. Will I still be using Express Scripts for my prescription drugs?**

A. No. Cigna owns and manages its own internal pharmacy benefit manager. All retail and mail order Rx drugs will be serviced through Cigna's prescription drug program.

**20. Q. I'm taking prescription drugs – how do I change to the new pharmacy?**

A. Your retail pharmacy is likely contracted with Cigna's Rx drug program. For retail prescriptions obtained on and after July 1, 2017, simply present your new Cigna ID card to your pharmacy. To transfer mail order prescriptions, please call **888.806.5042 for Cigna's OneGuide<sup>SM</sup> customer service for Quickswitch<sup>®</sup> prescription service.** **Note:** Cigna's Rx drug program includes a 90-day *retail* pharmacy option.

**21. Q. I'm taking one of the Preventive Rx maintenance drugs that are now covered at 100% with no copay. Will I have to pay for those on July 1?**

A. Preventive Rx maintenance drugs for people enrolled in an HSA-eligible plan will continue to be provided by the plan at no cost to you. Some of the medications on the Preventive Rx drug list may change, though there will continue to be a broad list of medications to manage the same conditions. The Preventive Rx benefit applies only to plan members covered by one of the HSA-eligible plan options. This list will be provided during Open Enrollments.

**22. Q. I've already been through step therapy and prior-authorization to be on my current medication. Will I be required to go through this process again?**

A. No. Cigna will receive a prior-authorization file from Anthem; this is targeted for the last week of June. Once that file is received, we will update the Cigna pharmacy system to include those prescriptions with prior authorizations. You are encouraged to refill any prescriptions you need prior to July 1, 2017.

**23. Q. Can I continue to use mail order for my prescriptions?**

A. Yes. However, you will need to contact [Cigna's One Guide<sup>SM</sup> customer service for Quickswitch<sup>®</sup> prescription service at 888.806.5042](tel:888.806.5042) to make the change to Cigna's mail order service. **Note:** Cigna's Rx drug program includes a 90-day *retail* pharmacy option, although the mail order service will likely be the lowest cost option for maintenance medications.

**24. Q. I'm on a PPO Plan and have already satisfied my annual \$200 name brand Rx drug deductible. Will I have to satisfy a new RX deductible on July 1?**

A. No. You will receive credit for any deductible amounts satisfied through Anthem BCBS and Express Scripts from January 1, 2017 through June 30, 2017. This information will be transferred from Anthem BCBS to Cigna after July 1, 2017, and applied automatically to your claim records. The deductible will reset to zero on January 1, 2018.

**25. Q. My Prescription Drug is a Tier 2 drug on my current plan. Will that remain the same on July 1?**

A. Possibly. A Rx drug tier change for a medication would only affect plan members covered by plans with a Rx drug copay. This includes HMO and PPO plans, and the \$4000 and \$5000 deductible HSA plans where a Rx drug copay applies after the annual deductible is satisfied. The vast majority of all prescriptions will stay on the same tier. The prescription formulary list will be provided during open enrollment and will also be available through [Cigna's One Guide<sup>SM</sup> customer service at 888.806.5042](tel:888.806.5042).

**26. Q. Are prescriptions drugs covered that have an over-the-counter equivalent?**

A. No, similar to your current plan with Anthem, medications that have an over-the counter equivalent will not be covered under the prescription drug benefit.

## **PLAN / BENEFIT QUESTIONS**

**27.Q. Will I be able to keep the same plan that I currently have?**

A. The MEUHP defines the plan benefits. Cigna is the new claims payer to administer the MEUHP benefit plans, and committed to administer the plans as defined by the MEUHP. The MEUHP has evaluated plan options and benefit designs as part of the July 1, 2017 anniversary date evaluation. As a result, two plans with very limited enrollment will be eliminated, and a new PPO plan will be offered. All current HSA-eligible plans will continue to be offered. FTJ will work with your district to evaluate the most appropriate plan options to offer for the coming year. Your district's final plan options will be communicated to you prior to open enrollment and available to you at [www.ftjconnect.com](http://www.ftjconnect.com).

**28. Q. Are my ACA mandated wellness visits still covered at 100%?**

A. Yes, the current preventative wellness care services will continue to be paid at 100% with no deductible or copay out-of-pocket amounts paid by you. This applies to all MEUHP plan options.

**29. Q. Will my deductible and coinsurance start over with the change on July 1?**

A. No, any deductible and coinsurance out-of-pocket expenses you incur from January 1 2017 through June 30, 2017 will carry over to your plan as of July 1, 2017 (one exception explained below\*). You will only be responsible for any remaining deductible and/or out-of-pocket expenses in the plan you select. After July 1, 2017, Cigna will be provided with details on deductible and out-of-pocket amounts satisfied per person for expenses you incurred through June 30, 2017. These amounts will automatically be credited against the deductible and out-of-pocket limits for any future claims processed by Cigna. Deductible and out-of-pocket limits reset to zero each January 1. **\*NOTE Regarding HMO Participants:** If you are currently enrolled in the HMO plan and continue that plan (which is renamed "OAP-IN" as of July 1, 2017), you will be credited with any out-of-pocket amounts satisfied through June 30, 2017. However, members not currently enrolled in the HMO (are in a PPO or HRA or HSA plan) and that enroll in the new OAP-IN as of July 1, 2017, will not receive any out-of-pocket expense credit from their current MEUHP plan. These provisions are unchanged from prior years.

