CH2MHILL

CH2M HILL Medical Benefits Toolkit for HR Managers and Generalists






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The following messages relate to employees who qualify for medical benefits through CH2M HILL

Messages related to existing plans

- CH2M HILL's CIGNA Point of Service (POS), Indemnity, and Catastrophic plans will be discontinued beginning with the 2007 plan year.
- Employees who are in offices that do not have CIGNA or Health Maintenance Organization (HMO) network access will still have the option of choosing the Indemnity or Catastrophic plan. These locations are ANC, HMT, KWT, and other remote areas. CIGNA's Catastrophic plan, where offered, will no longer be a free plan.
- Employees enrolled in one of the discontinued plans must choose another health plan option during the upcoming open enrollment period. The annual open enrollment is tentatively scheduled from November 13 to December 1, with changes taking effect January 1, 2007.
- We will continue to offer the CIGNA Preferred Provider Organization (PPO) plan; however, prescription co-pays will change from a two-tier plan ($10/$20) to a three-tier plan ($10/$25/$40) for this and all available CIGNA plans. The three-tier plan will be broken down to generic, preferred brand-name, and non-preferred brand-name. Under the mail-order program, the co-pays will change from $20/$40 to $20/$50/$80 for a 90-day supply. For the out-of-network pharmacies, a deductible will be required before the plan will pay the 60 percent co-insurance. Prescription coverage for the CIGNA Catastrophic plan will remain unchanged.
- HMOs will continue to be offered in 2007. For now, there are two state mandates (which do not apply to our self-insured CIGNA plans) that will go into effect Jan. 1, 2007:
  - New Jersey – dependent child's student coverage will continue to their 30th birthday.
  - California – minimal coverage for bariatric surgery will be available.
- Failure to select a plan during the open enrollment period will result in default enrollment in the CIGNA PPO plan. This plan DOES have a premium; therefore, the default plan is no longer cost-free. In addition, the "automatic plan" for the newly eligible employees will be the CIGNA PPO plan.
- For those offices that do not have a CIGNA or HMO network, please see the automatic and default plans below:

States/Locations	Automatic Plan	Default Plan
Alaska and other remote locations	CIGNA Indemnity	CIGNA Catastrophic
Montana	CIGNA Indemnity	CIGNA Catastrophic
Florida (Key West only)	CIGNA Indemnity	CIGNA Catastrophic
Hawaii	HMSA HMO	HMSA HMO
Idaho	Blue Cross of Idaho	Blue Cross of Idaho

- CH2M HILL understands that medical benefit plans can be confusing, and choosing the right plan for you and your family is important.
- It's up to you to be proactive and learn about the various options available.

Messages related to consumer-driven health plans

- Consumer-centric health plans are generally lower-premium, higher-deductible plans.
- Many (including CH2M HILL's) plans also include a co-insurance feature (the consumer pays a percentage of the remaining costs after fulfilling the deductible) along with employer-provided and pre-tax reimbursement accounts that can be used to help pay for co-insurance and other costs not covered by the plan.
- When designed properly, these plans have a lot to offer employees. For example, consumerism allows you to:
  - Use your health care benefit dollars more wisely by choosing services appropriately and selecting cost-effective and high-quality providers
  - Take charge of your healthcare needs by actively seeking information about your health conditions and engaging in programs to help manage the risks
  - Gain confidence to become an active, not passive, consumer in your healthcare decisions

- Employers also benefit from these types of plans because they ultimately lead to a healthier, more productive workforce.
- Both employees and the company also benefit in that these plans slow down the rate of medical inflation.

