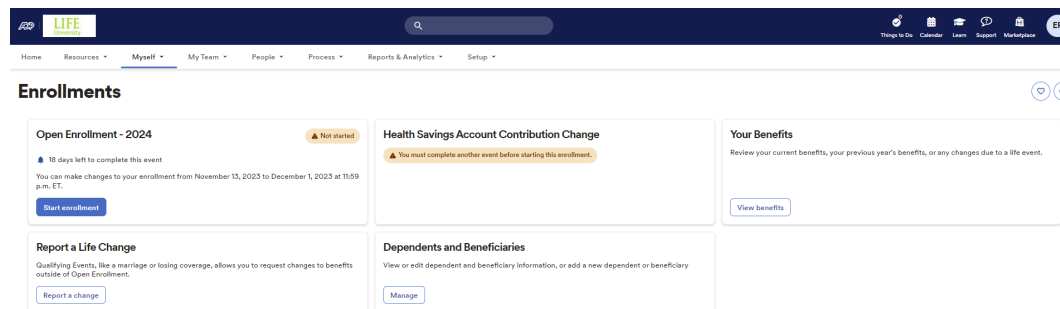


LIFE[®] University



Open Enrollment

- Monday, November 13th-Friday, December 1st
- Via ADP Self-service portal



- No premium increases or plan design changes on Medical and Ancillary Plans
- Cigna Open Access Plus network effective January 1, 2024
- High HDHP w/HSA eliminated; enrollees mapped to Low HDHP w/HSA (slight premium decrease if keeping the same tier level)
- Only reenrollment requirement is Flexible Spending Accounts (FSAs) Medical, Limited Purpose & Dependent Care

2024 Plan Comparison

	GOLD PPO PLAN	LOW PLAN W/ HSA
In-Network Services		
Deductible Individual/Family	\$5,000 / \$10,000	\$5,500 / \$11,000
Out-of-Pocket Max Individual/Family	\$8,000 / \$16,000	\$7,500 / \$15,000
Coinsurance	Plan pays 80%	Plan pays 100%
Office Visit	\$25 / \$50 copay	\$35 copay after deductible
Specialist Visit	\$50 / \$75 copay	\$50 copay after deductible
Imaging / Diagnostic Test	Office: Physician Copay Other: Subject to ded. + 20%	Subject to deductible
Inpatient Hospital/ Outpatient Surgery	Subject to deductible + 20%	Subject to deductible
Emergency Room	\$450 copay after deductible	\$450 copay after deductible
Urgent Care	\$100 copay	\$100 copay after deductible
Prescription Drugs • Tiers 1/2/3/4 • Mail Order	No deductible \$20/\$40/\$70/20% to \$500 \$40/\$100/\$190/ N/A	Subject to deductible then \$20/\$40/\$70/10% to \$350 \$45/\$105/\$195/ N/A
HSA/FSA Eligibility	FSA	HSA / LP FSA
Employee Rates per Pay Period		
Employee Only	\$280.91	\$112.90
Employee + Spouse	\$805.57	\$431.69
Employee + Child/ren	\$728.76	\$439.34
Employee + Family	\$825.08	\$508.98

	GOLD PPO PLAN	HIGH PLAN W/ HSA	LOW PLAN W/ HSA
In-Network Services			
Deductible Individual/Family	\$5,000 / \$10,000	\$5,500 / \$11,000	\$5,500 / \$11,000
Out-of-Pocket Max Individual/Family	\$8,000 / \$16,000	\$7,500 / \$15,000	\$7,500 / \$15,000
Coinsurance	Plan pays 80%	Plan pays 100%	Plan pays 100%
Office Visit	\$25 copay	\$35 / \$55 copay after deductible	\$35 copay after deductible
Specialist Visit	\$50 copay	\$50 / \$75 copay after deductible	\$50 copay after deductible
Imaging / Diagnostic Test	Office: Physician Copay Other: Subject to ded. + 20%	Subject to deductible	Subject to deductible
Inpatient Hospital/ Outpatient Surgery	Subject to deductible + 20%	Subject to deductible	Subject to deductible
Emergency Room	\$450 copay after deductible	\$450 copay after deductible	\$450 copay after deductible
Urgent Care	\$100 copay	\$100 copay after deductible	\$100 copay after deductible
Prescription Drugs <ul style="list-style-type: none"> Tiers 1/2/3/4 Mail Order 	No deductible \$20/\$40/\$70/20% to \$500 \$40/\$100/\$190/ N/A	Subject to deductible then \$20/\$40/\$70/10% to \$350 \$45/\$105/\$195/ N/A	Subject to deductible then \$20/\$40/\$70/10% to \$350 \$45/\$105/\$195/ N/A
HSA/FSA Eligibility	FSA	HSA / LP FSA	HSA / LP FSA
Employee Rates per Pay Period			
Employee Only	\$280.91	\$179.51	\$112.90
Employee + Spouse	\$805.57	\$469.03	\$431.69
Employee + Child/ren	\$728.76	\$465.71	\$439.34
Employee + Family	\$825.08	\$539.52	\$508.98

2023 Plan Comparison



Health Plan Flow

- Exemplar is the Health Plan Administrator coordinates coverage, network, pharmacy, approvals, premiums, claims
- Cigna Open Access Plus– in-network providers (we do not have Cigna insurance; utilize network only)
- Cigna will process our claims

Exemplar

Cigna Open Access Plus - Network

**Exemplar Health Benefits Administrator
855-826-3422**

	EXEMPLAR HEALTH
CIGNA PPO	
Exemplar Health Benefits Administrator	
Group Name: Life University	ID#:
Group#: 01 –	
Cigna Group#: 0248282	
Effective Date: 11/1/2023	
	RxBin: 610748 RxPCN: PRORX RxGroup: EXP100056
	
S	

Members: Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for the other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

To find a Cigna provider please visit www.mycigna.com

Providers: Precertification must be obtained for services as specified in the member's plan. For precertification, call the number show on this card.

Notice: Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

Eligibility & Benefits: 855-826-3422 Pharmacy Help Desk: 833-656-1509

Medical Claims: P.O. Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308

Benefits are not insured by Cigna or affiliates

AWAY FROM HOME CARE

Questions / Contacts

Exemplar Member Services	855-826-3422	Member.services@exemplarhba.com
Cigna Open Access Plus Network		myCigna.com
Cigna – Dental, Vision	800-244-6224	mycigna.com
Cigna - Life, Disability	800-997-1654	cigna.com
McGriff – FSA	800-768-4873	mcgriff.com/flex
Health Equity – HSA	866-346-5800	healthequity.com
Cigna Worksite	800-754-3207	supphealthclaims@cigna.com
Transamerica	888-763-7474	transamerica.com
Unum	800-227-4165	unuminfo.com/lifeuniversity/index.aspx
Employee Assistance Program	877-622-4327	mycigna.com