2022 Annual Enrollment

Previous (COVID-19 Support) (2022 Medical Plan Options) Next

OVERVIEW

This past year has reminded us just how important your health care coverage is, and that having the right support and resources can make a big difference.

Annual Enrollment, which begins on **Monday, October 4** and ends **Friday, October 22**, is your chance to choose your benefits coverage for 2022. We strive to offer something for everyone. Citi will offer a new medical plan option and additional benefits features for 2022. Find the right benefits for you during Annual Enrollment.

We're Here to Help

We know it's a lot to think about, but you have help. With the information below and these tools, you can:

- Find out what's changing for 2022, including the introduction of a new medical plan option.
- Figure out which medical plan is right for you.
- Check to see if your doctors are in-network.
- Make your 2022 elections by Friday, October 22.

WHAT'S CHANGING FOR 2022

New Medical Plan Option

A new medical plan option will be available for 2022. The new In-network Only Plan offers the **same** comprehensive coverage you expect from a Citi medical plan, and it's administered by your choice of Aetna or Anthem BlueCross BlueShield.

The In-network Only Plan offers coverage from doctors and hospitals who belong to the plan's smaller networks — either the Aetna Premier Care Plus Network (APCN+) or Anthem National Blue High Performance Network (Blue HPN Non-Tiered), which are subsets of the broader Aetna and Anthem networks. Both networks are made up of doctors and hospitals that consistently deliver high-quality care at lower costs.

Before electing the In-network Only Plan, make sure the doctors and hospitals you use or want to use belong to the smaller network. **Note:** In certain parts of the country, one or both of the networks may not be available. If neither network is available in your area, the In-network Only Plan won't be offered to you when you enroll.

Check the Networks to Ensure Your Doctors and Hospitals Are Covered

Before electing the In-network Only Plan, make sure your current doctors and hospitals belong to the APCN+ or Blue HPN Non-Tiered. If they don't, your expenses won't be covered. The In-network Only Plan does not include out-of-network coverage, except in an emergency. However, if your current doctor isn't in network and you're flexible about changing to a new doctor, you can find one who is in network.

- To check the **Aetna network**, use the customized doc finder tool:
  - Enter your home ZIP code in the **2022 Provider Search** box, then click "Start Your Search." This automatically brings you to the APCN+ network directory.
  - Enter your ZIP code again and continue as a guest to search for in-network doctors.
- To check the **Anthem network**, use the **Find Care** tool:
  - Select the "Guests" tile then choose "Medical" for the type of care.
  - Choose the state you want to search in.
  - Select Medical (Employer-Sponsored) for type of plan.
  - Select **National Blue High Performance Network (Blue HPN Non-Tiered)** for the plan/network.
  - Click the "Continue" button and enter your ZIP code on the next screen to begin your search.
  - You can also learn more about this Anthem network by watching a video, taking an interactive quiz and reading information online.
- For personalized assistance, call your Citi Health Concierge:
  - Aetna members: 1 (800) 545-5862
  - Anthem members: 1 (855) 593-8123
- Or, call your doctor's office.

With the In-network Only Plan, your costs are more predictable. For a doctor's office visit, you pay a flat fee called a copay (either $25 for a primary care visit or $45 for a specialist visit). When you go to the hospital for treatment, you must first meet the medical deductible, then you pay either $200 for emergency room (waived if admitted) and outpatient care (such as outpatient surgery), or $400 for inpatient care.

Paycheck deductions for the In-network Only Plan fall in between the ChoicePlan 500 and the High Deductible Health Plan. And, similar to the ChoicePlan 500, you can contribute before-tax dollars to a Health Care Spending Account (HCSA) to pay for eligible health care expenses.

Learn more about the In-network Only Plan and your 2022 medical plan options.

Changes to Medical Plan Names

The ChoicePlan 500 and the High Deductible Health Plan will still be available, but we are changing their names for 2022 to highlight their key features. Plan features, such as deductibles and coverage, will remain the same.

