

BASIC QUESTIONS AND ANSWERS ABOUT YOUR HIGH DEDUCTIBLE HEALTH PLAN

What is a high deductible health plan?

A high deductible health plan, or HDHP, is a plan that not only has a high deductible, but also conforms to other established federal guidelines.

HDHPs are the only plans that allow an enrollee to contribute to a health savings account (HSA).

See the Questions and Answers for Health Savings Accounts.

What is the current deductible for my HDHP?

The Employee only deductible is \$2000 a **fiscal year** (note, this is a change from the POS calendar year deductible) and the Family deductible (which means employee plus any additional members) is \$4000 a fiscal year. There is no longer a distinction between employee plus one and family.

Do I have to pay the entire deductible before the plan pays for any claims?

It depends on whether you are submitting a claim for preventative care or diagnostic.

The HDHP covers all preventive care before the deductible – the ACA requires this of all plans – but under your HDHP, no other benefits are provided until the insured has met the deductible.

That means your HDHP cannot charge copays for office visits or prescriptions before the deductible is met. Once the deductible is met, the in-network claims are paid at 100% and the out-of-network claims are paid at 80% of the maximum reimbursable charge. After the deductible has been met, prescriptions are subject to copays. Copays and no longer required when an employee reaches his/her maximum out of pocket.

[See Routine Preventative Care Question and Answers](#)

Will my insurance pay 80% of the out-of-network physician's bill after my deductible has been met?

Yes, however, just like the POS plans, the payment is subject to the maximum reimbursable change.

What is a Maximum Reimbursable Charge?

Out-of-Network services are subject to a Fiscal Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received.

If there is a balance after my insurance pays 80% of the maximum reimbursable charge, am I responsible for paying the difference?

Yes, the health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance. This is not unique to a HDHP, this is also true with the POS plan that has an out-of-network component.

Are prescriptions covered at 100% in-network or 80% out-of-network after I meet my deductible?

No, once your deductible has been met, you will pay prescription copays until the maximum out-of-pocket has been met, then there will be no additional fees

What is my maximum out-of-pocket for the HDHP?

After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

Do my medical expenses cross apply for in network and out of network out-of-pocket maximums?

Yes, the amount you pay for in-network covered expenses and out-of-network covered expense counts toward both your in-network and out-of-pocket maximum.

Do Plan deductibles count towards my out-of-pocket maximum?

Yes

What else counts towards my out-of-pocket maximum?

Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.

Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.

This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

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