CIGNA Choice PPO plan talking points

- CH2M HILL's new health care offering – the CIGNA Choice PPO plan – is similar to the current PPO plan with these significant differences:
  - The deductible for the new plan is $1,500 for a single employee and $3,000 for families (excluding co-pays). Certain preventive care services with an in-network provider are paid at 100 percent and are not subject to the deductible.
  - The maximum out-of-pocket expense (excluding the deductible) is:
    - In-network: $2,000 for single employees, $4,000 for families
    - Out-of-network: $4,000 for single employees, $8,000 for families
  - The new plan includes a healthcare Flexible Spending Account (FSA) company match up to $200 that can be used to pay for expenses not covered by the plan.
  - The new plan also includes an employer-provided Health Reimbursement Arrangement (HRA), called the CIGNA Choice Fund. This arrangement ($400 for single employees, $800 for employee + 1, and $1,000 for families) will be used to pay co-insurance only (the 20 percent of covered charges you pay after the deductible). Unused HRA account balances will roll over from year to year and can be used for the firm's retiree medical expenses once vested.
- The company has carefully analyzed its new plan deductible levels to ensure that the deductible levels are set to:
  - Manage and control the cost of the plan for employees while providing a high level of benefit
  - Engage you as a direct, and active consumer for some healthcare expenses
  - Reward your health and investment in your health security through the provisions of the HRA and healthcare FSA.
- The new health insurance plan helps protect you from the significant cost of illness. It does not pay for all of your healthcare expenses.
- The ultimate goal of the CIGNA Choice PPO plan is to provide a health plan that does not simply pay a benefit when you are ill; rather, it's a health security plan that provides for the active management of your healthcare spending, the accumulation of savings for your future healthcare expenses.
- The CIGNA Choice PPO plan can empower you to make more of your own healthcare decisions, and CIGNA provides tools to help you do so.
- Deductibles have not changed much over the last 30 years. During this time, healthcare costs and the cost of the insurance plan have increased dramatically.
  - CH2M HILL's health care expenditures have risen 45 percent in the past 5 years.
  - Premiums for employer-based health insurance rose by 9.2 percent in 2005, the fifth consecutive year of increases more than 9 percent.
  - In 1970, Americans spent an average of $348 per year on health care; by 2006, this number had grown to more than $6,000.
  - The average employee contribution to company-provided health insurance has increased more than 143 percent since 2000. Average out-of-pocket costs for deductibles, co-payments for medications, and co-insurance for physician and hospital visits rose 115 percent during the same period.
  - These high deductible plans often have deductibles that range around $2,000 to $3,000 for single coverage. At CH2M HILL, we have adopted a more conservative approach to setting the deductible amount under the plan, based on our understanding of:
    - The importance our employees place on their health insurance plan; and
    - The objective to manage plan costs.

HRA talking points

- If you enroll in the new health plan, CH2M HILL will provide an HRA in your name.
- Annually, the firm will allocate to your account $400 for single employees, $800 for employee + 1, and $1,000 for families while you remain in the CIGNA Choice PPO plan.
- Balance in your HRA will be used to pay for co-insurance only (the 20 percent of the covered expenses that you are required to pay after your deductible is met).
- Any unused balance in your HRA will be vested when you retire from CH2M HILL and can be used for the firm's retiree medical plan expenses.
- For employees entering the plan mid-year, the HRA will be prorated.
- Any accumulated HRA balance will be forfeited if you leave the CIGNA Choice PPO plan for more than one plan year.
- If you terminate from CH2M HILL for any reason other than retirement (as defined by CH2M HILL), your HRA balance will be forfeited.

Healthcare FSA talking points

- The FSA can be used to offset the higher medical deductible or be used for dental, vision, prescription co-pays, or other qualified expenses.
- If employees enroll in the CIGNA Choice PPO plan, CH2M HILL will match 100 percent of the employee election up to $200.
- Employees do not have to enroll in a CH2M HILL medical plan to participate in the FSA.
- Unused dollars are forfeited at the end of the calendar year.
- Part-time employees are eligible to participate in 2007.

Glossary of Terms

CIGNA Choice PPO Plan - High-deductible, low-premium PPO plan that allows you to control how your healthcare dollars are spent while saving for the future with an HRA; preventive care benefits using an in-network provider are 100 percent paid by the plan; online resources are available to model costs, search highly qualified providers, and information about wellness and staying healthy.

