

# 2024-25 On line Enrollment for EXCELSIOR SPRINGS 40 EMPLOYEES

Logon to: [www.ftjconnect.com](http://www.ftjconnect.com)

Username: 138firstnamelastname (Ex: 138johnsmith)

Password: If you forgot your password, please select the "forgot password" link .



Click on **Start Your Enrollment**

Questions? Call 800-821-7303  
Password Questions ext. 1316  
Plan Benefit Questions ext. 1158

**Your FTJ Regional Director:**  
**Dylan Albertson - 816-408-9039**  
[dalbertson@ftj.com](mailto:dalbertson@ftj.com)  
Or email [info@meuhp.com](mailto:info@meuhp.com)



## Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

CHANGED BENEFITS: Medical

\*Indicates changed benefits



Your Total Cost \$ Per Month  
Your total cost (pending approval) \$ Per Month

Your cost per month \$

COST DETAILS PER MONTH

Employer Contribution  
Your Cost (one cost)  
Your Cost (one cost)

Who will be covered on this plan		
Name	Relationship	Coverage
John J. Jingleheimer	Employee	Cover
Sally Jingleheimer	Spouse	Cover
Schmidt Jingleheimer	Child	Cover

[Edit Selection](#)

- 1 Your Info
  - 2 Your Benefits
  - 3 Enroll
  - 4 Complete
- Review and Confirm

**Complete Enrollment**

## ELECTION CONFIRMATION

Once you've completed your selections, review all of your benefit elections and make sure you **have covered any dependents** if you want them covered.

You can still make changes with the edit button.

## Once You've Reviewed All Your Selections:

### Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on unless I submit a declination election.

I agree, and I'm finished with my enrollment.

## Last Step!

Click to check "I agree, and I'm finished with my enrollment."

Click on Complete Enrollment at right.

**Life Insurance / Beneficiary Information:** If your District offers Life Insurance, please be sure to review your beneficiary information. (The system will default to "Estate".)

If your dependents are already listed and you would like to name one of them as beneficiary, simply select their name from the drop down list. You do not need to enter them a second time.

## EMAIL / PRINT OPTION

Once completed, you can print or email a copy of your elections if you wish.

Employee Cost

**Excelsior Springs School District #40**  
**July 2024 to July 2025 In-Network Summary of Benefits**

Benefits	MEUHP - CIGNA		
	Option 1 - <u>HSA 5500</u>	Option 2 - <u>HSA 3500</u>	Option 3 - <u>PPO 3000</u>
Plan	Health Savings Account	Health Savings Account	PPO
Network	Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO
Deductible (Individual / Family)	5,500 / 11,000	3,500 / 7,000	1,000 / 3,000
Out of Pocket Max (Ind / Fam)	7,500 / 15,000	5,000 / 10,000	4,500 / 9,000
Virtual Care / TeleHealth	55	55	30
Primary Care Physician	Deductible + 20%	Deductible + 20%	30*
Specialist / Urgent Care	Deductible + 20%	Deductible + 20%	50* / 50*
Preventive Services	Covered in Full	Covered in Full	Covered in Full
MRI, MRA, CT, PET Scans	Deductible + 20%	Deductible + 20%	Deductible + 20%
Outpatient Surgery / Tests	Deductible + 20%	Deductible + 20%	Deductible + 20%
Inpatient Hospital	Deductible + 20%	Deductible + 20%	Deductible + 20%
Emergency Room	Deductible + 20%	Deductible + 20%	Deductible + 20%
Prescription copays	Deductible + 20%	Deductible + 20%	250 + Deductible for any imaging
<u>Monthly Premiums</u>	(List of Prev Rx's covered at 100%)	(List of Prev Rx's covered at 100%)	10 / 45 / 80 / 25% (2x Mail Order)
Employee	\$3	\$86	\$167
Emp + Spouse	\$666	\$841	\$1,011
Emp + 1 Child	\$335	\$463	\$589
Emp + 2+ Children	\$546	\$703	\$857
Emp + Spouse + 1 Child	\$998	\$1,218	\$1,433
Emp + Spouse + 2+ Children	\$1,209	\$1,458	\$1,701

2024 Health Savings Account Contribution Maximums \* Deductible may also apply to office visit charges

\$4,150 Employee Only / \$8,300 Employee + Dependent(s)

This is only a summary of In-Network benefits. Please see Policy/Certificate for complete list of coverages and exclusions.