ChoicePlan 500	Choice Plan
High Deductible Health Plan	High Deductible Plan with HSA
New medical plan	In-network Only Plan

More Ways to Improve Your Well-being and Get Rewarded

Whether you're looking to improve or maintain your physical health, support your emotional well-being or enhance your financial wellness, the Live Well at Citi Program is here to help you achieve the results you want. Live Well at Citi is about helping you make healthy choices, every day.

In 2022, you have a variety of opportunities to improve your overall well-being and earn Live Well Rewards. Here are just a few of the new ways you can take action:

- **Stay on top of your preventive care with My Care Checklist.**
- **Enhance your financial wellness.**
- **Get a second opinion through Grand Rounds.**
- **Get started with Sleepio, an online sleep improvement program.**

Learn More About Your Health and Earn $100 in Live Well Rewards

Take the Health Assessment between **October 1 and November 14** to learn more about your health status and earn a $100 discount on your 2022 paycheck deductions for health coverage. Your spouse/partner who enrolls in a Citi health plan can earn $100, too.

Employees who don't enroll in a Citi health plan can still take the Health Assessment to learn more about their health status and earn Rewards that can be redeemed for gift cards on the Virgin Pulse platform. To access the Health Assessment, you must register with Virgin Pulse, which can be done through My Total Compensation and Benefits. Once you register, you can even take the Health Assessment right from your smartphone with the Virgin Pulse app!

You have the potential to earn **over $500** in Live Well Rewards between October 1, 2021 and September 30, 2022. Spouses/partners enrolled in a Citi medical plan can earn **over $400** in Live Well Rewards, too! In addition to taking the Health Assessment, you can choose from a variety of other activities on the Virgin Pulse platform to improve your overall well-being and earn more Rewards.

Get Started!

Already registered? To continue your wellness journey, visit Virgin Pulse through My Total Compensation and Benefits, or sign in online or through the Virgin Pulse app.

New to Virgin Pulse? Sign up for an account online or through the Virgin Pulse app.

- Download app from the Apple Store
- Download app from Google Play

Use sponsor name "Citi" when registering on the app.

Other Important Changes for 2022

Paycheck deductions for medical coverage	Your paycheck deductions for medical coverage will increase, on average, **by only 2% for 2022**. This increase is well below the national average. *Note: this average does not include employees who moved to a higher pay band due to increased pay, or those who don't complete the Health Assessment.*
New supplemental health plans available	In addition to your medical coverage, you may decide that you need extra protection against unexpected costs. For 2022, Citi is partnering with Aetna to offer you Accident, Critical Illness and Hospital Indemnity insurance options that supplement your medical coverage with cash benefits paid directly to you — making a difficult time less stressful. *Note: On their own, these supplemental health plans don't provide comprehensive medical coverage for your day-to-day health care needs. Rather, they're intended to supplement the coverage provided by your primary medical plan.* Learn more about our supplemental health plan offerings.
Dependent Day Care Spending Account (DCSA) and other family support resources	We know this year has been unpredictable, especially for families with young children. As part of the Consolidated Appropriations Act, **any unused Dependent Day Care Spending Account (DCSA) funds from 2021 will automatically carry over to 2022**. Keep in mind that any unused DCSA funds at the end of 2022 will be forfeited and won't roll over to 2023. If you're currently enrolled in the DCSA, you'll be able to view your balance as you go to enroll through Your Benefits Resources (YBR™). As you think about how much to contribute for 2022, note that you can use DCSA funds for **dependents prior to their 13th birthday** in 2022. Don't forget that Citi offers a variety of family support resources for all ages through **Bright Horizons** (including up to 20 days of back-up care). Whether you need help with child care, are looking for ways to supplement your child's learning, need guidance on how to support a child with special needs or seek college coaching, Bright Horizons can help.
ConnectYourCare has become Optum Financial with one card for most accounts	ConnectYourCare is now **Optum Financial**. Beginning in 2022, you will be able to manage most of your accounts with a single card. This applies to the Transportation Reimbursement Incentive Program (TRIP) benefit as well: you'll receive a new Optum Financial payment card after your current card expires. Any remaining TRIP balance you have will transfer to the HSA/Spending account debit card, which you will use across all of your accounts (except for the DCSA).
Save money on specialty prescription drugs	In the Choice Plan and In-network Only Plan, a new program called **PrudentRx** (offered through CVS Caremark) will optimize coupons that are available for certain specialty medications. The good news is, these medications will be free if you use the program; otherwise, you'll pay 30% coinsurance. You'll receive more information if this applies to you. In the meantime, you can contact CVS Caremark Customer Care for more information at **1 (844) 214-6601**.
New diabetes management program	Our diabetes management program will transition from Livongo to **CVS's Transform Diabetes Care** program for 2022. This new program will give you direct access to registered nurses and dieticians who can provide support and resources related to nutrition. You'll receive more information if this new program applies to you.
Broader Gender Affirmation medical coverage	At Citi, we work to foster a culture of inclusion and belonging, and we aim to reflect that in the benefits we offer. For 2022, **we are enhancing Gender Affirmation coverage** in our medical plans to match the World Professional Association for Transgender Health's Standards of Care.
Vacation Purchase Program is now part of Annual Enrollment	Annual Enrollment is your only opportunity to purchase up to five additional vacation days for 2022. If you're thinking about purchasing additional vacation days for 2022, make sure to do so between October 4 and 22, during Annual Enrollment. You won't be able to purchase additional vacation days during the year, and any vacation day purchase made for 2021 will not carry over.

