



Community Action Team, Inc.
124 N. 18th St..
St. Helens, Or 97051
503-366-6570
Fax 503-366-7906

5/20/2022

Please Reply by
June 15, 2022

To: All C.A.T. Staff on Benefits (Insurance and Opt Out)
EVERYONE—THOSE ON INSURANCE AND THOSE OPT OUT

From: Sherry Kluge

Re: Insurance Changes Effective July 1, 2022

We will continue our healthcare through CIGNA.

As this is our renewal period, you may make changes to your policy, such as adding dependents at this time. You have until June 30, 2022 to add a spouse, children, or family to your plan. If you do not make the additions at this time, you will need to have a qualifying event to add a dependent, such as marriage, birth or loss of current coverage. In the event of a qualifying event, you must add the dependent within 30 days. Otherwise, no dependents can be added until our next renewal year, July 1, 2023. A summary of the new rates are included for adding dependents.

The Medical plan will continue as “Open Access Plus/Open Access”. You will get the best benefit by using providers who are in the CIGNA/ Great West network. You can go online and check for specific providers at www.MyCignaforhealth.com/provider. Follow the instructions to find a provider, or you can call Member Services at the number on your ID card. The deductible for in network is still \$500 per year. Maximum out of pocket for in network is still \$3000 per individual per year. Co-pays have not changed.

The Vision plan benefits remain the same. This is a standalone policy, not part of the medical plan. The plan has an in-network co-pay of \$20 for the exam and a \$20 co-pay for the materials, then 100% coverage, up to \$300 for frames or \$300 for contacts. If you are an opt out you can choose to add a vision only plan for yourself and dependents.

The Prescription plan remains the same and encourages the use of generic medication. The plan will now be through Express Scripts/CIGNA. The plan is still a three-tiered plan with a \$10/\$20/\$40 co-pay, including contraceptives. If the prescription you are taking has a generic available, it will be most cost effective for you to choose the generic. If you do not choose to use the generic you will pay the generic co-pay plus the cost of the difference between the generic and the brand you are choosing. Mail order service is available and may save you money on your prescriptions. The prescription plan may offer a 90-day prescription refill instead of the 30 days we now have. To be eligible for the 90 day supply you must use a 90-day retail pharmacy in the network. Not all the in network pharmacies are able to fill the 90 days’ retail, so you need to check the network list.

Community Action Team-CIGNA/Opt Out Renewal Continued

Our dental coverage remains with CIGNA also. The plan benefit remains the same at \$2,000 yearly maximum benefit. If you currently are enrolled in the dental only plan for yourself and/or dependents you can continue with this plan. If you are an opt out you can choose to add a dental only plan for yourself and your dependents.

A benefit offered through our medical plan with CIGNA is the “**CIGNA Telehealth Connection**”. Amwell and MDLIVE are the two programs available. They allow you 24/7 access to the care you need-including most prescriptions for a wide range of minor conditions, such as sore throat, cold and flu, fever, rash, stomachache, allergies UTI’s etc. It can be a cost effective alternative to urgent care or the emergency room for minor, non-life threatening conditions. I have had positive responses from employees who have taken advantage of this benefit.

Something new CIGNA is offering us is a “**One Guide Team**” to help you better understand your plan, get care and save on care. This can be accessed by phone, app or chat.

We will continue to offer the **Opt Out** provision to those staff who have medical and dental coverage through another comparable group plan. **You will be required to complete the declination form for Opt Out and show proof of other coverage.** Opt Out will continue at \$150 per month, taxable income.

Each employee on benefits will continue to receive a \$20,000 life policy through CIGNA, in addition to the \$30,000 life policy provided through Standard Insurance Co. The Employee Assistance Plan, Short Term Disability and Long Term Disability will continue as a benefit through Standard.

It is necessary for each employee to complete the enclosed form specifying whether any changes need to be made and **return to the fiscal office by June 15, 2022**. If you need to change from Opt Out to insurance or insurance to Opt Out, add, or delete dependents the appropriate paperwork will be sent to you to complete as soon as we receive the request.