Bill Griffey III  
 Griffey Insurance Agency  
 816-739-4591 cell  
 bgriffey3@yahoo.com  
 bill3@griffeyinsurance.com

Total Cost

## Excelsior Springs School District #40 July 2024 to July 2025 In-Network Summary of Benefits

<u>Benefits</u>	<u>MEUHP - CIGNA</u>			
	<u>Option 1 - HSA 5500</u>	<u>Option 2 - HSA 3500</u>	<u>Option 3 - PPO 3000</u>	<u>Option 4 - PPO 1000</u>
Plan	Health Savings Account	Health Savings Account	PPO	PPO
Network	Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO
Deductible (Individual / Family)	5,500 / 11,000	3,500 / 7,000	3,000 / 9,000	1,000 / 3,000
Out of Pocket Max (Ind / Fam)	7,500 / 15,000	5,000 / 10,000	8,000 / 16,000	4,500 / 9,000
Virtual Care / TeleHealth	55	55	30	30
Primary Care Physician	Deductible + 20%	Deductible + 20%	30*	30*
Specialist / Urgent Care	Deductible + 20%	Deductible + 20%	50* / 50*	50* / 50*
Preventive Services	Covered in Full**	Covered in Full**	Covered in Full**	Covered in Full**
MRI, MRA, CT, PET Scans	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Outpatient Surgery / Tests	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Inpatient Hospital	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Emergency Room	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Prescription copays	Deductible + 20% (List of Prev Rx's covered at 100%)	Deductible + 20% (List of Prev Rx's covered at 100%)	10 / 45 / 80 / 25% (2x Mail Order)	10 / 45 / 80 / 25% (2x Mail Order)
<u>Monthly Premiums</u>				
Employee	\$603	\$686	\$706	\$767
Emp + Spouse	\$1,266	\$1,441	\$1,483	\$1,611
Emp + 1 Child	\$935	\$1,063	\$1,094	\$1,189
Emp + 2+ Children	\$1,146	\$1,303	\$1,341	\$1,457
Emp + Spouse + 1 Child	\$1,598	\$1,818	\$1,871	\$2,033
Emp + Spouse + 2+ Children	\$1,809	\$2,058	\$2,118	\$2,301

\* Deductible may also apply to office visit charges.

\*\* Please see the Policy/Certificate for list of covered Preventive Services.

This is only a summary of In-Network benefits. Please see Policy/Certificate for complete list of coverages and exclusions.

Bill Griffey III  
Griffey Insurance Agency  
816-739-4591 cell  
bgriffey3@yahoo.com  
bill3@griffeyinsurance.com

Employee - \$37.16 Board Paid

Family - \$49.60

**Cigna Dental Benefit Summary**  
**Excelsior Springs School District #40**  
**Plan Renewal Date: 07/01/2024**



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlus<sup>SM</sup>** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
	<b>Total Cigna DPPO Network</b>		<b>Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>WellnessPlus<sup>SM</sup> Progressive Maximum Benefit:</b> When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
<b>Calendar Year Benefits Maximum</b> Applies to: Class II & III expenses	Year 1: \$750 Year 2: \$1,000 Year 3: \$1,250 Year 4 & Beyond: \$1,500		Year 1: \$750 Year 2: \$1,000 Year 3: \$1,250 Year 4 & Beyond: \$1,500	
<b>Calendar Year Deductible</b>				
Individual	\$25		\$25	
Family	\$75		\$75	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Crowns: prefabricated stainless steel / resin	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b> Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible

<b>Benefit Plan Provisions:</b>	
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
<b>Oral Health Integration Program*</b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;</li> </ul>	

- Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments;
- Implants: implants or implant related services;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension , diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative .

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

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# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$30
Frames (Once every 24 months)	\$0 Co-pay; \$130 allowance; 80% of charge over \$130	Up to \$65
Single Vision Lenses (Once every 12 months) Or Contacts (Once every 12 months)	\$25 Co-pay \$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$25 Up to \$104

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**77%  
SAVINGS  
with us\***

	With EyeMed	Without Insurance**
Exam	\$10 Co-pay	Exam \$106
Frame	\$163 -\$130 allowance \$33 -\$6.60 (20% discount off balance) \$26.40	Frame \$163
Lens	\$25 Co-pay \$15 UV treatment add-on +\$15 Scratch coating add-on \$55	Lens \$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
Total	\$91.40	Total \$395



Download the EyeMed Members App  
It's the easy way to view your ID card, see benefit details and find a provider near you.



