

Helping you care for what matters most

Body and mind



A guide to your Williamson County benefit plan options

PLAN YEAR: 1/1/2025–12/31/2025



Ways to get to better health

Cigna HealthcareSM wants to help you choose benefits that fit your needs and help keep you healthy.

This year, Williamson County offers you the following health plans.

- Open Access Plus (OAP) Deductible Plan
- Open Access Plus (OAP) Deductible Plan with Health Savings Account (HSA)
- LocalPlus IN Deductible Plan
- LocalPlus IN Deductible Plan with Health Savings Account (HSA)

Cigna Healthcare-administered health plans offer the coverage, tools and resources you need to help you better manage your health—and health spending.

- Cost savings when using in-network providers
- Rewards for taking part in programs that will help you improve your health
- A large list of covered brand and generic medications
- Access to board-certified doctors by phone or video through telehealth
- Ways to compare costs, look at claims, search for health care providers and more using the myCigna[®] website or app

At Cigna Healthcare, we want to partner with you and support you on your health journey. We'll be there for you, every step of the way, so you don't have to go it alone.

Health care reform: Meeting the requirements

Coverage under your employer-sponsored health plan is considered “minimum essential coverage” under the Affordable Care Act. The individual mandate was effectively repealed beginning January 1, 2019, when the penalty was zeroed out; however, Americans will still need to report health coverage during IRS tax season.*

Each year, Cigna Healthcare or your employer will mail you an IRS Form 1095 confirming the coverage you were offered and any coverage you and any dependents may have had during the prior calendar year. The form should be kept with your tax records for audit purposes and not filed with your income tax return.

Please read all of the information in this brochure. Health plans may work differently, so it's important to use this along with your other enrollment materials as a guide to how your health plans work.

* Health care reform information last updated in March 2019: With a permanent repeal of the individual mandate, it is possible reporting requirements may change. Please check InformedonReform.com for any updates.

Call the Pre-enrollment Hotline at 800.401.4041 if you have more questions.

Option I

OAP Deductible Plan: A health plan that lets you choose which health care providers to see and when

The Open Access Plus (OAP) Deductible Plan provides coverage for medical care, including visits to your doctor's office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy, and other services.

With the OAP Deductible Plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Depending on your plan, once each eligible family member meets his or her deductible—or the family deductible has been met—you pay a percentage of the cost (coinsurance) for your covered health care costs and the health plan pays the rest.*

Medical: Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

Pharmacy: Once you reach an annual limit on your payments (pharmacy out-of-pocket maximum), eligible prescription drug costs will be covered at 100%.

Important features

- Option to choose a primary care provider to help guide your care. It's recommended but not required.
- No referral is needed to see a specialist, although prior authorization may be required.
- Certain in-network preventive care services are covered at no added cost to you.**
- You have 24-hour coverage for emergency care, in- or out-of-network.

- The amount you pay out of pocket is limited by your plan's out-of-pocket maximum. Depending on your plan, once each eligible family member spends the annual maximum amount—or the family maximum amount has been met—the health plan pays your covered health care costs at 100%.
- There is no claim paperwork necessary when you receive care in-network.
- You may enroll in a medical and/or a dependent care flexible spending account (FSA).

You can view highlights of these plans on pages 8–9. Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary.

Flexible spending account (FSA)

Please check your Williamson County Enrollment package for 2025 FSA enrollment through Health Equity.

Remember, this brochure is a guide only. Make sure to read all your enrollment information. Plan details may vary. You can view highlights of these plans on pages 10–13.

* If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

** Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services.

Pay period deductions effective January 1, 2025

	County Government		Board of Education		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$90.00	\$41.54	\$54.00	\$49.09	\$45.00
Employee + 1	\$354.39	\$163.56	\$212.63	\$193.30	\$177.20
Family	\$532.92	\$245.96	\$319.75	\$290.68	\$266.46
Spousal Employee + 1	\$454.39	\$209.72	\$272.63	\$247.85	\$227.19
Spousal Family	\$632.92	\$292.12	\$379.75	\$345.23	\$316.46

* Classified Employees only. ** All Educators and 12-month Classified.

Per-pay-period deductions are based on the monthly cost and the number of pay periods in a 12-month period.

Option 2

OAP Deductible Plan with HSA: A health plan that lets you choose which health care providers to see and when

This option combines an Open Access Plus (OAP) Deductible Plan with a health savings account (HSA) to provide coverage for medical care, including visits to your doctor's office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy, and other services. You can use your HSA to help pay for some of your covered health care costs. You can also use your HSA to pay for qualified covered health care costs not covered through your health plan, such as dental and vision expenses. You decide (according to IRS rules) how and when you spend your health plan dollars on qualified health care costs. Once your HSA account is open, both you and your employer may contribute to your account up to the current federal limit.