Co-insurance – The percentage of the total cost of covered expenses that you will pay after you have met the annual deductible. Your obligation to pay co-insurance is limited to an out-of-pocket maximum. If you have a balance in your HRA, CIGNA will automatically pay your co-insurance using the amount available to you.

Consumerism - An approach to allow consumers to be more accountable, knowledgeable, and actively engaged in managing their health. A variety of information and online tools are available for purchasing healthcare goods and services through CIGNA Healthcare.

Coordination of Benefits - A provision in a contract that applies when a person is covered under more than one group health benefits program. It requires that payment of benefits be coordinated (primary and secondary) by all programs to eliminate over-insurance or duplication of benefits

Co-payment – An up-front, flat amount that you will pay for each covered service (e.g. prescription drugs). Co-payments do not accumulate toward the plan's deductible or out-of-pocket maximum. If you fund a healthcare FSA, your co-payment can be reimbursed by this account

Covered Service – Services that are considered allowable for payment of benefits under the plan

Deductible – The initial amount each calendar year that you must pay out of your pocket for covered services before your plan begins to provide benefits.

Drug Formulary – A list of preferred, commonly prescribed prescription drugs that the plan will pay at a lower cost. These drugs are chosen by a team of doctors and pharmacists because of their clinical superiority, safety, ease of use and cost. CIGNA's website has a complete list of preferred prescription drugs by name and class.

Eligible Expenses – Portion of the bill that is covered for payment under the terms of the health plan.

Generic Drug – Prescription drug which contains the same active-ingredient formula as a brand-name drug. A generic drug is known only by its formula name and its formula is available to any pharmaceutical company. Generic drugs are rated by the Food and Drug Administration (FDA) to be as safe and as effective as brand-name drugs and are typically less costly

Healthcare FSA – An account which gives eligible employees an opportunity to pay their out-of-pocket healthcare expenses using their pre-tax dollars. This account can be used to offset the higher medical deductible, or be used for dental, vision, prescription co-pays, or other qualified expenses. At the end of each calendar year, unused dollars are forfeited by the account holder. If you elect the CIGNA Choice PPO plan, CH2M HILL will match 100 percent of your election up to $200.

HMO – Health plan with the requirement that you see a primary care physician before services are rendered and use only providers in the HMO network. Typically, benefits are not paid for services outside the network.

HRA - An arrangement which reimburses you for co-insurance under the CIGNA Choice PPO plan up to a specified amount. The dollar amount in your HRA is predetermined based on your family coverage level. Here is how it works: If you have single coverage, CH2M HILL will provide $400 annually. The allocated amounts are $800 for employee + 1 and $1,000 for employee and family. If you incur co-insurance from your CIGNA Choice PPO plan, CIGNA will automatically pay the provider using your HRA. If you do not incur any coinsurance, your HRA will roll over to the next calendar year.

Network Provider – Any healthcare provider who has contracted with the health plan to provide services on a discounted basis.

Lifetime Maximum - The maximum amount of money a plan will pay toward healthcare services over the course of a covered individual's lifetime.

Medicaid – A medical benefits plan available for low-income persons, paid by the federal and state government but administered by the state

Medicare – A federal program of medical care benefits designated for those permanently disabled or age 65 and over.

Non-Preferred Brand-Drug – Brand-name prescription drug that is not part of the preferred drug list (formulary).

Out-of-Pocket - Deductibles, co-insurance, or other fees that you are required to pay outside of your health benefits plan.

Out-of-Pocket Maximum - The most you will have to pay for covered expenses in a calendar year before the plan pays 100 percent. This excludes your co-payment and deductibles.

Out-of-Network Provider - Any healthcare provider who does not have a contract to provide services on a discounted basis.

Preferred Brand-Name Drug – A prescription drug manufactured by a pharmaceutical company under a trade name with the protection of a patent. Brand-name drugs are typically more expensive than their generic equivalent.

PPO - Health plan with option to use providers in a network or out of a network. This plan pays higher benefits if services are rendered with a network provider.

Premium – Your pre-tax dollars made via payroll deduction for the health plan.

