

Cigna Travel Coverage – Interim Benefit Offering

Proposed benefit offering for Travel services

	Interim Offering #1	Interim Offering #2	Interim Offering #3
Client Choices	<p>Coverage of travel for covered services for which access specifically is limited because of state legislative action.</p> <p>Includes:</p> <ul style="list-style-type: none"> Covered services with state limitations on access, such as abortion and gender affirmation services Behavioral Inpatient and Outpatient services 	<p>Coverage of travel for a short list of covered services for which access is limited because contracted providers are widely dispersed or by state legislative action.</p> <p>Includes:</p> <ul style="list-style-type: none"> Covered services with state limitations on access, such as abortion and gender affirmation services Behavioral Inpatient and Outpatient services Bariatric surgery Congenital heart disease treatment Gender affirmation services (reassignment surgery and related services) Fertility (IUI and in-vitro) 	<p>Coverage of travel for all covered Medical and Behavioral services for which access is limited because contracted providers are not available or by state legislative action.</p> <p>Includes:</p> <ul style="list-style-type: none"> Covered services with state limitations on access, such as abortion and gender affirmation services Behavioral Inpatient and Outpatient services All medical services
Cost	<ul style="list-style-type: none"> \$0.10 pepm 	<ul style="list-style-type: none"> \$0.15 pepm 	<ul style="list-style-type: none"> \$0.20 pepm
Legal	<ul style="list-style-type: none"> Signed Hold Harmless required. Plan language will be introduced at next renewal. Client must discuss with its own legal counsel the risks for offering services that are limited by state legislation. 	<ul style="list-style-type: none"> Signed Hold Harmless required. Plan language will be introduced at next renewal. Client must discuss with its own legal counsel the risks for offering services that are limited by state legislation. 	<ul style="list-style-type: none"> Signed Hold Harmless required. Plan language will be introduced at next renewal. Client must discuss with its own legal counsel the risks for offering services that are limited by state legislation.

Benefit Offering Details – applies to the three client selections above.

	Coverage	Note
Cost Share	<p><u>Standard:</u></p> <ul style="list-style-type: none"> 100% plan coinsurance <i>HSA Plans:</i> plan deductible, 100% plan coinsurance <p><u>Not Available:</u> Customer cost share in any amount</p>	<ul style="list-style-type: none"> Eligible charges under IRS rules for pre-tax dollars as offered under the plan are paid by the plan in full, except plans with an attached HSA for which the deductible applies.
Lifetime Dollar Max	<p><u>Standard:</u></p> <ul style="list-style-type: none"> \$10,000 lifetime maximum Combined maximum for travel for all eligible covered services, except LifeSource/Organ Transplants and Gene Therapy. <p><u>Not Available:</u> Annual maximum, per-condition maximum, per episode maximum.</p>	<ul style="list-style-type: none"> LifeSource/Organ Transplants and Gene Therapy continue to be covered under separate benefits with their own maximums.
Radius Criteria for Travel Coverage	<p><u>Standard:</u></p> <ul style="list-style-type: none"> 60 miles 100 miles 	<ul style="list-style-type: none"> The same radius applies for Travel across all eligible covered services. Cannot set 60 miles for abortion, 100 miles for bariatric, etc.
Contracted Providers	<p><u>Standard:</u> Coverage is for travel to contracted (in-network) providers only.</p> <p><u>Not Available:</u> Coverage to out-of-network providers</p>	<ul style="list-style-type: none"> Travel is covered only when there is no contracted provider within the set radius.
Claim Reimbursement Options	<p><u>Standard:</u> Claim form submission for reimbursement</p> <p><u>Not Available:</u> Debit Card (will be available again in 2023)</p>	<ul style="list-style-type: none"> Typical claim processing time for reimbursement is 30 days. Cigna is transitioning bank vendors for its Debit Card offering. Until the transition is complete late in 2022, the Debit Card option is not available for this solution.

Transportation	Covered up to the client-elected dollar maximum. Includes: airfare, rental, tolls, fuel, parking, bus, taxi/ Uber as appropriate for the distance and need.	
Lodging	Covered within IRS rules for pretax dollars up to the client-elected dollar maximum. Includes \$50 per night for individual stay or \$100 per night for individual + authorized companion.	<ul style="list-style-type: none"> • IRS has set the \$50 / \$100 daily thresholds.
Food	Not covered	<ul style="list-style-type: none"> • Does not qualify under IRS rules for pretax dollars.
Mileage	Not covered	<ul style="list-style-type: none"> • Does not qualify under IRS rules for pretax dollars.
Coverage for Accompanying Caregiver/ Companion	Allowed for some services. Full criteria TBD.	<ul style="list-style-type: none"> • Under review by Cigna.

Please note:

The travel benefit cannot be offered when Behavioral services and/or any of the selected covered services are carved-out to another carrier. This includes Behavioral when it is carved-out to Cigna Behavioral Health.