



CENTRAL VALLEY FIRE DISTRICT  
**EMPLOYEE BENEFIT GUIDE**

PLAN YEAR JULY 2022 - JUNE 2023

# Medical Benefit Overview

Insured by: Cigna

Medical Benefits	In-Network Coverage	Out-of-Network Coverage
Deductible (calendar year)	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	80/20%	60/40%
Out-of-Pocket Maximum (includes deductible)	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Adult & Well Child Preventive Care	Covered 100%; Deductible waived	Deductible + Coinsurance
Primary Office Visit	\$30 copay	
Specialist Office Visit (Therapies, Acupuncture, Chiropractic, Mental Health)	\$60 copay	
Telehealth	\$15 Fee	
Urgent Care	\$75 copay	
Emergency Room	Deductible + Coinsurance	
Prescription Drug Benefits		
Tier 1		\$10 Copay
Tier 2		\$50 Copay
Tier 3		\$100 Copay

## Medical Resources

Click on the blue links below to view the web page.

[Find a Provider](https://www.cigna.com/cmgaaz/find-care/)  (https://www.cigna.com/cmgaaz/find-care/)

[MDLIVE](https://www.mdliveforcigna.com/mdliveforcigna/landing_home)  (https://www.mdliveforcigna.com/mdliveforcigna/landing\_home)

[Preventive Health Services](https://www.healthcare.gov/coverage/preventive-care-benefits)  (https://www.healthcare.gov/coverage/preventive-care-benefits)

## Preventive Health Services

Your plan offers all the protection of the Patient Protection and Affordable Care Act (PPACA), including preventive care with no member cost sharing when received in network. Prevention works when used. Researchers have estimated that preventable illness makes up approximately 70% of the burden of illness and the associated costs. Studies have shown that when we used, the outcomes of wellness benefits prove positive.

- » Check to ensure that your provider and facility are in network.
- » Be clear when scheduling your visit that your intention is to receive your “routine preventive screening.”
- » Make sure to use your insurance card at the time of your visit.
- » Notify the doctor during your visit that you only are requesting your “routine preventive screening.”
- » Check your Explanation of Benefits (EOB) from the insurance company to make sure that the services were submitted and processed properly.

For a complete listing of covered Preventive services visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits>

## Cigna Telehealth Connection

### Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan – **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

**Choose when:** Day or night, weekdays, weekends and holidays.

**Choose where:** Home, work or on the go.

**Choose how:** Phone or video chat.

**Choose who:** MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on MDLIVE, you can speak with a doctor for help with:

- » sore throat
- » headache
- » stomachache
- » fever
- » cold and flu
- » allergies
- » rash
- » acne
- » UTIs and more

### The cost savings are clear.

Televisits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- » Go to [Cignabehavioral.com](https://cignabehavioral.com) to search for a video telehealth specialist
- » Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

### Choose with confidence.

MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

**[MDLIVEforCigna.com](https://MDLIVEforCigna.com)**  
**888-726-3171**

## HRA Summary Guide

An HRA is an employer-funded account that is designed to reimburse covered members for qualified medical, dental and vision expenses that apply to the health plan deductible.

### Plan Year- January 1- December 31

- ✓ Expenses must be incurred during the plan year in order to be eligible for reimbursement.

### Employer Funded

- ✓ Employee Only Benefit - \$1,600
- ✓ Employee Plus Benefit - \$2,800

### Eligible Expenses

- ✓ Medical, vision, and dental expenses incurred by you, your spouse, and your children.
- ✓ A list of expenses is available on the website under "Tools & Support".

### Tips

- ✓ Documentation of debit card transactions may be requested.
- ✓ View submitted claims and balances at [www.askallegiance.com](https://www.askallegiance.com) or on the mobile app.