Provider – A licensed physician, hospital, medical facility, or any other healthcare professional providing healthcare services.

Point-of-Service (POS) - Health plan with the same structure as the PPO, except for the requirement to first see a primary care physician for any medical condition.

Reasonable and Customary - The maximum amount of cost considered eligible for reimbursement, based on prevailing fees in a geographical area. If you use an out-of-network provider, you may be responsible for paying amounts out of your pocket that are above reasonable and customary.

The new plan empowers you to make more of your own healthcare decisions, and CIGNA provides tools to help you do so. They are categorized by general versus consumerism resources.

General Resources from CIGNA

- **CIGNA's Website** – www.mycigna.com – Members' access to personalized health information
- **24-hour nurse line/health information** – Program is available 24/7 for personal and confidential information on a wide range of health-related topics; members can speak with a registered nurse or listen to pre-recorded information.
- **CIGNA Healthy Steps** – Provides members with information about healthy eating habits and how to incorporate exercise into their schedule, helping to improve the overall health.
- **HRA** – Members can view HRA details, including initial balances, available balances, and amounts used-to-date. They can also view covered services and search for transactions. *This is available only with the CIGNA Choice PPO plan.*
- **Healthy Moms & Babies** – Provides members with information about healthy pregnancies – from prenatal to post delivery - and babies; educational materials from March of Dimes.
- **Healthwise** - Interactive library; provides information on health conditions, everyday health and wellness, first aid, and medical exams.
- **Health Well Aware** – Information program focusing on chronic conditions (e.g. asthma, heart disease); provides members with educational materials about those conditions, self-care information, reminders of important dates and exams, and informational newsletters.
- **Healthy Rewards** – CIGNA's program providing discounts to weight management & nutrition (e.g., Weight Watchers), tobacco cessation (e.g., QuitNet), fitness (e.g., fitness club memberships), vision and hearing care, alternative medicine, vitamins, health and wellness products, dental care, and healthy lifestyle products (e.g., Mayo Clinic books and magazine discounts).
- **Member Profile** - Allows members to view past 24 months of claims history, current status of claims, and benefit details, print temporary ID cards, and track their portion of the medical costs (e.g., deductibles and out-of-pocket maximum)
- **Provider Directory** - Allows CIGNA members to identify participating physicians and hospitals near home or work. The list also includes providers recognized by the National Committee for Quality Assurancefor diabetes and/or heart and stroke care, and hospitals that meet the Leapfrog Group hospital safety standards.

Consumerism Resources from CIGNA

- **Common Medical Costs** – Lists cost of common medical services and conditions by state; allows members to estimate the cost of treatment.
- **Condition Centers** – Offers information about prevention and treatment of more than 39 conditions and includes a personalized questionnaire and evidence-based feedback; provides updates with latest clinical findings.
- **Drug Comparison Tool (DrugCompare)** – WebMD provides information about condition-specific drug treatments for side-by-side comparisons of more than 200 commonly prescribed medications; members can read about side effects and possible drug interactions and view list of drugs; members can also review drug prices; CIGNA's Tel-Drug program allows members to purchase prescriptions online.
- **Health Risk Assessment** - 15-minute questionnaire that helps determine accurate personal health status, provides a personal risk assessment, then directs users to next-step tools; provides recommendations and information about lifestyle changes, self-care, and medical care.
- **Health Records** – Personalized and secured site allowing members to store health information, identify potentially harmful drug interactions, prepare for a doctor's appointment, and track their health status.

- **Health Trackers** – Personalized and secured website allows members to track health measurements over time (e.g., blood pressure) and see easy-to-read charts.
- **Hospital Comparison Tool** – Online tool that helps members to identify the hospital with the highest quality service for a particular procedure and compare hospitals based on data for more than 170 surgical and medical procedures. The tool allows searches by category, procedure/ diagnostic, zip code or town name, and distance.
- **Medical Encyclopedia** – Allows members to search for a variety of subjects regarding health via WebMD.
- **Personal Health Manager** – Provides personalized tools and information about members' specific health based on health risk assessment; user friendly and secure; provides wellness topics, news, and messages based on personal settings.
- **Plan Cost Estimator** - Online decision support tool that provides information about the various plans, and compares and estimates health care costs (e.g., premiums, deductibles, co-insurance, and out-of-pocket).