With the OAP Deductible Plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs.

Plan deductible always applies before any coinsurance.

- All eligible family members contribute toward the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.*
- This plan includes a combined medical/pharmacy plan deductible.

Important features:

- You have the option to choose a primary care provider to help guide your care. It's recommended but not required.
- No referral is needed to see a specialist, although prior authorization may be required.

Pay period deductions effective January 1, 2025

	County Government		Board of Education		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$90.00	\$41.54	\$54.00	\$49.09	\$45.00
Employee + 1	\$287.34	\$132.62	\$172.40	\$156.73	\$143.67
Family	\$404.92	\$186.89	\$242.95	\$220.87	\$202.46
Spousal Employee + 1	\$387.34	\$178.77	\$232.40	\$211.28	\$193.67
Spousal Family	\$504.92	\$233.04	\$302.95	\$275.41	\$252.46

* Classified Employees only. ** All Educators and 12-month Classified.

Per-pay-period deductions are based on the monthly cost and the number of pay periods in a 12-month period.

Option 3

LocalPlus IN Deductible Plan: A health plan that gives you the right mix of health benefits at the right price

The LocalPlus® IN Deductible Plan provides coverage for medical care, including visits to your doctor's office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy, and other services.

With a LocalPlus IN Deductible Plan, you have a local network made up of doctors, specialists and hospitals that understand the needs of your community.

How you can save:

- In your local area, or when in any LocalPlus Network area, you must receive care from a health care provider or facility in this network to receive coverage.
- If you're away from home and need care, just look for a participating LocalPlus doctor in the area; if you are outside the LocalPlus service area, you can use doctors or hospitals in our Away From Home Care feature.
- If you choose to go outside the LocalPlus Network when it is available—or outside the Away From Home Care feature when LocalPlus isn't available—your care will not be covered by the plan (except in an emergency).

With the LocalPlus IN Deductible Plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan. Once each eligible family member meets his or her deductible or the family deductible has been met, you pay a percentage of the cost (coinsurance) for your covered health care costs and the plan pays the rest.

Pay period deductions effective January 1, 2025

	County Government		Board of Education		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$174.39	\$80.49	\$104.63	\$95.12	\$87.20
Family	\$332.92	\$153.66	\$199.75	\$181.59	\$166.46
Spousal Employee + 1	\$274.39	\$126.64	\$164.63	\$149.67	\$137.20
Spousal Family	\$432.92	\$199.81	\$259.75	\$236.14	\$216.46

* Classified Employees only. ** All Educators and 12-month Classified.

Per-pay-period deductions are based on the monthly cost and the number of pay periods in a 12-month period.

Option 4

LocalPlus IN Deductible Plan with HSA: A health plan that gives you the right mix of health benefits at the right price

This option combines a LocalPlus IN Deductible Plan with a Health Savings Account (HSA) to provide coverage for medical care, including visits to your doctor's office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy, and other services.

With a LocalPlus IN Deductible Plan, you have a local network that is limited to doctors, specialists and hospitals that understand the needs of your community.

How you can save:

- In your local area, or when in any LocalPlus Network area, you must receive care from a health care provider or facility in this network to receive coverage.
- If you're away from home and need care, just look for a participating LocalPlus doctor in the area; if you are outside the LocalPlus service area, you can use doctors or hospitals in our Away From Home Care feature.
- If you choose to go outside the LocalPlus Network when it is available—or outside the Away From Home Care feature when LocalPlus isn't available—your care will not be covered by the plan (except in an emergency).

With the LocalPlus Deductible Plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Plan deductible always applies before any coinsurance.

All eligible family members contribute toward the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses, based on the coinsurance level specified by the plan.

Important features:

- You have the option to choose a primary care provider to help guide your care. It's recommended but not required.
- No referral is needed to see a specialist, although prior authorization may be required.
- Certain in-network preventive care services are covered at no added cost to you.*

- You have 24-hour coverage for emergency care, in- or out-of-network.
- Access to the Cigna Healthcare national network of labs, X-ray facilities and dialysis centers is included.
- The amount you pay out of pocket is limited by your plan's out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- There is no claim paperwork necessary when you receive care in-network.

Flexible spending account (FSA)

Please check your Williamson County Enrollment package for guidance on the 2025 FSA enrollment through Health Equity.

Save money to pay for some of your health expenses.