MAKING THE RIGHT CHOICES FOR YOU

Annual Enrollment is your opportunity each year to make benefits changes. Make sure to give yourself some time to consider your situation and choices. We know you have a lot to think about — we're here to help. Take these steps and use these tools to prepare for a successful benefits enrollment.

Figure out which medical plan makes the most sense for you.

Citi's offering a new medical plan option for 2022. Find out if it is a good fit for you: learn more about the new In-network Only Plan and compare your medical plan options. During Annual Enrollment, you'll also be able to use ALEX, the independent, fun and interactive benefits tool to help with your elections.

Review your upcoming health care costs and consider your 2022 benefits costs.

Before you enroll, it's important to consider any big changes coming in the year ahead, for example, if you're anticipating any major medical expenses. Visit Your Benefits Resources (YBR™), available through My Total Compensation and Benefits, to review your 2022 paycheck deductions for health care.

Check that your doctors belong to the network.

Plan networks change often. Even if you're planning to keep your current medical plan, it's always a good idea to check that your doctors still belong to the plan's network.

Make sure your doctors and hospitals are covered and that the coverage is available where you live before electing the new In-network Only Plan during Annual Enrollment. If they aren't, your medical expenses **won't** be covered because there is no out-of-network coverage available under this option, except in an emergency. Keep in mind that the In-network Only Plan networks are smaller than Citi's other medical plan networks and are only available in certain parts of the country.

Enroll in your benefits between Monday, October 4 and Friday, October 22.

Make your benefit elections online or by phone.

Questions about coverage options, or don't know where to start? Let Citi's Health Concierges help.

- Aetna members > **1 (800) 545-5862**
- Anthem members > **1 (855) 593-8123**
- Those currently not enrolled in Citi coverage can call Health Advocate > **1 (866) 449-9933**

FOR SPOUSES/PARTNERS

Note to Citi Employees

The information in this section is intended for your spouse/partner. Please ask your spouse/partner to review this material, so you can both evaluate which coverage — Citi coverage or other employer-sponsored coverage — provides the most value to you and your family.

As the spouse or partner of a Citi employee, you have the chance to think about your current Citi Benefits and help select the ones you want for the 2022 plan year. Make sure to review this year's changes. This year's Annual Enrollment period is **October 4 – October 22**.

Compare Your Options

If you have access to another employer plan other than Citi, consider which plan provides the most value. Compare Citi health plans to your employer's offerings, as well as the cost of enrolling separately in "employee only" coverage through your employer's plan with the cost of spouse/partner/family coverage through Citi. Also, find out what's changing for 2022.

