

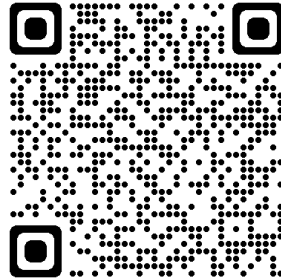


Open the Cigna Easy Choice Tool from any computer or mobile device.

<https://decisionsupport.cigna.com>

Enter your code, and click continue.

- ✓ Active Employees - V4BHPEXW
- ✓ Retirees (under age 65) - P9UZAQBE



Login to Cigna Easy Choice Tool

First time visitor Returning Visitor

Enter the access code from your employer.

[Don't know your code?](#)

CONTINUE

Click continue again on the introduction page.

Cigna Easy Choice Tool helps you choose the health plan that's right for you:

- ✓ **Answer a few questions** about what you want in a plan
- ✓ Based on your answers, **we'll present the plans starting with your Best Fit, Next Best Fit, and so on**
- ✓ **Compare plans side-by-side** to view costs, doctors and networks
- ✓ Create an **Enrollment Checklist** of your favorite plans
- ✓ Take the checklist with you to use when you **enroll in your benefits**

CONTINUE

Enter your zip code and click continue.

Your ZIP Code

We'll use your ZIP code to search the available plans in your area.

Enter your Zip Code

CONTINUE



Answer a few quick questions.

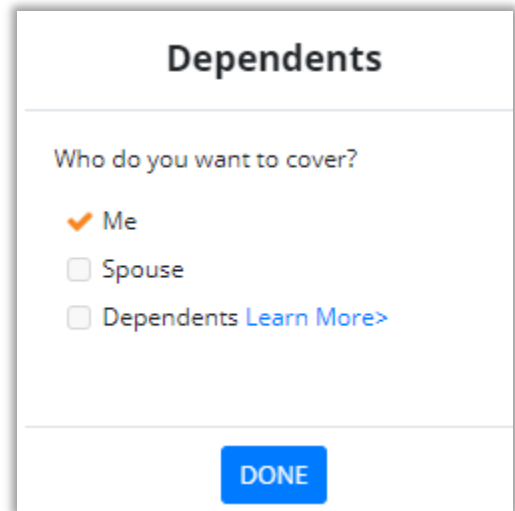


Who are you covering?

Is this coverage just for you or do you want to cover anyone else (your dependents)? [Learn more about covering dependents.](#)

ME Me & Others

If you select “me & others”, you will be asked for more information about your covered dependents.



Dependents

Who do you want to cover?

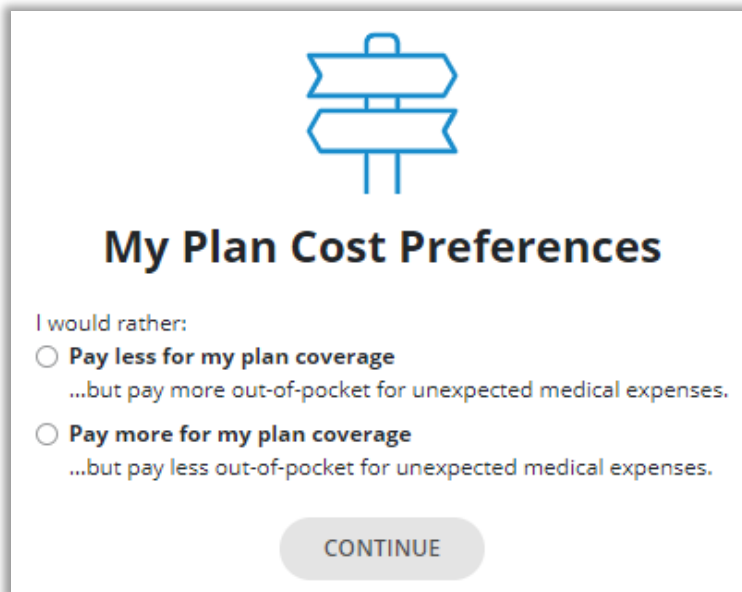
Me

Spouse

Dependents [Learn More>](#)

DONE

Next, check off your preferred cost approach.



My Plan Cost Preferences

I would rather:

Pay less for my plan coverage
...but pay more out-of-pocket for unexpected medical expenses.

Pay more for my plan coverage
...but pay less out-of-pocket for unexpected medical expenses.

CONTINUE

Pay less/more for my plan coverage, is referring to your bi-weekly premium, which is deducted from your paycheck.


- If you choose the first option, you are indicating that you prefer to have less money coming out of your paycheck but understand that you may pay a little more when you seek medical care.
- If you choose the second option, you are indicating that you prefer to have more money coming out of your paycheck so that you may pay a little less when you seek medical care.