\*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. \*\*Based on industry averages.



Employee Only	District Paid
Employee + Spouse	\$3.80
Employee + Child(ren)	\$4.23
Employee + Family	\$8.19

## Excelsior Springs School District #40

### SUMMARY OF BENEFITS

#### Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are for in-network providers only

#### Take a sneak peek before enrolling

- You're on the SELECT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on [www.eyemed.com](http://www.eyemed.com) or call **1-866-299-1358**.
- For Lasik providers, call **1-877-5LASER6**.

Vision Care Services	In-Network Member-Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$30
Frames	\$0 Co-pay; \$130 allowance; 80% of charge over \$130	Up to \$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Co-pay	Up to \$25
Bifocal	\$25 Co-pay	Up to \$40
Trifocal	\$25 Co-pay	Up to \$60
Standard Progressive Lens	\$90	Up to \$40
Premium Progressive Lens	\$90, 80% of charge less \$120 allowance	Up to \$40
<b>Lens Options (paid by the member and added to the base price of the lens)</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)</b>		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Co-pay; \$130 allowance; 15% off retail price over \$130	Up to \$104
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.



# Affordable Legal & Identity Theft Protection

Cyber Security  
Excellence  
**GOLD  
WINNER**  
2023

## Have you ever?

- Needed your Will prepared or updated?
- Signed a contract?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)
- Been concerned about your child's identity?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?

## LegalShield Plan

- **Dedicated Provider Law Firm-** Direct access, no call center
- **Advice and Consultation (Personal)-** Phone consultations with your law firm for personal legal matters, even pre-existing matters
- **Letters/Phone Calls (Personal)-** Made on your behalf to help resolve personal legal matters
- **Uncontested Divorce, Separation, Adoption and/ or Name Change Representation-** Available 90 consecutive days from the effective date of your plan
- **Document Review (Personal)-** Your provider law firm will review personal documents (up to 15 pages each)
- **Will Preparation-** Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Residential Loan Document Assistance-** For the purchase of your primary residence, once per membership year
- **Moving Traffic Violation Assistance-** With non-criminal, moving traffic matters when driving with a license and proper registration
- **Trial Defense (Civil)-** When named defendant in a covered civil lawsuit
- **Income Tax Audit Services-** Receive representation if audited by the IRS on your personal tax return
- **25% Discount-** From the provider law firm's standard hourly rate for additional legal services
- **Provides 24/7/365-** emergency legal access for covered emergencies



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

FOR MORE  
INFORMATION,  
CONTACT:

Cathy Lucas  
Employee Benefits Specialist  
913.709.4392  
cathy.lucas@lucasandassoc.com

# IDShield Plan

- **Continuous Credit Monitoring-** Monitors information on your Experian credit report
- **Privacy Management-** One-on-one consultation on online privacy dangers
- **Reputation Management-** Scans social media accounts for any content you have posted in the past that could damage your online reputation
- **Financial Threshold Account Monitoring\***- Looks out for activity tied to personal financial accounts
- **\$3 Million Protection Policy-** Coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee-** We'll do whatever it takes for as long as it takes to restore your identity
- **Full-Service Restoration-** Provides one-on-one consultation to resolve identity related issues
- **Provides 24/7/365** live support for identity theft emergencies
- **Trend Micro Maximum Security** defends against ransomware and other threats
- **VPN Proxy One-** turns a public hotspot into a secure Wi-Fi via Virtual Private Network (VPN) with bank-grade data encryption to keep your information protected from hackers
- **Password Manager** get multiple device protection and privacy for your digital life

## LegalShield + IDShield Dual Plan

### Credit Counseling and Education

Available exclusively to those with both a LegalShield and IDShield Membership, our Identity Theft Specialists will provide one-on-one education to help you understand your valuable credit rating and actions that are likely to have an impact on your credit score. Additionally, your provider law firm can offer legal consultation on the laws surrounding credit scores and lending, as well as draft letters on your behalf and review documents up to 15 pages.