If your employer's annual enrollment period occurs after **October 22, 2021**, use the information available to you to make the best decision for your family's needs. When you become eligible to enroll in benefits with your employer, you can compare your options and change your Citi coverage at that time. If you enroll under your employer's plan, contact the **Citi Benefits Center** via ConnectOne at **1 (800) 881-3938**, (8:00 a.m. to 8:00 p.m. ET, Monday through Friday, excluding holidays) within 31 days after you enroll, and you'll be able to drop your Citi coverage to avoid paying for more coverage than you need. For more details on changing coverage, review the Benefits Handbook. If you have children, compare your options to determine the best way to cover them, whether through Citi Benefits or your employer.

READY TO ENROLL

Mark the dates on your calendar and be ready to take action between **Monday, October 4** and **Friday, October 22**.

Update Your Beneficiaries

When you enroll for benefits, don't forget to update your life insurance and retirement plan beneficiaries, if necessary.

To update your beneficiary information for Group Universal Life (GUL) insurance, you must do so directly with MetLife. Visit My Total Compensation and Benefits and click on "Group Universal Life" under "Want to get to our best in class vendors fast?" to connect to the MetLife MyBenefits website.

There are two ways you can make your benefits elections:

Online

Make your elections and verify and/or add covered family members by visiting **Your Benefits Resources (YBR™)**, available through My Total Compensation and Benefits.

By Phone

If you prefer, you may also enroll by phone. Call the **Citi Benefits Center** via ConnectOne at 1 (800) 881-3938, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, excluding holidays. From the "benefits" menu, select the "health and insurance benefits as well as TRIP and spending accounts" option. If you're outside the United States or Puerto Rico, call 1 (469) 220-9600.

Note: All family members must be listed as a covered dependent under each individual plan. When enrolling by phone, you must ask a Citi Benefits Center representative to "cover" each dependent.

What Happens If You Don't Enroll?

Annual Enrollment is your opportunity to make informed benefits decisions for the 2022 plan year. If you don't take action **by October 22**:

You'll Be Automatically Enrolled

You'll be automatically enrolled in the same benefits coverage and at the same coverage levels as in 2021. With this year's changes, this could mean that you'll miss out on benefits that may be a better fit for your current and future needs.

You'll Pay a Tobacco Penalty

If you're currently enrolled in a Citi medical plan and don't take action during Annual Enrollment, you'll pay the tobacco penalty for 2022, regardless of whether or not you use tobacco products. This applies to your spouse/partner as well, if they are covered by a Citi medical plan.

If you don't use tobacco, complete the Tobacco Attestation by the Annual Enrollment deadline (October 22) by visiting Your Benefits Resources (YBR™), available through My Total Compensation and Benefits. You'll see the attestation right before you go to enroll in a medical plan.

You Won't Be Able to Contribute to a Spending Account (HCSA/LPSA or DCSA) for 2022

To contribute before-tax dollars to a spending account, you must actively enroll in these accounts each year. If you don't enroll during Annual Enrollment, you may be eligible to enroll during the plan year if you experience a qualified change in status.

Your Health Savings Account (HSA) Contributions Won't Begin on January 1, 2022

Any 2021 plan year HSA contribution election will **not** carry over into 2022.