Note: All of these answers help the decision tool to build a comparison chart that is best for your personal needs. However, you can choose to “skip this question” at any time.

Planned Health Expenses

This is only a yes / no answer. You will not be asked to provide details if you answer “yes”.




Planned Health Expenses

Will you have any major medical expenses this year such as having a baby or a scheduled surgery?

Yes
 No

CONTINUE



Saving Money For Future Medical Expenses

Do you want a plan with a **Health Savings Account (HSA)**?

A **HSA** allows you and/or your employer to contribute money into a tax-advantaged account you can use to pay for current or future eligible health expenses. You can keep this account even if you leave your employer and no longer enrolled in the plan.

Yes
 No

[Learn more about HSA plans](#)

CONTINUE

Saving Money For Future Medical Expenses

This question is meant to gather information and provide you with additional details about an HSA account. Your response will not limit your options



You will have an opportunity to add your current physicians and providers if you would like to do so. This is not required and can be skipped.



My Providers

How important is it that you and your family members providers are in the plan you choose?

- Very Important
- Important
- Not very Important
- Not at all Important

CONTINUE



Build My Health Team

A "Health Team" is your favorite health care providers, hospitals and facilities.

We can quickly search for you across all the plans and networks to find out if your health team members are in network. Staying in-network provides you with the greatest cost-savings.

Search for Your Health Team

SEARCH

We can quickly search through **all** the plans and networks to see if your favorite doctors, hospitals and facilities are **in-network**.

Each provider will be labeled as **in-network** or **out-of-network** on your list of plan options for 2023.

Your current location is,

Change Your Location



Your Health Team



Doctors(0)

Facilities(0)

ADD A DOCTOR +

CANCEL

VIEW RESULTS



Once completed, you will receive a side by side comparison. It will include your bi-weekly premium cost & HSA employer funding amount, provider confirmation, links to plan documents, plan deductibles, and out of pocket maximums. Review, select, and save. You will receive a reference number to return to and helpful checklist for open enrollment.

Compare
Compare
Compare

Best Fit

HSA (Health Savings Account)
Cigna Health and Life Insurance Company

This plan has a **Health Savings Account (HSA)**. ⓘ

You pay Biweekly ▼

after employer contribution

Annual Estimated Health Care Cost ⓘ
Enter some additional information, and we'll estimate the annual costs for each plan.

⇒ [START ESTIMATE](#)

Your employer is contributing \$1000 to your HSA.

My Health Team

✔ In-network at these locations>

Search for my providers, hospitals and facilities

Browse this network's directory for a provider.

Next Best Fit

HDHP
Cigna Health and Life Insurance Company

You pay Biweekly ▼

after employer contribution

Annual Estimated Health Care Cost ⓘ
Enter some additional information, and we'll estimate the annual costs for each plan.

⇒ [START ESTIMATE](#)

My Health Team

✔ In-network at these locations>

Search for my providers, hospitals and facilities

Good Fit

LDHP
Cigna Health and Life Insurance Company

You pay Biweekly ▼

after employer contribution

Annual Estimated Health Care Cost ⓘ
Enter some additional information, and we'll estimate the annual costs for each plan.

⇒ [START ESTIMATE](#)

My Health Team

✔ In-network at these locations>

Search for my providers, hospitals and facilities

DEDUCTIBLE / OUT-OF-POCKET

Medical		
Medical	In-Network	Out-of-Network
MEDICAL DEDUCTIBLE ⓘ		
Individual	\$1600	\$3000
Family	\$3200	\$6000
MEDICAL OUT-OF-POCKET MAXIMUM ⓘ		
Individual	\$3000	\$6000
Family	\$6000	\$12000
Copay and Coinsurance		
For details see plan documents		
Your employer is contributing \$1000 to your HSA.		







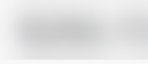
Remember the Cigna Easy Choose Tool helps you compare your medical plan options. After you have reviewed your options and made your choice, you must still log into your open enrollment portal to complete your elections.


My Enrollment Checklist

Take it with you when you enroll in your benefits!

[Print/Save](#) [Email](#)

 The Cigna Choice Tool website is only used to help you make a decision on which plan is best for you to enroll in. When you have made a decision, please log into the Orange County Open Enrollment portal to enroll in your 2024 medical benefit plan.

	Plan Name		
		Plan Documents	
		Glossary_of_Medical_Terms.pdf	
		Plan Details	
	Health Savings Account	Calculate your annual HSA contribution now.	
	Plan Cost		Biweekly(after employer contribution)

Login with **Reference Number:**  to come back and view this checklist.

[RETURN TO PLANS](#) [CONTINUE](#)

For more information about your county medical insurance options, reach out to our Cigna onsite representative OCRep@Cigna.com or to HR.