Your deductible plan with HSA combines a high-deductible health plan with a compatible tax-advantaged HSA. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan, such as dental, vision and over-the counter costs. You and your employer may contribute to your HSA up to the current federal limit. The federal limits are \$4,300 for an individual and \$8,550 for a family in 2025. Employees who are age 55+ may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year.

Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly. Plan details may vary. You can view highlights of these plans on pages 10–13.

* Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services.

Pay period deductions effective January 1, 2025

	County Government		Board of Education		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$107.34	\$49.54	\$64.40	\$58.55	\$53.67
Family	\$204.92	\$94.58	\$122.95	\$111.78	\$102.46
Spousal Employee + 1	\$207.34	\$95.70	\$124.40	\$113.09	\$103.67
Spousal Family	\$304.92	\$140.73	\$182.95	\$166.32	\$152.46

* Classified Employees only. ** All Educators and 12-month Classified.

Per-pay-period deductions are based on the monthly cost and the number of pay periods in a 12-month period.

Words to know



This guide was created to help you make important decisions about your health care. We think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that appear in this guide.

- **Deductible:** An annual amount you'll pay out of pocket before your health plan begins to pay for covered health care costs.
- **Copay:** A preset amount you pay for your covered health care services. The health plan pays the rest.
- **Coinsurance:** Your share of the cost of your covered health care services. The health plan pays the rest.
- **Out-of-pocket maximum:** The most you pay before the health plan begins to pay 100% of covered charges. You'll still need to pay for any expenses the health plan doesn't count toward the limit.
- **In-network:** Health care providers and facilities that have contracts with Cigna Healthcare to deliver services at a negotiated rate (discount). You pay a lower amount for those services.
- **Out-of-network:** A health care provider or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.
- **Generics:** Generic medications have the same active ingredients, dosage and strength as their brand-name counterparts. You'll usually pay less for generic medications.
- **Preferred brand:** Preferred-brand medications will usually cost more than generics. But they may cost less than a non-preferred brand on your plan.
- **Non-preferred brands:** Non-preferred-brand medications generally have generic alternatives and/or one or more preferred-brand options within the same drug class. You'll usually pay more for non-preferred-brand medications.

Health Savings Account (HSA) employer contributions

For the plan-year 2025, Williamson County will make an employer contribution into the HSA of each employee who is enrolled. Contributions for 2025 are a maximum of \$500 for Employee enrollment and a maximum of \$1,000 for Employee + 1 or Family enrollment.

The 2025 employer contribution deposit will be made into your HSA in three equal deposits, based on your enrollment date and coverage type in the Deductible Plan with HSA for that quarter.

Contributions will be made on the last payroll of the month indicated below.

January: First contribution	May: Second contribution	September: Third contribution	Maximum yearly contribution
WILLIAMSON COUNTY GOVERNMENT			
Employee	\$166.66	\$166.67	\$500
Employee + 1 or Family	\$333.33	\$333.33	\$1,000
BOARD OF EDUCATION			
Employee	\$166.66	\$166.67	\$500
Employee + 1 or Family	\$333.33	\$333.33	\$1,000

For HSA plans only

Generic preventive drugs are provided at no additional cost (90-day supply via retail or home delivery only) for the following: high blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

You and your employer may contribute to your HSA up to the current federal limit. The federal limits are \$4,300 for an individual and \$8,550 for a family in 2025. Employees who are age 55+ may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year.

Your deductible plan with HSA combines a high-deductible health plan with a compatible tax-advantaged HSA. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan, such as dental, vision and over-the-counter costs.

The IRS has strict guidelines on who is eligible to receive or make contributions to an HSA.* To be eligible, you:

- Must be 18 years or age or older.
- Must not be covered under any health plan that is not a qualified high-deductible health plan.
- Must not be enrolled in Medicare.
- May not be claimed as a dependent on another individual's tax return (does not include spouse).

It is the employee's responsibility to contact the Benefits Department to stop their employer and/or employee HSA contributions in the event any of these situations change their eligibility.

* Internal Revenue Service (IRS). "Publication 969 (2021), Health Savings Accounts and Other Tax-Favored Health Plans." Last reviewed February 07, 2022.
<https://www.irs.gov/publications/p969>

Option 1

Option 2

	OAP Deductible Plan		OAP Deductible Plan with HSA	
	Employee	Family	Employee	Family
Medical deductible				
In-network	\$1,200	\$2,750	\$1,700	\$3,400
Out-of-network	\$2,400	\$5,500	\$3,400	\$6,800
Out-of-pocket maximum				
In-network*	\$3,850	\$7,700	\$3,400	\$6,800
Out-of-network	Unlimited	Unlimited	\$6,800	\$13,600
Total contribution to HSA from employer	\$0	\$0	\$500	\$1,000

Prescription medication highlights

Participants must use Cigna Healthcare in-network pharmacies; there are no benefits for out-of-network pharmacies.