Individual Plan	Family Plan
<b>\$11.98</b> LegalShield Plan	<b>\$11.98</b> LegalShield Plan
<b>\$ 6.48</b> IDShield Plan	<b>\$11.48</b> IDShield Plan
<b>\$18.45</b> Dual Plan	<b>\$21.95</b> Dual Plan

\*We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services or eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

# \$25 Diabetes Medications.

Pay no more than \$25 for a 30-day supply of certain diabetes medications – every time you fill them.

With the Patient Assurance Program<sup>SM</sup>, certain oral diabetes medications and insulins are limited to a low, set cost-share – which you'll pay every time you fill your prescription at an in-network pharmacy.

## About this drug list

This is a list of the oral diabetes medications and insulins that are part of the Patient Assurance Program as of January 1, 2024.

- Medications are **listed alphabetically** by type (oral medications and insulins)
- **Generic medications are listed in all lowercase letters** and brand-name medications are listed in all capital letters
- This drug **list is updated often**, so it isn't a full list of medications

**Not all of the diabetes medications and insulins your plan covers are part of the Patient Assurance Program.** Please check your prescription drug list to see the full list of covered medications. You can also log in to the **myCigna**<sup>®</sup> App<sup>1</sup> or **myCigna.com**<sup>®</sup> and use the Price a Medication tool to see how much your medication costs.<sup>2</sup>



## Save money. Stay healthy.

Fill a prescription for one of these medications<sup>3</sup> – **pay no more than \$25 for a 30-day supply** (or no more than \$75 for a 90-day supply) out-of-pocket. It's just that simple.

## Not taking a medication on this list?

Call your doctor's office and ask if one of these medications will work for your treatment. If your doctor thinks one will, ask the office to send a new prescription electronically to your pharmacy.

# Patient Assurance Program Drug List

## Diabetes – Non-Insulins

Farxiga  
Glyxambi  
Jardiance  
Mounjaro  
Synjardy  
Synjardy XR  
Trijardy XR  
Trulicity  
Xigduo XR

## Diabetes – Insulins

Basaglar  
Humalog  
Humalog Mix  
Humulin  
Insulin Lispro  
Lyumjev



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://myCigna.com).
2. Prices shown on [myCigna](https://myCigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://myCigna.com) for more information.
3. Not all medications are eligible for the Patient Assurance Program. If you're considering switching to an eligible medication, log in to the [myCigna](https://myCigna.com) App or website to see if your plan covers it. You can also call customer service using the number on your Cigna Healthcare ID card.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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\*\*\*\*\*GENERIC ONLY\*\*\*\*\* - HSA 3500, HSA 5500 & HSA 7000 PLANS

# Preventive Medication Program

Generics Drug List  
Coverage as of January 1, 2024

Your plan's Preventive Medication Program includes generic medications. Preventive medications are used to keep certain conditions from developing or from coming back.

## About this drug list

This is a list of the most commonly prescribed generic medications that are part of your plan's preventive program as of January 1, 2024.

- Medications are **listed alphabetically** by condition.
- This drug list **doesn't include** preventive medications that are covered at 100%, or no cost-share (\$0), to you under the Patient Protection and Affordable Care Act (PPACA)'s preventive services coverage requirement.
- **This drug list is updated often, so it isn't a full list of medications.** Also, your plan's preventive medication program may not include all of these medications and/or conditions.

Log in to the **myCigna**<sup>®</sup> App<sup>1</sup> or **myCigna.com**, or check your plan materials, to see all of the medications included in your plan's preventive medication program.

## Your cost-share for preventive generic medications

Not all plans offer the same cost-share for their preventive medication program. For example, some plans may require you to pay a copay, coinsurance and/or deductible for preventive generic medications; other plans may not.

Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.<sup>2</sup>

## Preventive Medication Program - Generics Drug List

Some plans may not include all of these generic medications and/or conditions in their preventive medication program. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials to see which medications your plan includes in the program and how much they cost.

