



Health Reimbursement Account (HRA)

CIGNA CHOICE FUND®

Take control of your health care.

Your health care needs are as unique as you are. Your health plan should support those needs. That's where the Cigna Choice Fund Health Reimbursement Account (HRA) comes in.

- › Choose the doctors you want to see - no referral required to see a specialist
- › Receive preventive care in-network at no cost to you
- › Take advantage of online resources and information to help you make smart health and health care decisions
- › Work with a health coach to understand your health needs and find solutions
- › Use up-front dollars to help pay eligible expenses
- › Save money by choosing doctors and hospitals in the Cigna network
- › Some of the money not used may be rolled over to the next year
- › Get your prescriptions filled at one of the thousands of pharmacies in our network - or Cigna Home Delivery PharmacySM for ultimate ease and convenience

Rutherford County



Offered by: Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

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HOW CIGNA CHOICE FUND HRA WORKS

It combines health care and pharmacy coverage with an account funded by your employer. An HRA consists of three parts:

Your HRA		Your Share		Your Health Plan																																			
<p>At the start of your plan year, your employer deposits a specific dollar amount into your HRA to help you pay for your eligible health care expenses.</p> <p>Your HRA will be used to pay 100% of your eligible health care expenses until the money is used up.</p> <p>Up to \$1,750/\$3,500 of the money that you don't use during the plan year may be rolled over to the next year and added to your employer's annual contribution if you re-enroll in the account.</p>		<p>When you use up the money in your HRA, you pay for all of your health care expenses until you meet the annual deductible.</p> <p>Only services covered by your health plan count toward your deductible (See your coverage details for plan-specific information).</p>		<p>Once you meet your deductible, you pay a coinsurance (the percentage of the cost of your eligible medical expenses after you meet your deductible) for your eligible expenses and the plan pays the rest.</p> <p>When you meet your out-of-pocket maximum (the most you can pay in a plan year), your plan pays eligible expenses at 100%.</p>																																			
<p>Employer Contribution</p> <table border="1"> <tr> <td>individual</td> <td>\$750</td> </tr> <tr> <td>family</td> <td>\$1,500</td> </tr> </table>		individual	\$750	family	\$1,500	<p>Your Share</p> <table border="1"> <thead> <tr> <th></th> <th>IN-NETWORK</th> <th>OUT-OF-NETWORK</th> </tr> </thead> <tbody> <tr> <td>individual</td> <td>\$1,000</td> <td>\$2,250</td> </tr> <tr> <td>family</td> <td>\$2,000</td> <td>\$4,500</td> </tr> </tbody> </table>			IN-NETWORK	OUT-OF-NETWORK	individual	\$1,000	\$2,250	family	\$2,000	\$4,500	<p>Shared Expenses</p> <table border="1"> <thead> <tr> <th></th> <th>IN-NETWORK</th> <th>OUT-OF-NETWORK</th> </tr> </thead> <tbody> <tr> <td>you pay</td> <td>10%</td> <td>40%</td> </tr> <tr> <td>plan pays</td> <td>90%</td> <td>60%</td> </tr> </tbody> </table> <p>Pharmacy*</p> <table border="1"> <thead> <tr> <th></th> <th>RETAIL YOU PAY</th> <th>MAIL ORDER YOU PAY</th> </tr> </thead> <tbody> <tr> <td>generic</td> <td>30%</td> <td>25%</td> </tr> <tr> <td>preferred brand</td> <td>40%</td> <td>35%</td> </tr> <tr> <td>non-preferred brand</td> <td>50%</td> <td>45%</td> </tr> </tbody> </table>			IN-NETWORK	OUT-OF-NETWORK	you pay	10%	40%	plan pays	90%	60%		RETAIL YOU PAY	MAIL ORDER YOU PAY	generic	30%	25%	preferred brand	40%	35%	non-preferred brand	50%	45%
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* 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 professional, purchased from a licensed pharmacy and medically necessary. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

SUPPORT FOR MANAGING YOUR PLAN AND YOUR HEALTH

We know how complex health care plans can be. That's why Cigna offers many resources to help you improve your health and get the most from your medical coverage, during annual enrollment and after you've enrolled.