	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)
Pharmacy deductible	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
Generic	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
Preferred brand	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
Out-of-pocket maximum	\$4,000 individual \$8,000 family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Preventive drugs at no additional cost for generic: high blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

*This is the most a family (employee plus covered family members) will pay for in-network out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped by the IRS at \$8,300 for 2025 health plans, and overall family in-network costs are capped at \$16,600. To see examples of how this works, please visit InformedOnReform.com > Reform Topics Overview > Cost Sharing Limits or go to Cigna.com/health-care-reform/embedded-oop-customer-impacts.

Option 3

Option 4

	LocalPlus IN Network, Deductible Plan		LocalPlus IN Network, Deductible Plan with HSA	
	Medical plan highlights			
	Employee	Family	Employee	Family
Medical deductible				
In-network	\$1,200	\$2,750	\$1,700	\$3,400
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
Out-of-pocket maximum				
In-network*	\$3,850	\$7,700	\$3,400	\$6,800
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
Total contribution to HSA from employer	\$0	\$0	\$500	\$1,000

Prescription medication highlights

Participants must use Cigna Healthcare in-network pharmacies; there are no benefits for out-of-network pharmacies.

	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)
Pharmacy deductible	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
Generic	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
Preferred brand	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
Out-of-pocket maximum	\$4,000 individual \$8,000 family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Preventive drugs at no additional cost for generic: high blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

*This is the most a family (employee plus covered family members) will pay for in-network, out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped by the IRS at \$8,300 for 2025 health plans, and overall family in-network costs are capped at \$16,600. To see examples of how this works, please visit InformedOnReform.com > Reform Topics Overview > Cost Sharing Limits or go to Cigna.com/health-care-reform/embedded-oop-customer-impacts.

Option 1

Option 2

	OAP Deductible Plan		OAP Deductible Plan with HSA	
Office/Routine care - What you'll pay; if a deductible applies, it will be noted.				
	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care*	Covered 100%	50% after deductible	Covered 100%	50% after deductible
Office visit	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Specialist visit	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Prenatal care	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Chiropractic	10% after deductible, limit 10 days/calendar year	50% after deductible, limit 10 days/calendar year	10% after deductible, limit 10 days/calendar year	50% after deductible, limit 10 days/calendar year
Physical, occupational and speech therapy	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Well-child care*	Covered 100%	50% after deductible	Covered 100%	50% after deductible
Lab, X-ray, diagnostic tests	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Durable medical equipment	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Hospice care	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Hospital care - What you'll pay once you meet your deductible				
Inpatient hospitalization	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient surgery	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Emergency room	\$155 per visit (copay waived if admitted) then 10% after deductible	\$155 per visit (copay waived if admitted) then 10% after deductible	10% after deductible	10% after deductible
Urgent care center	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Behavioral health and substance use - What you'll pay once you meet your deductible				
Inpatient (unlimited day maximum)	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient	10% after deductible	50% after deductible	10% after deductible	50% after deductible

* Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible to meet for these services.

Option 3

Option 4

	LocalPlus IN Network, Deductible Plan		LocalPlus IN Network, Deductible Plan with HSA	
	Office/Routine care - What you'll pay; if a deductible applies, it will be noted.			
	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care*	Covered 100%	No coverage	Covered 100%	No coverage
Office visit	10% after deductible	No coverage	10% after deductible	No coverage
Specialist visit	10% after deductible	No coverage	10% after deductible	No coverage
Prenatal care	10% after deductible	No coverage	10% after deductible	No coverage
Chiropractic	10% after deductible, limit 10 days/calendar year	No coverage	10% after deductible, limit 10 days/calendar year	No coverage
Physical, occupational and speech therapy	10% after deductible	No coverage	10% after deductible	No coverage
Well-child care*	Covered 100%	No coverage	Covered 100%	No coverage
Lab, X-ray, diagnostic tests	10% after deductible	No coverage	10% after deductible	No coverage
Durable medical equipment	10% after deductible	No coverage	10% after deductible	No coverage
Hospice care	10% after deductible	No coverage	10% after deductible	No coverage
Hospital care - What you'll pay once you meet your deductible				
Inpatient hospitalization	10% after deductible	No coverage	10% after deductible	No coverage
Outpatient surgery	10% after deductible	No coverage	10% after deductible	No coverage
Emergency room	\$155 per visit (copay waived if admitted) then 10% after deductible	\$155 per visit (copay waived if admitted) then 10% after deductible	10% after deductible	10% after deductible
Urgent care center	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Behavioral health and substance use - What you'll pay once you meet your deductible				
Inpatient (unlimited day maximum)	10% after deductible	No coverage	10% after deductible	No coverage
Outpatient	10% after deductible	No coverage	10% after deductible	No coverage

* Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible to meet for these services.