**30. Q. Will chiropractic visits be covered?**

A. Medically necessary chiropractic services will continue to be an eligible expense.

**31. Q. How long can my dependent children stay on the plan?**

A. They can stay on the plan until the end of the calendar year in which they turn age 26. This has not changed.

**32. Q. How long will it take for claims to be processed?**

A. Cigna is guaranteeing timely claim processing—90% of claims paid within 14 days, and 98% paid within 30 days. There may be a small delay in claim processing initially while deductible and out-of-pocket credits are being applied to Cigna's claim records after July 1, 2017, but you can be assured that Cigna has good track record for prompt claim processing services.

**33. Q. Can I still access a Doctor on line through CIGNA?**

A. Yes, CIGNA provides the MDLIVE telehealth service for phone or video conference medical services. An online office visit is \$40. A behavior health telehealth service through American Well is also provided.

**34. Q. What additional benefits are offered with CIGNA?**

A. **24 Hour Health Information Line™** - Whether it is guidance on medical treatment, or assistance with a health question, you and your participating dependents can always call the health information line and get live support 24 hours a day, 7 days a week.

An **Employee Assistance Program (EAP)** will be offered by Cigna to help you cope with a broad array of work/life balance issues through phone consultation, face-to-face counseling and online resources.

As a member, if you are expecting or planning to have a new child, you can enroll in the **Cigna Healthy Babies®** program to receive free educational materials about pregnancy and babies.

**Cigna's Healthy Rewards®** program can make staying healthy easier and less costly, with up to 62 percent off many health and wellness products and services. No referrals. No claim forms. No catch.

Online tools and resources at **myCigna.com** help you find a doctor, research health care costs, view your claim history, print temporary ID cards, or learn about healthy living habits with our online health library. **MyCigna Mobile** offers customers instant access to find in-network physicians, hospitals, urgent care centers and pharmacies. Download the app at the App Store from your smartphone.

## HEALTH SAVINGS ACCOUNT (HSA) QUESTIONS

### **35. Q. Will anything change with my personal HSA Bank account that is used for any District contributions or my payroll deduction contributions to my account?**

A. You own your HSA and it will always be your bank account to use, even if you retire or leave the district for any reason. Your current HSA banking arrangement will continue to operate the same regardless of what carrier processes your HSA-eligible plan benefits. Each district has flexibility to decide on HSA banking arrangements most appropriate for the district and its staff, including administrative considerations to manage any district HSA contributions and/or your contributions through payroll deduction. But, at no additional cost to Districts or members, Cigna will provide an HSA banking option for members who participate in an HSA eligible plan. The major advantage of this option would be the real-time integration of the member's bank account with their medical and Rx drug benefits on Cigna's website. In summary, No HSA banking changes are required because of the transition to Cigna. But, Cigna does offer an HSA option for your District's and your consideration if desired. Additional details on this option will be provided in the coming months.

If you have additional questions, please contact the MEUHP customer service team at FTJ at 800-821-7303, ext. 1179, or [mmaxwell@ftj.com](mailto:mmaxwell@ftj.com), or contact your FTJ Regional Director.

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### **About the Missouri Educators Unified Health Plan (MEUHP)**

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The MEUHP benefits from an experienced Board of Directors comprised of eight member-elected superintendents and a highly capable executive director and chief financial officer, Tom Quinn. This leadership, plus FTJ's experience with administration and education services, has helped MEUHP achieve over 50% membership growth since 2009 to a current total of 123 School Districts covering 13,000 plan members. As the largest statewide self-funded health program for educators, the MEUHP has a proven record of delivering transparency of data, fair contractual terms for Districts, regular member communications and a 73% member participation rate in more cost effective HSA-eligible plans. For over seven years running, plan premiums per member have stayed almost flat from 2009 to 2017 (increasing from \$371 to only \$382 per member per month). For more information on the MEUHP please visit [www.meuhp.com](http://www.meuhp.com).

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### **About Forrest T. Jones & Company (FTJ).**

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FTJ has 64 years of experience serving Missouri educators. Since the Missouri Educators Unified Health Plan (MEUHP) became a non-profit corporation and a Superintendent-run organization in 2009, FTJ has assisted its Board of Directors to successfully manage the plan in an ever changing health care environment. In 2013 this included comprehensive assistance to smoothly convert MEUHP to a self-funded plan with large claim stop-loss protection. FTJ's ongoing plan management includes assistance with annual renewal activities, online open enrollment, billing and collecting, health care reform issues, reporting and audits, new member marketing and implementation, and on-going employee education and enrollment activities. For more information on FTJ, please visit [www.ftj.com/about-ftj](http://www.ftj.com/about-ftj).