Q: What do I get with the CIGNA Choice PPO plan?

A: You get several benefits from the CIGNA Choice PPO plan. These include:

- An HRA account that helps you pay co-insurance amounts for services that are covered under your plan.
  - You determine how your HRA account dollars are spent – and stretch your account by seeking the most cost-effective care.
- The freedom to seek care from any licensed provider.
  - You can take advantage of discounted rates when you obtain services from providers who participate in the CIGNA network. If you visit an out-of-network provider you can still use the CIGNA Choice PPO plan to pay for the cost of that care, but you won't benefit from discounted rates, and you may have to file your own claims. Also, your portion of the co-insurance will be 40 percent, not 20 percent.
- Opportunities to take a more active role in managing your healthcare.
  - CIGNA's web tools (www.myCIGNA.com) provide a wide range of health information and tracking resources. Online tools are available to help you identify and monitor your health status, compare medical costs, and look up prescription drug information.
  - To encourage you to actively participate in managing your health, preventive care services with an in-network provider are paid at 100 percent and are not subject to the deductible.

Q: Do I need a referral to see a specialist?

A: You do not need to obtain a referral to see a specialist.

Q: Will I have to file claim forms to be reimbursed under the CIGNA Choice PPO plan?

A: If you see a provider in the CIGNA network, you won't have to file claims yourself. Also, most out-of-network providers will submit a claim to CIGNA on your behalf.

Q: What is an HRA?

A: HRA stands for Health Reimbursement Arrangement. The dollar amount in your HRA is predetermined based on your family coverage level, provided by the company, and administered by CIGNA. This will be used to help pay for your portion of the co-insurance. Any unused amounts will carry over to the next calendar year.

Q: How does an HRA work?

A: If you have single coverage, the firm will allocate $400 annually in your name. The amounts are $800 and $1,000 for employee + 1 and employee and family, respectively. If you incur co-insurance from your medical expenses, CIGNA will automatically pay the provider using your HRA. Any unused HRA balance will roll over to the next calendar year.

Q: My spouse and I are enrolled in the CIGNA Choice PPO plan. How does this plan work if I incur an unexpected claim in the amount of $4,000 from a CIGNA network provider?

A: Assuming that $4,000 is your medical expense, the first $1,500 is your responsibility as this is your deductible. Of the remaining $2,500, your co-insurance of 20 percent is $500. CIGNA will take $500 from your HRA to be paid to the provider.

Q: Are preventive care services covered?

A. Yes. To encourage you to actively participate in managing your health, designated preventive care services with an in-network provider are paid at 100 percent and do not apply toward your deductible. Some of these services include routine physicals, child immunizations, well-baby/child care, mammograms, pap tests, and prostate screening.

Q: Do I get a medical ID card with this new plan?

A: Yes. CIGNA will send new ID cards to you and your covered family members.

Q: Can I cancel this plan mid-year?

A: With a qualifying life event (e.g., marriage, birth, adoption), you can decline your medical plan but cannot move to another plan. The next opportunity to change your medical plan is at the annual open enrollment in November of 2007.

Q: If I have a qualifying event mid-year, can I elect the CIGNA Choice PPO plan?

A: If you previously declined the medical plan, you can elect this plan with a qualifying life event. Some of the qualifying events are marriage, divorce, birth, and adoption. You cannot switch from a medical plan to another medical plan mid-year. The HRA allocation will be prorated based on when you enroll in the CIGNA Choice PPO plan.

Q: I am currently enrolled in the new plan and have not used up my HRA of $400. If I decline next year and sign up in the subsequent year, what is my HRA balance?

A: Your HRA balance will be forfeited if you do not stay in the CIGNA Choice PPO plan.