Cigna Healthcare helps you have more control over your health care. And we'll be here to help you understand your options and choose the care that best fits your and your family's needs—and budget.

Here are a few easy ways you can save on out-of-pocket health care expenses if you enroll in a health plan.*

Stay in-network.

Save big when you use a doctor, hospital or facility that's part of your plan's network. Chances are, there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care right where you need it.

Consider using an urgent care center.

If you need medical attention but your condition is not serious or life-threatening, you may not have to go to an emergency room (ER). An urgent care center provides quality care like an ER but can save you hundreds of dollars. Visit an urgent care center for things such as minor cuts, burns and sprains; fever and flu symptoms; joint or lower back pain; and urinary tract infections.

Consider using a convenience care or retail clinic.

Need to see your doctor immediately but can't get an appointment? Try going to a convenience care clinic. You'll get quick access to quality, cost-effective medical care. A convenience care clinician can treat you for sinus infections, rashes, earaches, minor burns and other routine medical conditions. You can find convenience care clinics in pharmacies, grocery stores and other retail stores.

Stick with lower-cost labs.

If you go to a national lab, such as Quest Diagnostics® Labcorp®, you can get the same quality service and save. Even though other labs may be part of the Cigna Healthcare network, you'll often get even bigger savings when you go to a national lab. And with hundreds of locations nationwide, they make it easy to get lab services at a lower cost.

Visit independent radiology centers.

If you need a CT scan or an MRI, you could save hundreds of dollars by using an independent radiology center. These centers can provide you with quality service like you'd get at a hospital but usually at a lower price.

Choose the right place for your colonoscopy, endoscopy or arthroscopy.

When you choose to have one of these procedures at an in-network freestanding outpatient surgery center, you could save hundreds of dollars. These facilities specialize in certain types of outpatient procedures and offer quality care, just like a hospital, but at a lower cost to you.

Keep these numbers handy.

Pre-enrollment Hotline
800.401.4041

Cigna Healthcare (24/7)
800.244.6224

Healthy Rewards Discount Program
800.870.3470

Healthy Pregnancies, Healthy Babies
800.615.2906

Cigna Healthcare Veteran Support Line
855.244.6211

Williamson County Benefits Department
615.591.8521

SaveOnSP Enrollment
800.683.1074

Accredo by Evernorth, our specialty pharmacy
877.826.7657

Express Scripts by Evernorth, our home delivery pharmacy
800.835.3784

* This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.

Understand your prescription drug coverage.

myCigna.com tools and resources

To help you stay healthy and manage your family's prescription medication needs, you have access to many online resources and tools on myCigna.com®. Here you can:

- Review your specific pharmacy coverage details.
- Search for a medication or view your plan's prescription drug list.
- Track your pharmacy expenses, claims and account balances.
- Use the Price a Medication feature to estimate medication costs, search for lower-cost alternatives (if available) and find pharmacies.¹
- Learn more about Express Scripts by Evernorth®, our home delivery pharmacy.

You can also use the myCigna App to access these features when you're on the go.²

Your plan's prescription drug list

Your prescription drug list is a complete listing of covered generic and brand-name medications.

Cigna 90 Now

Your plan includes a maintenance medication program called Cigna 90 Now. Maintenance medications are those you take every day to treat an ongoing health condition, such as diabetes, high blood pressure, high cholesterol or asthma.

Under your plan, maintenance medications have to be filled in a 90-day supply. You also have to fill your prescription at a 90-day retail pharmacy in your plan's network or through Express Scripts Pharmacy. Filling your prescription in a 90-day supply helps make life easier: You'll make fewer trips to the pharmacy, and you may even be less likely to miss a dose.

Most plans require prescriptions be filled at an in-network pharmacy to receive coverage under the plan. If you fill a prescription at a pharmacy that's not in your plan's network, it may not be covered or you may pay more out of pocket. See your plan materials for details.

Flexible spending account (FSA)

Your FSA is through Health Equity. Please check your open enrollment information to participate in the FSA (medical or dependent care).