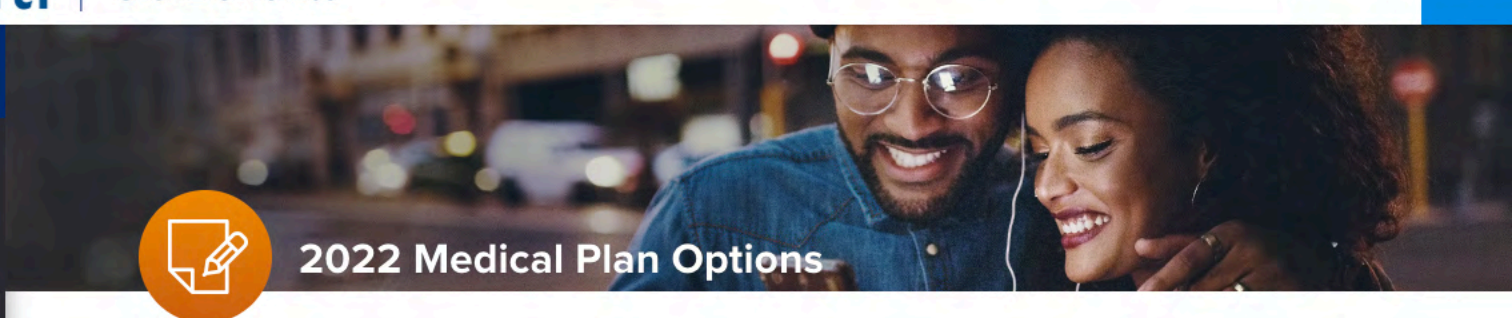
You **must** make your 2022 plan year HSA contribution election by the Annual Enrollment deadline for your contributions to take effect on January 1, and to receive the entire Citi contribution for the 2022 plan year. However, you can enroll in or change your contribution to the HSA at any time during the 2022 plan year.

To qualify for Citi's entire contribution (up to $500 for employee only coverage or up to $1,000 for all other coverage categories), you must also accept the terms and conditions of the HSA by December 31, 2021.

Note: Delays in establishing your HSA and accepting the terms and conditions may limit Citi's contribution to your HSA.

You'll Miss the Chance to Purchase up to Five Additional Vacation Days for 2022

If you're thinking about purchasing additional vacation days for 2022, make sure to do so between October 4 and 22. You won't be able to purchase additional vacation days during the year, and any vacation day purchase made for 2021 will not carry over.



2022 Medical Plan Options

Previous (2022 Annual Enrollment) (New Supplemental Health Plans) Next

OVERVIEW

Everyone has different needs when it comes to health care coverage, so it's important to offer a variety of choices. For 2022, Citi is expanding its medical plan offerings with a new addition: the In-network Only Plan. With more options, you'll have additional opportunities to find a plan that provides the right coverage and value for you and your family.

We're also changing the names of the ChoicePlan 500 and the High Deductible Health Plan to highlight their key features. Plan features — including deductibles and coverage — will remain the same.

ChoicePlan 500	Choice Plan
High Deductible Health Plan	High Deductible Plan with HSA
New medical plan	In-network Only Plan

Annual Enrollment will be October 4 – 22. Take time to:

Review your 2022 medical plan options
Learn about the new In-network Only Plan
Use tools and resources to help you choose

Get Ready to Enroll

Annual Enrollment for your 2022 benefits begins **October 4 and ends October 22, 2021**. This is your opportunity to take a close look at all of your options, think about your health care needs for 2022 and choose the coverage that will best help you live well throughout the year. Citi will offer more options and new features for 2022, so you should take a close look at all the benefits available to you during Annual Enrollment.

Review the information below to better understand your medical plan options. You can also use the resources and tools available to you, like ALEX, a fun, interactive tool that can assist you with your decisions.

2022 MEDICAL PLAN OPTIONS

Citi strives to offer something for everyone. That's one of the reasons why we're adding a new medical plan option for 2022.

New! In-network Only Plan

The new In-network Only Plan offers the **same** comprehensive coverage you expect from a Citi medical plan, and it's administered by your choice of Aetna or Anthem BlueCross BlueShield, like the Choice Plan and High Deductible Plan with HSA.

There are two key features of this plan:

1. **You're covered only when you receive care from a smaller network of doctors and hospitals who consistently deliver high-quality care at lower costs.** These smaller networks — the Aetna Premier Care Plus Network (APCN+) and Anthem's National Blue High Performance Network (Blue HPN Non-Tiered) — are subsets of the broader Aetna and Anthem networks. Before you enroll in this plan, make sure the doctors and hospitals you use or want to use belong to the smaller network. **Note:** In certain parts of the country, one or both of the networks may not be available. If neither network is available in your area, the In-network Only Plan won't be offered to you when you enroll.
2. **You pay a flat copay for most health care,** so you'll know in advance exactly what your cost will be. There's a deductible to meet for some services, like when you need care at a hospital, but it's lower than in Citi's other plans. The deductible doesn't apply to most care received outside a hospital, including doctor's office visits, urgent care, physical therapy and much more.