Q: I am enrolled in the CIGNA Choice PPO plan with single coverage. What is my new HRA balance when I add my spouse?

A: Under the single coverage, your HRA balance is $400. When you add a spouse, your new HRA balance will be prorated.

Q: What tools can I use to make an educated decision?

A: There are several resources available to you. CIGNA provides online tools to estimate office visits, search high-quality providers, compare drug costs, and track your health measurements over time. A plan cost estimator is also available for you. You may want to begin by estimating your healthcare spending for the next year. Here's how:

- Determine your medical and prescription expenses from last year.
- Consider any expected changes in your medical spending, such as a pregnancy or a planned surgery.
- Estimate your benefit expenses using the online plan cost estimator.
- Estimate your out-of-pocket healthcare costs, including your payroll contributions for your medical plan.

Q: I am a part-time regular employee. Am I eligible for HRA?

A: Yes. The new plan with the HRA is available to all full and part-time employees. Both types of employees will receive a full allocation as long as they have been in the plan for the entire calendar year.

Q: What kinds of expenses can I use my HRA for?

A: The accounts can only be used for your co-insurance under the CIGNA Choice PPO plan.

Q: Can I put in my own money to the HRA?

A: No.

Q: Can I use my HRA for co-insurance on my spouse's plan?

A: No.

Q: Does my HRA earn interest?

A: No.

Q: What is a Healthcare FSA?

A: An account which gives eligible employees an opportunity to contribute pre-tax to pay their out-of-pocket healthcare expenses. This account, which has been available for several years, can be used to offset the higher medical deductible or be used for dental, vision, or other qualified expenses. At the end of each calendar year, unused dollars are forfeited by the account holder. If you elect the CIGNA Choice PPO plan, CH2M HILL will match your election up to $200. You may also elect an FSA with the other medical plans, but there won't be a company match.

Q: What are the differences between an HRA and healthcare FSA?

A: An HRA, provided by CH2M HILL, is only available with the CIGNA Choice PPO plan and can only be used to pay for the participant's co-insurance under the plan. The healthcare FSA, funded by employee contributions with pre-tax dollars, allows the participant to be reimbursed for medical expenses that may not be covered by any medical plan or other qualified expenses. A complete list of qualified expenses can be found on www.myshps.com. Unlike the FSA, the HRA is not funded but instead an obligation on the part of the company.

Q: Do I have to enroll in the CIGNA Choice PPO plan with an HRA in order to sign up for health FSA?

A: No. However, it may help you to offset the higher medical deductible, prescription co-pays, or can be used for dental, vision, or other qualified expenses.

Q: How do I get the health FSA match from the company?

A: In order to receive the healthcare FSA match from the firm, you must enroll in the CIGNA Choice PPO plan and elect a minimum of $120 to your healthcare FSA. With an election of $200, for example, the firm will match $200, giving you a total of $400 to your healthcare FSA.

Q: When does CH2M HILL provide my HRA?

A: As soon as you enroll in the CIGNA Choice PPO plan, CIGNA will show the entire balance of your HRA. If you enroll during the annual open enrollment period, the balance will be available Jan. 1, 2007.

FAQs about the CIGNA Choice PPO Plan

Q: How do I receive reimbursement from my HRA?

A: If you have co-insurance expenses from your plan, CIGNA will automatically use your HRA and pay the provider.

Q: How do I find out what my HRA balance is?

A: You can check the balance by visiting the CIGNA website at www.mycigna.com, or call CIGNA directly at 800.244.6224. The balance is always displayed on your explanation of benefits statement. If you don't incur any claims, CIGNA will send you quarterly statements showing your account balance.

Q: What happens to my HRA if I change to a different plan next year?

A: Your balance will be forfeited.

Q: What happens to my HRA if I quit the firm?

A: Your HRA will be forfeited unless you continue the plan under the COBRA program.

Q: I am in the CIGNA Choice PPO plan now but I'm thinking of going to Flex. Can I have my HRA back when I return to full-time status?