### Anxiety/Depression/ Bipolar Disorder

citalopram solution, tablet  
escitalopram  
fluoxetine  
fluoxetine dr  
fluvoxamine  
fluvoxamine er  
paroxetine  
paroxetine cr  
paroxetine er  
setraline oral concentrate, tablet

### Asthma Related

albuterol solution  
albuterol hfa  
arformoterol  
breyna  
budesonide suspension  
caffeine oral solution  
fluticasone-salmeterol 100-50, 250-50,  
500-50  
formoterol  
ipratropium solution  
ipratropium-albuterol  
levalbuterol  
montelukast  
theophylline solution  
wixela inhub  
zafirlukast

### Blood Pressure Related

acebutolol  
aliskiren  
amiloride  
amiloride-hctz  
amlodipine  
amlodipine-benazepril  
amlodipine-olmesartan  
amlodipine-valsartan  
amlodipine-valsartan-hctz  
atenolol  
atenolol-chlorthalidone  
benazepril  
benazepril-hctz

betaxolol tablet  
bisoprolol  
bisoprolol-hctz  
bumetanide tablet  
candesartan  
candesartan-hctz  
captopril  
captopril-hctz  
cartia xt  
carvedilol  
carvedilol er  
chlorthalidone  
clonidine patch, tablet  
diltiazem tablet  
diltiazem 12hr er  
diltiazem 24hr er  
diltiazem 24hr er (cd)  
diltiazem 24hr er (la)  
diltiazem 24hr er (xr)  
dilt-xr  
doxazosin  
enalapril  
enalapril-hctz  
eperenone  
eposartan  
felodipine er  
fosinopril  
fosinopril-hctz  
furosemide solution, tablet  
guanfacine  
hydralazine tablet  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan-hctz  
isradipine  
labetalol tablet  
lisinopril  
lisinopril-hctz  
losartan  
losartan-hctz  
matzim la  
methyldopa tablet  
methyldopa-hctz  
metolazone

metoprolol tablet  
metoprolol er  
metoprolol-hctz  
minoxidil tablet  
moexipril  
nadolol  
nebivolol  
nicardipine capsule  
nifedipine  
nifedipine er  
nimodipine  
nisoldipine  
olmesartan  
olmesartan-amlodipine-hctz  
olmesartan-hctz  
perindopril  
pindolol  
prazosin  
propranolol solution, tablet  
propranolol er  
propranolol-hctz  
quinapril  
quinapril-hctz  
ramipril  
spironolactone  
spironolactone-hctz  
taztia xt  
telmisartan  
telmisartan-amlodipine  
telmisartan-hctz  
terazosin  
tiadylt er  
timolol tablet  
torsemide  
trandolapril  
trandolapril-verapamil er  
triamterene  
triamterene-hctz  
valsartan tablet  
valsartan-hctz  
vecamyl  
verapamil tablet  
verapamil er  
verapamil er pm  
verapamil sr

## Blood Thinner Related

aspirin-dipyridamole er  
clopidogrel  
dabigatran  
dipyridamole tablet  
jantoven  
prasugrel  
warfarin

## Cholesterol Related

amlodipine-atorvastatin  
atorvastatin  
cholestyramine  
cholestyramine light  
colesevelam  
colestipol  
ezetimibe  
ezetimibe-simvastatin  
fenofibrate  
fenofibric acid  
fluvastatin  
fluvastatin er  
gemfibrozil  
icosapent  
lovastatin  
niacin er  
omega-3 acid ethyl esters  
pravastatin  
prevalite  
rosuvastatin  
simvastatin

## Diabetes Related

Log in to the **myCigna App** or to **myCigna.com**, or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.

acarbose  
diabetic needles  
diabetic syringes  
glimepiride  
glipizide  
glipizide er  
glipizide xl  
glipizide-metformin  
glyburide  
glyburide micronized  
glyburide-metformin  
insulin administrative supplies  
insulin pump syringe  
lancets  
lancing device  
lancing device/lancets  
metformin  
metformin er\*  
miglitol  
nateglinide  
pioglitazone  
pioglitazone-glimepiride  
pioglitazone-metformin  
repaglinide

repaglinide-metformin  
saxagliptin  
urine diabetic test strips

\*Only certain formulations of metformin ER 500mg are considered preventive. Log in to the **myCigna App** or **myCigna.com** to see which ones are included in your plan's preventive medication program.

## Osteoporosis Related

alendronate  
calcitonin-salmon 400 unit/2 ml  
ibandronate tablet  
raloxifene  
risedronate  
risedronate dr

## Prenatal Vitamins

Your plan considers all prescription-strength generic prenatal vitamins to be "preventive."

