

2017 ASU System Health Plan Changes - Frequently Asked Questions (FAQ) (Updated 1/27/2017)

Who Is Cigna?

Cigna is a global health-service provider with a national network. Effective January 1, 2017, Cigna is the Arkansas State University System's new third-party administrator (TPA).

What benefits are administered by Cigna?

As of January 1, 2017, Cigna became the claims administrator for the Arkansas State University System for medical and pharmacy. Dental coverage will remain covered under Arkansas Blue Cross Blue Shield.

How will the change to Cigna impact my ability to receive medical care from my current doctor, other provider, or facility?

The impact on a participant's provider relationship is referred to as "network disruption". Our consultant analyzed the provider relationships within our insured base over a 12-month period and found that 90% of those providers will be in-network with Cigna.

Also, we have implemented some additional managed-care components to our plan that will require pre-certification for testing, such as MRI scans, CT scans, and certain medical procedures. This is to ensure that tests and procedures meet medical necessity. **If you are scheduled for a test or procedure, please let your physician's office know in advance that you are now covered under Cigna, so that they can obtain prior authorization.**

In Memphis, Methodist Hospital is considered in-network, and **Baptist Hospital is out-of-network.** Baptist Hospitals in Arkansas are in-network.

Will my pharmacy benefits change?

Please visit the [ASU System pharmacy webpage](#) or the ASU System [pharmacy Q & A](#) for detailed information about pharmacy benefits.

Why did we change providers?

There are a number of reasons why making the change to Cigna will be positive for employees and the University System. A few are listed below:

- Minimal disruption of current in-network relationships for our employees and dependents
- Significant cost savings allow us to keep employee medical premiums flat
- Improved customer-service expectations
- Single national network, rather than a collection of state networks
- Pharmacy managed directly by Cigna for more efficient claims processing
- Mobile app with real-time access to claims, deductible information, and ID card

Is the medical plan changing or just the carrier?

The majority of the medical plan benefits remain the same, although some services may be paid differently to comply with Cigna's contracts with their providers. In addition, some benefits, such as physical therapy and speech therapy, which were previously subject to coinsurance or deductible and co-insurance, will now be subject only to a copay. The claims will now be processed through Cigna. In addition, chiropractic services are covered with a \$20 copay, instead of 50% coinsurance.

Are there any changes to medical supplies or equipment coverage?

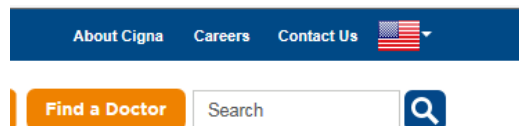
CareCentrix, at 877-466-0164, is a company that will coordinate with national or local providers to fill your prescription for durable medical equipment. Your provider will fax the prescription and patient information form to 800-700-2085. Other providers can be found by logging in to mycigna.com and searching for your equipment under medical providers.

How do I find out if my provider is in the network?

IMPORTANT NOTICE: St. Bernards' providers and NEA Baptist providers, including physical therapists, are in the Cigna network, but may not be listed on the Cigna website, as Cigna contracts with St. Bernards and NEA Baptist, not with the individual providers who are employees of those entities. For providers who are individual practitioners, please follow the instructions below:

Go to www.Cigna.com

Select *Find a Doctor* (located on the top right of screen)



Select the box/selection that states if your insurance is provided by work or school (*Orange Box*)



Select *Doctors or Hospital, Pharmacy or Facility*, and enter the zip or city/state

Find a...



Move to the *Plan* tab (drop-down box) and select *Open Access Plus*



You can then either enter the specific provider name and/or do a general search by provider type, for example *primary care* physician.

Find a...



What if I my doctor/facility is out-of-network?

If your provider is not in-network, you may consider changing providers to an in-network Cigna provider. Though you may continue to see an out-of-network provider, you will be subject to a separate out-of-network deductible, a higher co-insurance, and will be responsible for charges above “reasonable and customary”. If you would like Cigna to recruit your provider to the Cigna network, you may nominate that provider by completing the [Medical Provider Nomination Form](#) and returning it to Cigna. Every attempt will be made to reach out to your provider to join the CIGNA network. The form may be emailed to ASUSARProvider@cigna.com.

What is the likelihood that my doctor or facility will be recruited into the Cigna network?

Cigna has had proven success recruiting providers and facilities into its network. It is optimistic that the success rate will be high.

What if my doctor/facility is not in the Cigna network and I am in the middle of treatment?

If you were under **active treatment on January 1, 2017**, with a physician who was in-network with Blue Advantage but is not in-network with Cigna, you may qualify for *Transition of Care*. If approved, you will be allowed to continue to receive services for specified medical and behavioral conditions with this out-of-network provider/facility at in-network coverage levels for a specified period of time. Please review the [Transition of Care brochure](#) for more information.

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