A: Maybe. If you return to the plan within the same calendar year, the account will be available to you. Otherwise, any balance left in the account will be lost.

Q: If I quit and return to the firm, can I get my HRA back?

A: Any balance left in the account will be lost.

Q: What happens to my HRA if I retire from the firm?

A: Your HRA is vested at the time of retirement. You can use your HRA to pay for expenses related to the retiree medical plan. You must be retired under the terms of CH2M HILL in order to receive your HRA.

Q: What is CH2M HILL's definition of retirement?

A: A retiring employee must be age 55 or older who has 10 years of service credited after age 40. You are eligible for the retiree medical plan provided you are covered under the CH2M HILL Medical Plan at the time of retirement. Retirees must elect the coverage at the time they retire from the firm. Eligibility is conditioned upon actual retirement; if you become gainfully employed (including self-employment) on more than an incidental basis after the date of retirement, CH2M HILL reserves the right to discontinue the coverage. Further, this coverage is only available if you are not covered by any other group plan as an employee.

Q: What happens to the balance of my HRA if I don't use it?

A: If you are actively enrolled in the plan and do not use your HRA, the remaining balance will roll over to the next plan year. There is no maximum limit to your accumulated HRA.

Q: What happens after all of my HRA dollars are gone?

A: If the dollars in your account are exhausted, you must pay for co-insurance out of your pocket until you meet the annual out-of-pocket maximum. If you have healthcare FSA, you can also submit the claims for reimbursement.

Q: If my spouse and I both work for the firm, can we both have an HRA?

A: CH2M HILL does not allow duplication of coverage. Therefore, one employee chooses medical coverage for the family while the other employee waives altogether.

Q: I have a domestic partner. Can I use my HRA for my domestic partner?

A: Yes, as long as your domestic partner is covered by your medical plan.

Q: If I am on FMLA, can I keep my HRA?

A: Yes. Your medical plan does not change while you are on FMLA.

Q: Which costs will I have to pay for out of my own pocket?

A: Your expected out-of-pocket cost should include your premium contribution, fees from services that are not covered, your deductible, co-pays, and any co-insurance after the HRA has been exhausted.

September 2006

- CH2M HILL Medical Benefits Toolkit for HR Managers and Generalists
  - Cover memo from Rudd Little
  - Talking points
  - Glossary of terms
  - Resources for employees
  - Frequently Asked Questions (FAQs)
  - Communications calendar
  - Contact information
- Weeks Three, Four
  - Introduction letter from Ralph Peterson
  - Direct e-mail to employees whose current plans are being discontinued (CIGNA POS, Catastrophic, Indemnity)
  - Preview of communication materials
  - "Heads up" Virtual Office story explaining the upcoming newsletter series and open enrollment packet
  - "Train the Trainer" program for HR Managers and Generalists

October 2006

- Healthcare "newsletter" Virtual Office series
  - Trends (quoting outside sources)
  - Health/Wellness (the new face of healthcare: employee engagement)
  - Consumerism (plan design that supports engagement model)
- Open Enrollment packet distributed internally
- Copies of newsletters
- FAQs
- Open enrollment workbook
- Other standard enrollment materials
- "Consumer-Centric Health Plan (CCHP)" employee presentation to be delivered in larger offices
- Live Meeting version of CCHP presentation
- Reminder Virtual Office story with recap of key messages delivered via the newsletter series

November 2006

- Auto e-mails during open enrollment

Important Resources for HR Managers and Generalists

Health Plan Administrator's Contact

CIGNA Healthcare

- Customer Service: 800.24CIGNA
- Web address: www.mycigna.com

HMOs (non-CIGNA plans)

- Enrollment packets
- Customer Service: Refer to member ID card

SHPS (healthcare, dependent care and commuter FSA)

- Customer Service: 800.678.6684
- Web address: www.myshps.com

Marsh@Worksolutions

- Customer service: 800.578.5726
- Web address: www.personal-plans.com/ch2m/

CH2M HILL Benefits Team

Corporate Benefits

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