



Benefits 101

Understanding your medical plan costs

Which medical plan are you in?

The first step in making your medical plan work for you is knowing which plan you're enrolled in.

Not sure?

- 1.** Access **BenefitsNavigator**. Go to benefits.baesystems.com and link to BenefitsNavigator using single sign-on. Not on our network? Go to benefitsnavigator.baesystems.com and log on with your user ID and password, which you can reset if needed.
- 2.** Select **Health & Insurance** from the top menu bar.
- 3.** Under **Coverage Details**, click **Your Current Coverage** to view your medical plan, your coverage, and other benefits you selected.

Now that you know your plan, let's take a closer look at some key terms and definitions that determine how you pay for your health care.

Deductible



What it is

The annual amount you pay for health care **before** the plan begins to cover a portion of the costs for eligible services



Applies to

All our Cigna medical plans



Coinsurance



What it is

The amount you pay for eligible health care **after** you meet your annual deductible – this amount is a percentage of the total cost of care



Applies to

All our Cigna medical plans
(applies only to certain costs under the Copay plan)



Copay



What it is

A set dollar amount that you pay, depending on the health care service



Applies to

Copay plan (also applies to prescriptions under the Network Choice plan)



Out-of-pocket maximum



What it is

The most you pay each year for eligible medical and prescription drug expenses



Applies to

All our Cigna medical plans



Deductible

- ✓ Your deductible depends on your medical plan and whether you use in- or out-of-network services.
- ✓ There is an individual deductible if you cover yourself only and a family deductible if you enroll a spouse, domestic partner, and/or child(ren).
- ✓ You may not reach your deductible each year; it depends on the care you receive and how much it costs.
- ✓ **For all plans**, preventive care services received in-network are 100% covered; they have no impact on reaching your deductible.
- ✓ Under **HSA Standard** and **HSA Select**, costs for prescription drugs count toward your annual deductible, except for certain generic therapy drugs.



How does family coverage work?

Under **HSA Standard** and **HSA Select**, you and those you cover must collectively meet your plan's **family deductible** before the plan pays **coinsurance** benefits.

Under **Network Choice** and **Copay**, when a family member reaches the **individual deductible** amount, your plan starts to cover a portion of that person's care. The rest of the family's expenses will count toward the **family deductible** balance. When met, the plan will cover everyone's care through **coinsurance** or **copays** for the rest of the year.

Under all four plans, if any family member reaches your plan's **individual out-of-pocket maximum**, the plan will pay 100% of eligible expenses for that individual for the rest of the year.

Coinsurance

Once you meet your plan deductible:

- ✓ **HSA Standard, HSA Select, and Network Choice** share the cost of medical care with you through coinsurance payments (e.g., you pay 20% of in-network care costs and 40% for out-of-network).
- ✓ **Under Network Choice**, you pay only 10% coinsurance for doctors with a Tier 1 or a Cigna Care Designation and 20% for other in-network providers.
- ✓ **The Copay plan** requires you to pay coinsurance amounts only for certain types of costs (e.g., ambulance transport, wheelchairs, prosthetics, and other medical equipment).
- ✓ **For prescriptions under HSA Standard and HSA Select**, after meeting your plan's deductible, you pay 20% coinsurance up to a maximum cost per prescription.



Track your \$\$

Keep tabs on your medical expenses (e.g., progress toward your deductible and out-of-pocket maximum, and your coinsurance/copay costs) with the myCigna app.

In-network

Flexible Spending

Limited Purpose

Prescription

Specialist visit

Copay

- ✓ **The Copay plan** requires copays for primary care physician and specialist visits. For almost all other services, you pay a copay amount after meeting your deductible. (Note that the Copay plan does not cover out-of-network care.)
- ✓ **For prescriptions under the Network Choice and Copay plans**, you pay a set copay amount per type of prescription, and the plan deductible does not apply.



Save money on medications

For maintenance or ongoing medications, consider the mail-order option, which provides a 90-day supply for a reduced copay.



Out-of-pocket maximum

- ✓ Your out-of-pocket maximum amount for health care each year depends on your medical plan and whether you have individual or family coverage.
- ✓ The health care costs you pay toward your deductible, coinsurance, and copays all count toward your annual out-of-pocket maximum.
- ✓ Once you meet the maximum, the plan pays 100% of eligible medical and prescription expenses for the rest of the year.



Learn more online

Our medical plans have different deductibles, coinsurance, copays, and out-of-pocket maximums. For additional information, visit benefits.baesystems.com.

Specialty drugs

Premium costs

Cal

Coinsurance

Generics

PCP

Dental

Out-of-pocket maximum

Formular