## Voluntary Dental Benefit Overview

Insured by: Cigna

Benefit Description	Coverage
Deductible (calendar year)	\$25 Individual \$75 Family
Maximum Annual Benefit	\$1,500
Preventive (Exams, Cleanings, Fluoride, Sealants)	100%; Deductible Waived
Basic (Fillings, Simple Extractions, Periodontics, Endodontics)	80%
Major (Crown, Dentures, Bridges)	50%
Child Orthodontia	None

### Voluntary Dental Premiums

	Total Monthly Premium
Employee Only	\$28.30
Employee + Spouse	\$55.89
Employee + Child(ren)	\$71.43
Employee + Family	\$109.21



## Vision Benefit Overview

Insured by: Cigna | Network: VSP

Benefit Description		In-Network Coverage	Frequency of Service
Exam		\$10 Copay	Every 12 months
Materials		\$20 Copay	Every 12 months
Frames		\$130 Allowance + 20% Discount of Balance	Every 24 months
Contacts	Elective	\$130 Allowance	12 months (in lieu of glasses)
	Medically Necessary	Covered after \$20 Copay	

## Vision Premiums

	Total Monthly Premium
Employee Only	\$7.67
Employee + Spouse	\$13.79
Employee + Child(ren)	\$13.93
Employee + Family	\$21.29

# PayneWest Personal Home & Auto Insurance

**You are unique. Your insurance solutions should be, too.**

Our personal insurance professionals at PayneWest take the needs of our clients seriously. Insurance is not a “one-size-fits-all” solution. As independent agents, we are able to compare a variety of carriers, coverages and costs to insure what is most important to you.

For more information, please visit <https://www.paynewest.com/personal/overview>.

## Benefit Terms

**Annual Deductible:** the amount that you are required to pay each year before a plan begins to pay benefits.

**Coinsurance:** the percentage of the cost that you are required to pay when you receive covered health care services.

**Copay:** the flat-dollar amount that you are required to pay when you receive covered health care services. Copays are typically due at the time that you receive the service.


**In-Network:** care or services provided by doctors, hospitals, labs or pharmacies that participate in the network of providers who have contracted with your plan provider. Generally, due to negotiated lower fees with these providers, you pay less when you stay In-Network.

**Maximum Out-of-Pocket:** the most that you are required to pay in a plan year for covered health care services. After you spend this out of pocket amount on Deductibles, coinsurance, and Copays for in-network care, your plan pays 100% of the costs of all eligible expenses for the remainder of the plan year.

**Out-of-Network:** care or services provided by doctors, hospitals, labs or pharmacies that do not participate in the network of providers who have contracted with your plan provider. Generally, you pay more when you go Out-of-Network.

## BenefitHub - Discount Marketplace

Click on the blue link below to view the web page.

[BenefitHub - Discount Marketplace](https://paynewestwards.benefithub.com)  (<https://paynewestwards.benefithub.com>)

**A WORLD OF DISCOUNTS IS WAITING.  
SAVE BIG EVERY DAY.**

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- » Travel
- » Auto
- » Electronics
- » Apparel
- » Local Deals
- » Education
- » Entertainment
- » Restaurants
- » Health and Wellness
- » Beauty and Spa
- » Tickets
- » Sports & Outdoors



## Plan Administrators

Click on the blue links below to open the website or send an email.

	<p><b>Office Manager</b></p>	<p><b>Central Valley Fire District</b> Debbie Bloem (406) 388-4480 <a href="mailto:dbloem@centralvalleyfire.com">dbloem@centralvalleyfire.com</a></p>
	<p><b>Medical Dental Vision</b></p>	<p><b>Cigna</b> (866) 494-2111 <a href="http://www.mycigna.com">http://www.mycigna.com</a></p>
	<p><b>Mail Order Pharmacy</b></p>	<p><b>Cigna</b> (800) 285-4812 <a href="http://mycigna.com/choosehomedelivery">http://mycigna.com/choosehomedelivery</a></p>
	<p><b>Telehealth</b></p>	<p><b>MDLIVE</b> (888) 726-3171 <a href="https://www.mdliveforcigna.com">https://www.mdliveforcigna.com</a></p>
	<p><b>Vision Network</b></p>	<p><b>VSP</b> (800) 877-7195 <a href="https://www.vsp.com">https://www.vsp.com</a></p>
	<p><b>HRA</b></p>	<p><b>Allegiance</b> (877) 424-3570 <a href="http://www.askallegiance.com">www.askallegiance.com</a></p>
	<p><b>Benefit Contacts</b></p>	<p><b>PayneWest Insurance</b> Pat Harlin <i>Benefit Consultant</i> Courtney Golz <i>Senior Account Manager</i> (406) 556-4621 <a href="mailto:cgolz@paynewest.com">cgolz@paynewest.com</a></p>

### Disclaimer

This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.



*This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.*