Log in to the **myCigna App** or to **myCigna.com**, or check your drug list to see on which tier your plan covers prenatal vitamins.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
2. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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# HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care<sup>1</sup> from MDLIVE.<sup>®</sup>



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

**That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.** MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

## Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

## MDLIVE

### Primary Care

#### Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost<sup>2</sup> to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities<sup>3</sup>

### Urgent Care

#### On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

### Behavioral Care

#### Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

### Dermatology<sup>4</sup>

#### Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours





### 3 easy steps to connect to care

Virtual care visits are convenient and easy.  
To schedule an appointment:



Access MDLIVE by logging into [myCigna.com](https://myCigna.com) and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)



Select the type of care you need: medical care or counseling; cost will be displayed on both [myCigna.com](https://myCigna.com) and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



**Visit [myCigna.com](https://myCigna.com) to make an appointment for virtual care today.**

### Together, all the way.®



1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

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MISSOURI EDUCATORS  
UNIFIED HEALTH PLAN



FOR SCHOOLS, BY SCHOOLS™

# Cost Saver Program

## FREE SERVICE!

### Call or text 816-489-8869

- ✓ **Cost Saving** recommendations for non-emergency medical procedure and tests
- ✓ **FREE SERVICE** to MEUHP members and covered dependents
- ✓ **Voluntary** no obligation to use recommendations
- ✓ **Call** or email **before scheduling** to inquire if test or procedure qualifies for incentive
- ✓ **Earn** between \$125 - \$500 in incentives



- ✓ **List** of procedures and tests that qualify for a Cost Saver Incentive

- Colonoscopy
- Endoscopy
- MRI
- Ultrasound
- CT scan
- Joint Surgery
- Eye Surgery
- Hernia Surgery

*If you do not see your procedure or test on the list please reach out to see if it qualifies.*

Contact Tracy Perkins at 816-489-8869 or [tperkins@ftj.com](mailto:tperkins@ftj.com)

# MEUHP Cost Saver Incentive Program

This is a **VOLUNTARY** program that we hope can benefit you and your family. While routine office visits, well baby visits and most preventive care are not eligible, many other tests and procedures including colonoscopies will qualify.

MEUHP Member Name \_\_\_\_\_ last four digits SSN # \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Patient Name if other than member \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

Test or Procedure \_\_\_\_\_

Appointment date \_\_\_\_\_ Facility \_\_\_\_\_

Thank you for requesting to participate in the MEUHP Cost Saver Incentive Program.

If you choose to use one of the facilities on the list provided by MEUHP you will receive a cash incentive according to the following schedule:

Less than 50 miles:	\$125
50-150 miles:	\$250
Over 150 miles:	\$500

Note: Radius will be determined by utilizing MapQuest driving directions from the Member's home address to the chosen facility. Additionally, reimbursement for hotel expenses will be considered for all travel over 150 miles on a case-by-case basis.

## I UNDERSTAND:

1. This is a voluntary program on the part of the Member.
2. The Member cannot be currently under care or receiving treatment at an eligible facility.
3. Normal doctor visits, wellness visits, well baby visits, etc., will not qualify under this program.
4. It is the responsibility of the Member to initiate the program and to submit information so that an incentive can be issued.
5. The MEUHP does not make a recommendation regarding the quality of care of any facility or provider.
6. The Member is responsible for any taxes related to any incentives received.
7. This incentive program cannot be combined with the Cigna Centers of Excellence incentive.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Email completed form to: [tperkins@ftj.com](mailto:tperkins@ftj.com)