If you have any questions, please call me (503-366-6570) or email me skluge@cat-team.org.

Insurance Combination Options:

Employee has Medical, Dental, Vision: Dependents can have Medical, Dental, Vision OR
Medical Only AND/OR
Dental Only AND/ OR
Vision Only

Employee has Dental Only: Dependents can have Dental only

Employee has Vision Only: Dependents can have Vision only

*All dependents must have the same coverage. Dependent children are covered to age 26.

*The employee must have coverage, for a dependent to have coverage.

CIGNA Rates Effective July 1, 2022

The Premiums **per month** are as follows:

Medical, Prescription, Vision and Dental (Full Coverage)

(CAT Pays 100%)

Employee Only \$ 1541.87 (Last year rate was \$1502.56)

(Employee Pays 100%)

Add Spouse \$ 1682.76 (Last year rate was \$1,560.60)

Add Child/children \$ 1409.27 (this is the rate for all children) (Last year rate was \$1,317.98)

Add Family \$ 3095.37 (Last year rate was \$2,881.42)

Medical Only (Employee must be enrolled in full coverage plan)

(Employee pays 100%)

Add Spouse \$ 1611.32 (Last year rate was \$1566.18)

Add Child/Children \$ 1310.29 (this is the rate for all children) (Last year rate was \$1281.46)

Add Family \$ 2922.16 (Last year rate was \$2847.71)

Dental Only

(Employee Pays 100%) If Opt out, employee can add Dental Only

(Employee must have dental to add dependent dental)

Employee \$ 69.39 (Last year rate was \$67.37)

Add Spouse \$ 64.31 (Last year rate was \$62.44)

Add Child/Children \$ 93.75 (this is the rate for all children)(Last year rate was \$91.02)

Add Family \$ 159.64 (Last year rate was \$154.99)

Insurance Combination Options:

Vision Only

(Employee Pays 100%) If Opt out, employee can add Vision Only

(Employee must have vision to add dependent vision)

Employee	\$ 7.15	(Last year was \$5.14)
Add Spouse	\$ 7.13	(Last year was \$5.13)
Add Child/Children	\$ 5.83	(Last year was \$5.23)
Add Family	\$ 13.57	(Last year was \$11.41)

Community Action Team Inc.
Insurance Renewal Questionnaire

Please return to Sherry Kluge at the fiscal office no later than June 15, 2022

Email: skluge@cat-team.org , or Fax: 503-366-7906 or Mail: 124 N 18th St. –St. Helens, OR 97051

_____ I do not need to make any changes to my coverage with CIGNA

_____ I would like to **continue as an Opt Out**—I am returning my declination of coverage form

_____ I would like to **change from Insurance (CIGNA) to Opt Out**-please send a declination of coverage form

_____ I need to **change from Opt Out to Insurance (CIGNA)**

_____ I need to **make changes to my coverage with CIGNA** as follows,
Check the appropriate lines.

Please send the appropriate forms to my home address

Medical/Dental/Prescription/Vision

- _____ Add Spouse
- _____ Add Child/Children
- _____ Add Family
- _____ Delete My Dependents

Medical Only

- _____ Add Spouse
- _____ Add Child/Children
- _____ Add Family
- _____ Delete Dependents

Dental Only

- _____ Add myself, I am an opt out
- _____ Add Spouse
- _____ Add Child/Children
- _____ Add Family
- _____ Delete myself, I am an opt out
- _____ Delete my dependents

Vision Only

- _____ Add myself, I am an opt out
- _____ Add Spouse
- _____ Add Child/Children
- _____ Add Family
- _____ Delete myself, I am an opt out
- _____ Delete my dependents

_____ I need to change my life insurance beneficiary _____ CIGNA _____ Standard _____ 401k
(check which company) Please send the appropriate forms.

Call Sherry at 503-366-6570 if you have any questions on this questionnaire.

Employee Signature

Print Name

Date