Check the Networks to Ensure Your Doctors and Hospitals Are Covered

Before electing the In-network Only Plan, make sure your current doctors and hospitals belong to the APCN+ or Blue HPN Non-Tiered. If they don't, your expenses won't be covered. The In-network Only Plan does not include out-of-network coverage, except in an emergency. However, if your current doctor isn't in network and you're flexible about changing to a new doctor, you can find one who is in network.

- To check the **Aetna network**, use the customized doc finder tool:
  - Enter your home ZIP code in the **2022 Provider Search** box, then click "Start Your Search." This automatically brings you to the APCN+ network directory.
  - Enter your ZIP code again and continue as a guest to search for in-network doctors.
- To check the **Anthem network**, use the **Find Care** tool:
  - Select the "Guests" tile then choose "Medical" for the type of care.
  - Choose the state you want to search in.
  - Select Medical (Employer-Sponsored) for type of plan.
  - Select **National Blue High Performance Network (Blue HPN Non-Tiered)** for the plan/network.
  - Click the "Continue" button and enter your ZIP code on the next screen to begin your search.
  - You can also learn more about this Anthem network by watching a video, taking an interactive quiz and reading information online.
- For personalized assistance, call your Citi Health Concierge:
  - **Aetna members:** 1 (800) 545-5862
  - **Anthem members:** 1 (855) 593-8123
- Or, call your doctor's office.

Find the right benefits for you. Your 2022 Citi medical plan options include:

In-network Only Plan – NEW!

Choice Plan

High Deductible Plan with HSA

Here's an at-a-glance summary of the key differences between the plans:

	In-network Only Plan	Choice Plan	High Deductible Plan with HSA
What type of services are covered?	All plans cover the same health care services and offer free in-network preventive care		
Where can I receive care?	**Only** from doctors or hospitals in either the Aetna Premier Care Plus Network (APCN+) or Anthem's National Blue High Performance Network (Blue HPN Non-Tiered)	From **any doctor or hospital** you want, but you'll pay less when you stay in-network	From **any doctor or hospital** you want, but you'll pay less when you stay in-network
How does the cost for coverage compare?	Paycheck deductions in the **middle** of Citi's other plans	**Highest** paycheck deductions	**Lowest** paycheck deductions
What do I pay for doctor's office visits?	A flat **copay** ($25 for primary care/$45 for specialist); the deductible does not apply	Full cost of service up to the **deductible**, then **coinsurance**	Full cost of service up to the **deductible**, then **coinsurance**
What do I pay for emergency care?	**Deductible**, then a **$200 copay**, which is waived if you're admitted (even out of network)	**Deductible**, then **coinsurance**	**Deductible**, then **coinsurance**
What do I pay for urgent care?	**$45 copay** (even out of network); the deductible does not apply	**Deductible**, then **coinsurance**	**Deductible**, then **coinsurance**
What do I pay for care at a hospital?	**Deductible**, then a flat **copay** ($200 for outpatient/$400 for inpatient)	**Deductible**, then **coinsurance**	**Deductible**, then **coinsurance**
How do the deductibles compare?	**Lowest** deductible ($250 individual/$500 family)	Deductible in the **middle** of Citi's other plans ($500 individual/$1,000 family in network)*	**Highest** deductible ($1,800 individual/$3,600 family in network)*
How do the out-of-pocket maximums compare?	Out-of-pocket maximum in the **middle** of Citi's other plans ($4,000 individual/$8,000 family)	**Lowest** out-of-pocket maximum ($3,000 individual/$6,000 family in network)*	**Highest** out-of-pocket maximum ($5,000 individual/$10,000 family in network)*
Can I contribute to a tax-free account?	Yes, a **Health Care Spending Account (HCSA)**	Yes, a **Health Care Spending Account (HCSA)**	Yes, a **Health Savings Account (HSA)** with a contribution from Citi, plus a **Limited Purpose Health Care Spending Account (LPSA)**

*These amounts are for in-network deductibles and out-of-pocket maximums only; higher deductibles and out-of-pocket maximums apply for out-of-network care.