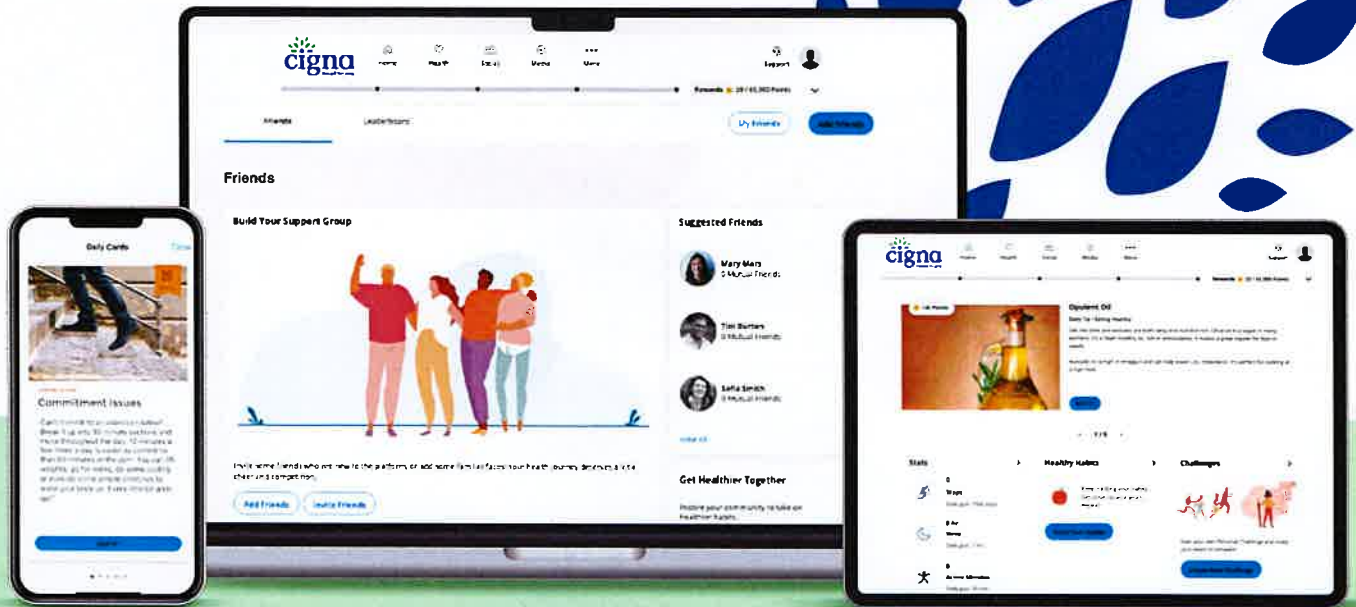
Office Use Only:

Cigna confirmed \_\_\_\_\_ Hotel Documentation \_\_\_\_\_ Incentive Total \$ \_\_\_\_\_ SD \_\_\_\_\_

Approval signature \_\_\_\_\_ Date \_\_\_\_\_



# Take the first step to wellness.



## With the Cigna Healthcare<sup>SM</sup> Wellness Experience, together with Virgin Pulse, we'll help make every step count.

### Choose your own wellness journey.

Whether you're motivated by reducing stress, having more energy or getting more involved in your community, you can customize your goals and find the best path to get there. It's all included with your Cigna Healthcare plan — at no extra charge to you.

Our wellness experience lets you set achievable goals, challenge friends to healthy competitions, tackle stress and enjoy a healthier lifestyle.

And it's powered by Virgin Pulse<sup>®</sup>, one of the world's largest comprehensive digital health activation and engagement companies impacting 100+ million people with their mission to help change lives for good.\*

\*Virgin Pulse. "About Us." 2023, About Us | Virgin Pulse | Accessed September, 2023.



## Here's how we make it fun and easy:



### Take a digital coaching journey.

Choose a goal that's meaningful to you. Journeys® personalized digital coaching guides you to take small, achievable steps, so that you can “try on” and build lasting healthy habits.



### Challenge yourself — and others.

Add a friendly dose of competition to your well-being journey when you challenge friends and colleagues to create new healthy habits, like taking the most steps or burning the most calories.



### Track your progress.

Integrate with your Apple Watch®, Fitbit® and many other fitness tracking apps and devices, so you get credit for all your activity.



### Spread the motivation.

Share in the fun — and offer free account access to up to 10 friends and family members — to encourage and motivate each other.



Let's make  
healthy choices,  
be well together  
and live better  
every day.

Check out this video  
and get a preview of  
what you can expect.



## Get started with these simple steps:

- 1 Set up your profile today on [myCigna.com](https://myCigna.com)® or by downloading the myCigna® app.
- 2 Select the **Wellness** tab, then click “**Get Started**” to enroll. .

Don't forget to turn on notifications for the app to enable helpful reminders and information about upcoming opportunities — so you get the most out of your mobile experience.

App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://myCigna.com).