During annual enrollment

Pre-Enrollment Information Line 1.800.401.4041

Helpful, friendly customer service representatives can help you learn about Cigna.

Once you enroll

An advocate for your health

Health coaches – specialists trained as nurses, coaches, nutritionists and clinicians – are available to listen, understand your needs and help you find solutions. Even when you're not sure where to begin, you'll get confidential assistance from reliable, compassionate professionals, and find support and encouragement to set and reach health improvement goals.

A phone call away

Any time you need to talk, call the Cigna 24-hour Health Information Line and our team of experienced health care professionals will be ready to assist you. We'll answer questions, offer helpful home care suggestions and help you decide where and when to seek medical attention. We are available 24 hours a day, seven days a week.

Good information for better health

With **myCigna** you can personalize, organize and access your important health information – anytime, anywhere. Keep track of your health costs via the web or by downloading the mobile app.* Log in and find useful tools to help you:

- › Find doctors and compare cost and quality information
- › Review your coverage
- › Get Claims and Balances statements on demand to view claim history and account transactions
- › Track your account balances and deductibles
- › Sign up for email notifications to keep up to date on the status of your account
- › Submit receipts for reimbursement from your Cigna HRA and/or FSA**
- › Take advantage of wellness discounts***
- › View prescription drug characteristics and costs side by side

Health and Wellness discounts

* The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

** Available for Cigna Choice Fund® Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) plans only.

*** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

Pre-enrollment Information Line: 1.800.401.4041

myCignaplans.com

Find out how our plans work and what they mean to you, before you enroll. Log in to **myCignaplans.com** to access essential information about plan options, potential out-of-pocket costs and other aspects of the plans we offer.

Open Enrollment ID: Rutherford2017

Password: cigna

For additional details, including payroll deductions for your company's plan, please refer to your enrollment materials.

Save money when you purchase health and wellness products and services through the Cigna Healthy Rewards® program.*** Programs include weight and nutrition management, fitness, tobacco cessation, vision and hearing care, alternative medicine, anticavity products and more.

Living with your chronic health condition

If you are living with a chronic health condition such as diabetes, back pain, depression, arthritis, asthma or cardiac issues, for example, programs are available to educate you about your condition so you and your doctor can design a health management program that meets your unique needs.

You'll learn to anticipate your symptoms, manage them better, reduce the risk of complications and understand treatment options. You can also focus on managing your stress or weight, or becoming tobacco free, at the same time. And if you need to spend time in the hospital, you can access support before and after your stay.

The combination of knowledge and support can make a healthy difference. Programs that can help manage a chronic condition have proven to be an effective way to help individuals better manage their health and have more time and energy for life.

Help for a healthier pregnancy

While most women have a healthy, uncomplicated pregnancy, others may need additional support. Cigna Healthy Pregnancies, Healthy Babies® supports you throughout your pregnancy to help you make the best choices for yourself and your baby. This program includes:

- › Round-the-clock access to a toll-free information line staffed by experienced nurses.
- › Support from a case manager if you or your baby has special health needs.
- › Information on important health issues that can impact pregnant women and their babies, including stress, depression and gum disease.

MAKE THE MOST OF YOUR PREVENTIVE HEALTH COVERAGE

At Cigna, we focus on helping to keep you well. That's why your Cigna Choice Fund HRA covers preventive care at 100 percent when you receive it from a participating Cigna doctor. Preventive health services are determined based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations and the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care.

This is a general guide. Your doctor will determine the preventive care services that are right for you based on your age, gender and family history*.