A CLOSER LOOK AT THE IN-NETWORK ONLY PLAN

Plan Details: In-network Only Plan

Coverage for Medical Care	What You Pay
Preventive Care	100% covered, no copay or deductible
Medical Care	Primary care physician visit – $25 copay Specialist visit – $45 copay Urgent care visit* – $45 copay Emergency room* and outpatient hospital services – $200 copay after deductible Inpatient hospital stay – $400 copay after deductible
Annual Deductible	$250 individual $500 family
Out-of-Pocket Maximum (includes deductible and copays)	$4,000 individual $8,000 family

*You receive the same in-network coverage if you go to an out-of-network urgent care facility or emergency room. The emergency room copay is waived if you're admitted to the hospital.

Prescription Drug Coverage	What You Pay	
	Retail (30-day supply)	**Mail Service or Maintenance Choice Program (90-day supply)**
Generic	$10 copay	$20 copay
Preferred brand	$30 copay	$75 copay
Non-preferred brand	50% coinsurance ($50 minimum, $150 maximum)	50% coinsurance ($125 minimum, $375 maximum)
Prescription Drug Annual Deductible (this is separate from the medical deductible)	$100 individual $200 family	
Prescription Drug Out-of-Pocket Maximum (this is separate from the medical deductible)	$1,500 individual $3,000 family	

How the In-network Only Plan Works

In-network Doctors and Hospitals

When you need health care, you'll choose a doctor or hospital from the network you selected when you enrolled in the plan — either the **Aetna Premier Care Plus Network (APCN+)** or **Anthem's National Blue High Performance Network (Blue HPN Non-Tiered)**. These networks are made up of a select group of doctors and hospitals that consistently deliver high-quality care at lower costs.

Preventive Care

Your preventive care will be covered at 100% with no out-of-pocket cost to you and is not subject to a deductible or copay. This includes annual physicals, well-child checkups, immunizations, flu shots and cancer screenings, as well as certain preventive prescription medications.

Copay

A copay is a flat fee you pay for medical care. When you go to the doctor to address a health concern, you'll pay either $25 for a primary care visit or $45 for a specialist visit. When you go to the hospital for treatment, you must first meet the medical deductible, then you pay either $200 for emergency room (waived if admitted) and outpatient care or $400 for inpatient care.

For prescriptions, you'll pay a copay for generic and preferred brand-name drugs after meeting the separate annual deductible for prescription drugs. This deductible is the same as the prescription drug deductible for the Choice Plan. (Non-preferred brand name drugs and some specialty drugs charge a coinsurance percentage, instead of a flat copay.)

Annual Deductible

The deductible does not apply to office visits — all you pay is the copay. The deductible does apply if you need care at a hospital, such as outpatient surgery or an inpatient admission. You'll pay your hospital fees up to the plan's annual medical deductible ($250 individual/$500 family), plus a copay ($200 for emergency room and outpatient care or $400 for inpatient care; the emergency room copay is waived if you're admitted). **Note:** Your prescription drug copays and coinsurance are subject to a separate annual deductible ($100 individual/$200 family).

Out-of-pocket Maximum

The medical out-of-pocket maximum is $4,000 individual/$8,000 family. This amount represents the most you will have to pay out of your own pocket in a calendar year for medical services. Once the out-of-pocket maximum has been satisfied, no additional medical copays will apply for the rest of the plan year. **Note:** Your prescription drug copays and coinsurance are subject to a separate out-of-pocket maximum ($1,500 individual/$3,000 family).

