Have questions? We have answers.

Learn more about the Clearity plan.

We know health insurance can be confusing, especially when you're exploring something new like a copay-only plan. To help you choose with confidence, here are answers to our most frequently asked questions.

Plan basics

What does it mean that Clearity has "no deductibles" and "no coinsurance"?

A deductible is a set amount for covered medical services you would typically pay each year before the plan begins to pay for covered services. Since Clearity has no deductibles, you're only responsible for your copay amounts. Coinsurance is a percentage of medical costs you'd typically pay after meeting your deductible. With Clearity, you're only responsible for the copay amounts when you get care. Copay amounts and care choices can be found on **myCigna.com**.

What costs am I responsible for with Clearity?

- Like a traditional health plan, you may pay a premium to your employer, which typically comes out of your paycheck.
- Each time you receive care, you'll pay a set copay amount. Since you can see copays when you search for care on myCigna®, you'll know what your cost will be before you get care.
- Copays will continue to apply until you reach your out-of-pocket maximum (OOP), which is the set maximum you will have to pay for covered health care services in a plan year. If you reach your annual OOP maximum, your plan will cover 100% of any remaining medical expenses for covered health care services you may have for the remainder of the year.

How does Clearity help me control my health care costs?

When you search for care on myCigna, you get to choose the provider and copay that works best for you. The copay you see is what you'll pay. Your care options are ranked by both quality and copay cost, with the lowest copay, highest quality options at the top.

What if I need to have labs done, schedule an MRI or see a specialist?

If your provider recommends next-step care, like labs, an imaging test or seeing a specialist, there will be additional copay costs for each of those visits and/or services. Make sure to check myCigna before your referrals and tests are scheduled to compare and choose care at the location and cost that works for you. Then, share the information with your provider, so they can send the referral and help you choose the best care for your needs and budget.

What kind of health care services are covered under Clearity?

Much like traditional health plans, Clearity includes coverage for most in-network health care services[1] including:

- Virtual care[2]
- Maternity care
- Medically necessary surgeries
- Preventive,[3] primary and specialty care
- Urgent, emergency and hospital care
- Image testing like X-rays and MRIs
- Mental and behavioral health services
- Chronic care for long-term, recurring illnesses, and more

Can I keep my current doctor on this plan?

Clearity is built on a large national network: **the Cigna Healthcare® Open Access Plus (OAP) network**. So, you may find that your doctor is still in-network. You can easily search for providers in the Clearity network by checking the directory on **myCigna.com**. When prompted, provide your zip code, log in or continue as guest and select OAP network.

Paying for care

Is it easy to see and compare copays?

That's the beauty of Clearity. Searching for care and comparing costs is simple. Just log in to myCigna and search by:

- **How you're feeling:** Use your own words such as "I have a sore throat" or "I twisted my ankle"
- **The kind of care you need:** Type in services such as "Therapy" or "MRI"
- **Provider type:** Search for urgent care, virtual care, specialty and more
- **Specific doctor or practice:** Search by their name, practice or location

When is the copay due?

Every doctor's office manages their billing differently. You may be asked to pay your copay upfront, or you may be billed for it after your visit. It's up to your provider and based on how they typically bill patients.

Can I use my Health Savings Account (HSA) with this plan?

No, HSAs are not compatible with Clearity.

Need financial assistance?

Some employers may include copay assistance with Clearity through a third-party vendor, TempoPay. TempoPay allows eligible members to help pay for their medical copays over time through an interest-free payment plan. There are no fees or credit checks. Eligible members may receive up to $3,000 credit with 0% interest.[4]

Managing your plan

If I had a Cigna Healthcare plan before, will I lose all my past claims information?

No. Your information from previous claims will still be in your myCigna account, including your health team, if you previously included that information online. Your myCigna home page may look different, but any personal health information should still be there.

What if I have questions about Clearity?

You can get personalized answers to questions about your plan through the AI assistant on myCigna. Or if you prefer to talk to someone, call the Clearity customer service team at [855.999.1525] to reach a live representative, Monday–Friday, 8 am–7 pm EST.

1. Depending on the plan being offered by your employer, some out-of-network coverage may be available. Always check the coverage details for your specific plan.

2. Cigna Healthcare provides access to virtual care through certain third-party service providers. Such third-party service providers are solely responsible for the care and treatment they deliver. Benefits are subject to plan terms and conditions, including applicable exclusions and limitations. These services may not be available in all areas.

3. 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.

4. Cigna Healthcare contracts with a third party who provides access to copay financial assistance services. Cigna Healthcare is not a lender and does not offer or extend credit. A separate contract may be required. Availability varies by employer plan. Terms and fees may vary. For details and eligibility, review your plan materials.

Not available in Hawaii.