Virtual care through MD Live by Evernorth

MD Live by Evernorth® offers a comprehensive suite of convenient virtual care options available by phone or video whenever it works for you.³

- **Primary care:** Preventive care, routine care and specialist referrals
- **Behavioral care:** Talk therapy and psychiatry from the privacy of home
- **Urgent care:** On-demand care for minor medical conditions
- **Dermatology:** Fast customized care for skin, hair and nail conditions; no appointment required⁴

SaveOnSP

Certain specialty medications are eligible for the SaveOnSP program. If you are filling an eligible medication, a representative from SaveOnSP will contact you about enrollment in the program. If you choose to participate, you'll pay \$0 for your medication.

Conditions supported by SaveOnSP include, but are not limited to:

• Hepatitis C	• Oncology
• Inflammatory bowel disease	• Psoriasis
• Multiple sclerosis	• Rheumatoid arthritis

To see if you qualify for or to learn more about SaveOnSP, call **800.683.1074**.

Ampifon hearing aid coverage

Adult hearing aid coverage for age 18 years and over. Limited to a maximum of \$1,500 and two devices every 36 months. Customers are responsible for all costs over and above the allowance amount. The benefit is covered at 100%. The fitting and testing is a regular office visit.

1. Prices shown on myCigna are not guaranteed, and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

2. App/online store terms and mobile phone carrier/data charges apply.

3. Cigna Healthcare 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.

4. Virtual dermatological visits through MD Live are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care.

Find a health care provider in the LocalPlus or OAP network on Cigna.com.

Check to see if your doctor is in-network:

1. Go to Cigna.com.
2. Click on “Find a Doctor”
3. Click on “Employer or School.”
4. Enter the requested details for your search.
5. Choose “LocalPlus” or “OAP” and click on “Select.”
6. Click on “Search” to see a list of network doctors near you.

Know your numbers.

Staying healthy is important, and knowing certain test results will help you and your doctor better understand your health. Your biometric screening will help you know your four key health numbers:

- Blood pressure
- Body mass index (BMI)
- Glucose level
- Total cholesterol level

If you find you need to work on any of these numbers, talk with your doctor. They can offer advice on ways to improve your health through simple lifestyle changes, such as following a healthy diet, exercising and getting enough sleep.

Get help for a healthier pregnancy.

When you’re expecting a baby, you have a lot to look forward to. You also have a lot of decisions to make—and probably a lot of questions to ask. Cigna Healthy Pregnancies, Healthy Babies® can offer the support you need.

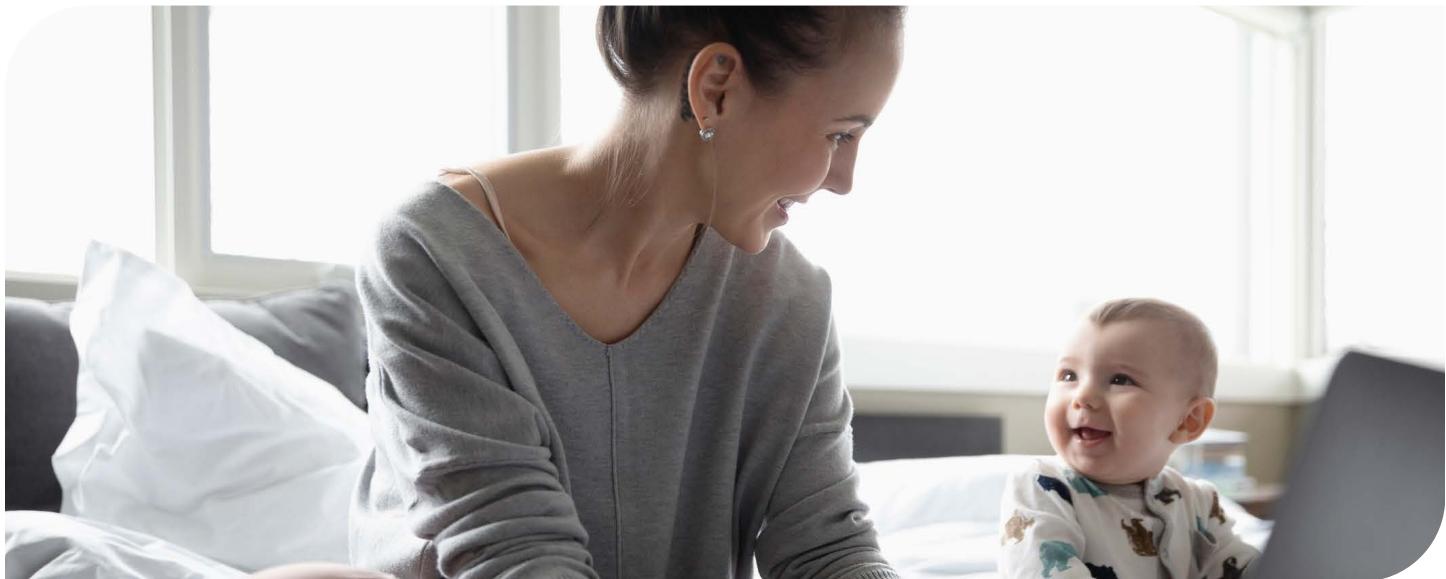
This program is included at no additional cost with your medical plan through Cigna Healthcare, and it can help you throughout your pregnancy—and in the days and weeks following your baby’s birth. Here’s how it works:

- A member of our team will ask you questions about your health and help you understand any health issues that could affect your baby. You can also ask your own questions and get information to help you make informed choices about your pregnancy.
- Based on your situation, a Cigna Healthcare pregnancy coach, who has nursing experience, will provide additional guidance and support to help you and your doctor develop a care plan that meets your unique needs. Your pregnancy coach will continue to follow up and provide support throughout your pregnancy.
- You’ll also receive a kit with useful information, tips and resources to help guide you throughout your pregnancy and after you give birth.

When you participate and complete the Cigna Healthy Pregnancies, Healthy Babies program, you also may be able to receive:*

- A \$150 incentive for enrolling by the end of your first trimester.
- A \$75 incentive for enrolling by the end of your second trimester.

To learn more and enroll, call **800.615.2906**.



* Incentive rewards may be considered taxable income. Please contact your tax advisor for details.

2025 Williamson County Healthier You rewards program*

- Williamson County's Healthier You program, administered by Cigna Healthcare, is your well-being rewards program. It features rewards for achieving your health-related goals and provides additional tools and resources that can help you take steps to a healthier lifestyle.
- To be eligible for rewards, employees and spouses must be enrolled in one of Williamson County's medical plans. Eligible employees can earn up to \$200 in gift cards and/or debit cards** by completing goals, such as the preventive care goals, or enrolling in a chronic condition program. Eligible spouses can earn up to \$100 by completing the preventive care goals.
- Your online health assessment is the gatekeeper for eligible employees and spouses to earn incentives between January 1, 2025, and October 31, 2025.
- You will find additional information regarding the rewards program on the Williamson County Benefits website under the "Healthier you" tab. Create your user login on myCigna.com to participate.*** Contact the well-being coordinator in the Benefits Department for more information.

Goal type	Description	Reward for employee	Reward for spouse
Online health assessment	You must complete the health assessment at myCigna.com to be eligible to earn any of the rewards listed below in 2025. This confidential online survey provides a personalized assessment of your current health. The health assessment unlocks your 2025 rewards.		Gatekeeper goal
Annual check-up (preventive exam)	A preventive exam can spot health conditions and illnesses before they become more serious and costly to treat.	\$100	\$50
Biometric health target: cholesterol	Achieve a healthy cholesterol ratio of less than 4.4 (female) or 5.0 (male).	\$25	\$25
Biometric health target: blood pressure	Achieve a healthy blood pressure of less than or equal to 139/89.	\$25	\$25
Biometric health target: blood sugar	Achieve a healthy fasting blood sugar level of less than 100.	\$25	\$25
Health coaching by phone/lifestyle management	Complete any one of the three lifestyle management coaching programs: weight, stress or tobacco.	\$50	N/A
Annual OB/GYN exam	This preventive exam can help identify ovarian and cervical cancers, as well as the human papillomavirus (HPV).	\$50	\$50
Mammogram	Breast cancer can be detected earlier using mammogram tests.	\$25	\$25
Colon cancer screening	Colon cancer can be treatable when detected early.	\$25	\$25
Prostate screening	A prostate screening can detect changes that can lead to prostate cancer.	\$25	\$25
Flu shot	The flu can lead to more-serious issues.	\$25	\$25
Diabetes digital coaching	You must complete 16 lessons of our Diabetes Prevention Program.	\$100	N/A
Chronic health coaching	A health coach will work with you one-on-one to help you make progress on a goal and overcome a health problem.	\$50	N/A

* **For all participants** - If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Cigna Healthcare at 800.244.6224 and we will work with you and, if you wish, with your doctor.

For participants who may have an impairment - If you are unable to participate in any of the program events, activities or goals because of a disability, you may be entitled to a reasonable accommodation for participation or an alternative standard for rewards. For worksite accommodations, please contact Williamson County Benefits Department at Gina.Crawford@WilliamsonCounty-TN.gov; for accommodations with online, phone or other Cigna Healthcare programs, please contact Cigna Healthcare at 800.244.6224.

** Please refer to the relevant merchant for terms and conditions that may apply to your receipt and use of any gift/debit card. Gift/debit cards may be considered taxable income. Please contact your tax advisor for details. Cigna Healthcare is not responsible for lost or stolen gift/debit cards.

*** Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

This information is for educational purposes only. It's not medical advice. Always ask your doctor for appropriate examinations, treatment, testing and care recommendations.

Additional Cigna Healthy Pregnancies, Healthy Babies program reward opportunity

In addition to the \$200/\$100 rewards maximum described above, you or your spouse can also earn up to \$150 through the Cigna Healthy Pregnancies, Healthy Babies program.

Goal type	Description	Reward for employee	Reward for spouse
Healthy Pregnancies, Healthy Babies program completion	Enroll in the Healthy Pregnancies, Healthy Babies program in the first trimester, and then complete the program.	\$150	\$150
Healthy Pregnancies, Healthy Babies program completion	Enroll in the Healthy Pregnancies, Healthy Babies program in the second trimester, and then complete the program.	\$75	\$75

Healthy Pregnancies, Healthy Babies is outside the employee and spouse cap on MotivateMe. Employee and spouse can participate in the Healthy Pregnancies, Healthy Babies program to earn the incentive. Dependent children can participate in the Healthy Pregnancies, Healthy Babies program, but they are not eligible for the incentive.

What's not covered*

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer's medical plan, unless required by law.

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit, including services covered by workers' compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Weight loss programs
- Treatment of sexual dysfunction
- Travel immunizations
- Telephone, email and internet consultations in the absence of a specific benefit

- Treatment of temporomandibular joint (TMJ) and muscle disorder
- Acupuncture
- Infertility services
- Obesity surgery and services
- Eyeglass lenses and frames, contact lenses, and surgical vision correction

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example, HRA, HSA or FSA) if you have one and if permitted under applicable federal tax regulations.

- Not all drugs are covered. For example, nonprescription and antiobesity drugs are generally not covered. Plans may 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 provider, 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 copay, coinsurance or deductible requirements.

* This is a summary only, and your plan's actual terms may vary. For a complete list of both covered and not-covered services, including benefits required by your state, please see your employer's insurance certificate or summary plan description, the official plan document. If there are any differences between the information in this brochure and the plan document, the information in the plan document takes precedence.

If you are declining enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Effective April 1, 2009, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with a group health plan premium payment under state Medicaid or CHIP, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

To request special enrollment or obtain more information, call our Customer Service Team at 800.Cigna24 (800.244.6224).

Other late entrants

If you decide not to enroll in this plan now and then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan, as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call our Customer Service Team at 800.Cigna24 (800.244.6224).

Your enrollment checklist



This is one of the most important decisions you'll make this year. These steps will help you choose wisely.

- Think about your health history and health care needs. How much do you spend, on average, for health care? How might that change in the upcoming year?
- Check the online directory on Cigna.com to see if your provider participates in our network.
- Visit myCigna.com to compare prescription drug prices or to see if your medicine is covered.

Call the Pre-enrollment Hotline at 800.401.4041 if you have questions.

A healthier partnership starts here.

Preparing for a doctor's visit is an important step in taking control of your own health. Spend time thinking about what questions you want to ask. Your doctor will welcome your active participation. Here are some simple steps you can take to make the most of your visit.

Make a list.

Prepare for your visit by writing down your most important questions and concerns. Put them in order of importance. This will help make sure you don't spend too much time talking about less important things or run out of time before you get to what really matters to you.

Prepare to share.

The best way for your doctor to get a full picture of your health is by examining you and then talking with you. Be prepared to share your basic health history. If you have a complex health history, bring your other doctors' contact information.

Deal with paperwork early.

If you need any paperwork completed, such as school physicals, disability forms, etc., let your doctor know early in the visit.

Understand your coverage.

Knowing how your health plan works can help your doctor get through the necessary paperwork quickly and efficiently. Also, don't forget to bring your Cigna Healthcare ID card. It has the information your doctor will need to process any claims.

Find the right fit.

You should leave your doctor's office feeling like your concerns were heard and addressed. Together, you and your doctor should come up with a health care plan that fits your needs.



Develop a good relationship with your doctor. It can help you live a healthier life.



The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If there are any differences between the information in this brochure and the official plan documents, the terms of the plan documents will apply. If you need more assistance, talk with your human resources representative.

Providers and facilities that participate in the Cigna Healthcare network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna Healthcare.

The medical plans offered to eligible employees are self-insured by Williamson County and administered by Cigna Health and Life Insurance Company.

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.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. In Texas, Open Access Plus and LocalPlus plans are considered preferred provider plans with certain managed care features, and Open Access Plus In-Network and LocalPlus IN plans are considered exclusive provider plans with certain managed care features. All pictures are used for illustrative purposes only.