Can't get to an in-network doctor? Use telehealth!

Like Citi's other medical plans, the In-network Only Plan gives you 24/7 access to low-cost virtual doctor visits through either Teladoc for Aetna members or LiveHealthOnline for Anthem members. With telehealth, you can see an in-network board-certified doctor anywhere, anytime — even if you're traveling out of your network area. Additional costs apply for telehealth visits.

Is the In-network Only Plan Right for You?

You May Want to Consider It If:

You May Want to Avoid It If:

Did You Know...

About 80% of Citi employees primarily use in-network doctors? If you're one of them, there's a good chance your doctors are in the In-network Only Plan's smaller networks. These smaller networks — the Aetna Premier Care Plus Network (APCN+) and Anthem's National Blue High Performance Network (Blue HPN Non-Tiered) — are subsets of the broader Aetna and Anthem networks. Check to see if they are and then consider enrolling in the In-network Only Plan as a way to reduce your costs while receiving consistently high-quality care from doctors you know and trust.

See How Others Decide

The new In-network Only Plan offers some great advantages — like lower and more predictable costs along with access to high-quality doctors and hospitals — but it's not for everyone. To help determine if it's right for you, consider these profile stories:

Meet Camila

Camila covers just herself in Citi medical coverage. She's healthy and typically only visits a doctor for her annual physical. She checks the networks and finds out her primary care doctor belongs to the In-network Only Plan, so that's not an issue.

Since she usually only receives preventive care (which is free in network with all of Citi's medical plans), Camila doesn't want to spend more from her paycheck for coverage she doesn't need. And, she likes the idea of building up tax-free money for future health care costs in a Health Savings Account (HSA), which is only available with the High Deductible Plan with HSA.

She does not choose the In-network Only Plan; instead, she selects the High Deductible Plan with HSA.

Meet Richard

Richard covers himself and his wife, Kerry, in Citi medical coverage. Kerry's pregnant with their first child and is due next year. They're concerned about the medical costs associated with the baby's delivery so they take a close look at their coverage options.

Richard finds out that all of their doctors are in the Anthem National Blue High Performance Network (Blue HPN Non-Tiered). If he enrolls in the In-network Only Plan for 2022, the cost of Kerry's delivery and hospital stay will be only $650 (a $250 deductible plus a $400 copay). They also like knowing that all the doctors in the plan's smaller network offer high-quality care at lower costs.

Richard decides the In-network Only Plan is right for them.

Meet Sam

Sam is a single dad and enrolls himself and his 8-year-old son in Citi medical coverage. His son was born with a heart defect and has seen a couple different cardiologists since birth.

Sam checks the networks and sees that his son's current doctor does not belong to either the Aetna Premier Care Plus Network (APCN+) or Anthem's National Blue High Performance Network (Blue HPN Non-Tiered). However, a cardiologist his son used to see does belong to both.

Since Sam likes the idea of keeping his costs lower and more predictable, and he really liked the other cardiologist, he decides to choose the In-network Only Plan and switch back to the previous doctor.

Meet Gayle

Gayle enrolls her family in Citi medical coverage, including her 19-year-old daughter who attends college out of state. She checks the networks, and all of the doctors her family sees belong to the Aetna Premier Care Plus Network (APCN+).

However, the doctors and hospitals in the area where her daughter goes to school don't belong to either of the In-network Only Plan's available networks.

She wants to ensure coverage for everyone in her family, so she does not choose the In-network Only Plan. Since she doesn't feel comfortable with a higher deductible, she decides the Choice Plan is best for her.

TOOLS TO HELP YOU CHOOSE

Now that Citi is offering more medical plan options, we know you have a lot to think about — we're here to help. Use these resources to decide which medical plan may be right for you.

ALEX

Health Advocate
1 (866) 449-9933

If you're already an Aetna or Anthem member, you can also receive help from your Citi Health Concierge, who can check networks and answer questions about coverage:

Aetna members: Call 1 (800) 545-5862

Anthem members: Call 1 (855) 593-8123