Wellness exams

SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)		<ul style="list-style-type: none"> - Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months - Additional visit at 2-4 days for infants discharged less than 48 hours after delivery - Ages 3 to 21 once a year - Ages 22 and older periodic visits, as doctor advises

The following routine immunizations are currently designated preventive services:

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (HepA)	Poliovirus (IPV)
Hepatitis B (HepB)	Rotavirus (RV)
Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Alcohol misuse screening		All adults; adolescents at risk
Anemia screening		Pregnant women
Aspirin to prevent cardiovascular disease ¹		Men ages 45-79; women ages 55-79
Autism screening		18, 24 months
Bacteriuria screening		Pregnant women
Breast cancer screening (mammogram)		Women ages 40 and older, every 1-2 years
Breast-feeding support/counseling, supplies ²		During pregnancy and after birth
Cervical cancer screening (pap test) HPV DNA test with pap test		Women ages 21-65, every 3 years Women ages 30-65, every 5 years
Chlamydia screening		Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening		<ul style="list-style-type: none"> - Screening of children and adolescents ages 9-11 years and 18-21 years; children and adolescents with risk factors ages 2-8 and 12-16 years - All men ages 35 and older, or ages 20-35 if risk factors - All women ages 45 and older, or ages 20-45 if risk factors
Colon cancer screening		<p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> - Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually - Flexible sigmoidoscopy every 5 years - Double-contrast barium enema (DCBE) every 5 years - Colonoscopy every 10 years - Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification

 = Men  = Women  = Children/adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening	●	Newborns
Critical congenital heart disease screening	●	Newborns before discharge from hospital
Contraception counseling/education. Contraceptive products and services ^{1,3,4}	●	Women with reproductive capacity
Depression screening	● ● ●	Ages 11–21, All adults
Developmental screening	●	9, 18, 30 months
Developmental surveillance	●	Newborn 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Diabetes screening	● ●	Adults with sustained blood pressure greater than 135/80
Discussion about potential benefits/risk of breast cancer preventive medication ¹	●	Women at risk
Dental caries prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride ¹)	●	Children older than 6 months
Domestic and interpersonal violence screening	●	All women
Fall prevention in older adults (physical therapy, vitamin D supplementation ¹)	● ●	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation ¹	●	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	●	Women at risk - Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing - BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	●	Pregnant women
Gonorrhea screening	●	Sexually active women age 24 years and younger and older women at risk
Hearing screening (not complete hearing examination)	●	All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises
Healthy diet and physical activity counseling	● ● ●	Ages 6 and older – to promote improvement in weight status. Overweight or obese adults with risk factors for cardiovascular disease
Hemoglobin or hematocrit	●	12 months
Hepatitis B screening	●	Pregnant women
Hepatitis C screening	● ●	Adults at risk; one-time screening for adults born between 1945 and 1965
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women, annually
Iron supplementation ¹	●	6–12 months for children at risk
Lead screening	●	12, 24 months
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 55 to 80 with 30 pack-year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification. (coverage effective upon your plan's start or anniversary date on or after 1/1/15)
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Oral health evaluation/assess for dental referral	●	12, 18, 24, 30 months. Ages 3 and 6
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by Fracture Risk Assessment Score). Computed tomographic bone density study requires precertification
PKU screening	●	Newborns

● = Men ● = Women ● = Children/adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Ocular (eye) medication to prevent blindness	●	Newborns
Prostate cancer screening (PSA)	●	Men ages 50 and older or age 40 with risk factors
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	●	All sexually active adolescents
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 10–24
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use/cessation interventions	● ●	All adults; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculin test	●	Children and adolescents at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 or as doctor advises

● = Men ● = Women ● = Children/adolescents



* Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to your plan documents.

1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. You may be required to use an in-network pharmacy to fill the prescription, or your prescription may not be covered, or reimbursement may be subject to your plan's copay, coinsurance or deductible requirement. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
2. Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment. To obtain the breast pump and initial supplies, contact CareCentrix at 877.466.0164 (option 3). To obtain replacement supplies, contact Edgepark Medical Supplies at 800.321.0591.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see to your plan materials.

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