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# MEUHP - Well-being Solution Incentive Details

## Take action, earn rewards!

- Earn up to **\$300** in rewards for completing goals between **07/01/2024 and 6/30/2025**
- Type of Rewards: Gift Cards, Charitable Donations, or use funds to shop the incentive discount store
- Rewards available to employees and spouses on the Cigna medical plan
- Complete actions, earn points, move through levels to earn rewards – example activities and point values below

Goal Name	Details	Reward Amount	Frequency
Health Assessment	Available on myCigna.com under the wellness tab	<b>500 points</b>	<b>1 per year</b>
Preventive Care	Annual Exam, biometric screening, preventive cancer screenings, flu vaccine	<b>Vary from 100 to 500 points</b>	<b>1 per year for all</b>
Challenges	Join a challenge and interact in various ways to earn points	<b>Vary from 50 to 100 points</b>	<b>1 per month for all actions</b>
Digital Coaching Journeys	<ul style="list-style-type: none"> <li>• Complete a Journey Step</li> <li>• Complete a Journey</li> </ul>	<ul style="list-style-type: none"> <li>• <b>20 points</b></li> <li>• <b>150 points</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>1 per day</b></li> <li>• <b>3 per quarter</b></li> </ul>
Daily Content Cards	<ul style="list-style-type: none"> <li>• Read your Daily Cards</li> <li>• Complete 10 Daily Cards in a month</li> <li>• Complete 20 Daily Cards in a month</li> </ul>	<ul style="list-style-type: none"> <li>• <b>20 points</b></li> <li>• <b>100 points</b></li> <li>• <b>200 points</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>2 per day</b></li> <li>• <b>1 per month</b></li> <li>• <b>1 per month</b></li> </ul>

To review the full list of activities and start earning rewards visit the wellness tab on [www.myCigna.com](http://www.myCigna.com)

## Levels and Points Values\*\*

Level 1	Level 2	Level 3	Level 4
7,000 points \$40	25,000 points \$60	40,000 points \$80	60,000 points \$120

\*\*Points and values accumulate as you move to each level. For example, once you have earned 25,000 points, you will have earned \$100. When you have earned 60,000 points, you will have earned the maximum of \$300.



Not Registered on myCigna yet? It's quick and easy.

Visit [www.mycigna.com](http://www.mycigna.com) or scan the QR code to download the myCigna® App and register now.



**Announcing a new Wellness Program effective July 1, 2024:  
The Cigna Healthcare Well-being solution!**

Cigna Healthcare has partnered with Virgin Pulse to bring MEUHP members access to a personalized wellness experience that supports you in your journey to better health. Members and spouses can achieve points for a variety of common daily health activities. The points can be redeemed for cash incentives, charitable contributions or be used at the wellness incentive discount store. Both MEUHP members AND their spouse are eligible for incentives— up to \$300! Here are a few features:

- Focus on what matters to you**—Set goals for yourself and focus on areas you'd like to devote the most attention
- Get a snapshot of your health**—Complete a health assessment to learn about any possible health risks and get tips to improve your well being
- Get Connected**—Integrate with your Apple Watch®, Fitbit® or other tracking app to get credit for your activity
- Share the Wellness**—Invite friends and family members to access this experience—for free!

*Stay tuned for more information!*

We'll be sending more details once the new school year begins.



Check out the video for a preview of what to expect.

**IMPORTANT — Redeem your MotivateMe rewards by October 1, 2024!**

MEUHP's new wellness program shown above begins July 1. As a result, the current wellness plan's rewards through MotivateMe will be grandfathered in until October 1, 2024. After July 1, you'll be able to redeem your earned incentive through the new Wellness Portal **but they will expire on October 1st. To redeem them BEFORE July 1**, logon to your myCigna account, navigate to your Health & Wellness tab and redeem them as shown below.

**Your Required Goals\***

Not completed Recently completed

**\$25 Debit Cards**  
Complete the Cigna online health assessment  
[Get Started](#)

**\$50 Debit Cards**  
Get a personalized biometric health screening  
[Get Started](#)

\*If you're unable to meet a goal's objectives, you may still be able to earn the award by completing an alternate activity. Select a goal to see its alternate activities.

[View all incentives](#)

**View all Incentives**

**You can change plan years in the drop down menu**

**Redeem awards**

**Get your incentives now!**

**Your earned incentives for the 23-24 plan year will no longer be available after October 1st!**

All Incentives For **Test** in **Current Plan Year**

Incentives earned for Test  
**Debit Cards**

**\$0** out of \$500

You have 50 Debit Cards dollars to redeem. [Redeem awards](#)