



Cigna Choice Fund[®] *Health Reimbursement Account (HRA)*

Take control of your health care.

Your health care needs are as unique as you are. Your health plan should be no different. 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 advocate 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
- Money not used may be rolled over to the next year – if you enroll in the plan again
- Get rewards for taking part in activities that will improve your health and well-being
- Get your prescriptions filled at one of more than 57,000 national and local pharmacies



how Cigna Choice Fund HRA works

What is an HRA?

HRA stands for Health Reimbursement Account. 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 percent of your eligible health care expenses until the money is used up.</p> <p>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. This will reduce your share of the deductible (the amount you must pay for eligible health care expenses before your health plan begins to pay) in the next year.</p> <p>Employer Contribution</p> <table border="1"> <tr> <td>individual</td> <td>\$1,000</td> </tr> <tr> <td>self/spouse</td> <td>\$2,000</td> </tr> <tr> <td>self/child</td> <td>\$2,000</td> </tr> <tr> <td>family</td> <td>\$2,000</td> </tr> </table>	individual	\$1,000	self/spouse	\$2,000	self/child	\$2,000	family	\$2,000	<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>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>\$1,000</td> </tr> <tr> <td>self/spouse</td> <td>\$2,000</td> <td>\$2,000</td> </tr> <tr> <td>self/child</td> <td>\$2,000</td> <td>\$2,000</td> </tr> <tr> <td>family</td> <td>\$2,000</td> <td>\$2,000</td> </tr> </tbody> </table>		IN-NETWORK	OUT-OF-NETWORK	individual	\$1,000	\$1,000	self/spouse	\$2,000	\$2,000	self/child	\$2,000	\$2,000	family	\$2,000	\$2,000	<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 percent.</p> <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>30%</td> </tr> <tr> <td>plan pays</td> <td>90%</td> <td>70%</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>\$15</td> <td>\$30</td> </tr> <tr> <td>preferred brand</td> <td>\$40</td> <td>\$80</td> </tr> <tr> <td>non-preferred brand</td> <td>\$60</td> <td>\$120</td> </tr> </tbody> </table> <p>Your Annual Out-of-Pocket Maximum</p> <p>Your deductible, co-insurance and copays count towards your out of pocket maximum.</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>\$3,000</td> <td>\$5,000</td> </tr> <tr> <td>self/spouse</td> <td>\$6,000</td> <td>\$10,000</td> </tr> <tr> <td>self/child</td> <td>\$6,000</td> <td>\$10,000</td> </tr> <tr> <td>family</td> <td>\$6,000</td> <td>\$10,000</td> </tr> </tbody> </table>		IN-NETWORK	OUT-OF-NETWORK	you pay	10%	30%	plan pays	90%	70%		RETAIL YOU PAY	MAIL ORDER YOU PAY	generic	\$15	\$30	preferred brand	\$40	\$80	non-preferred brand	\$60	\$120		IN-NETWORK	OUT-OF-NETWORK	individual	\$3,000	\$5,000	self/spouse	\$6,000	\$10,000	self/child	\$6,000	\$10,000	family	\$6,000	\$10,000
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support for managing your plan and your health

We know how complex health and medical 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.

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: cityoftucson2014

Password: cigna (*case sensitive*)

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

Once you enroll

An advocate for your health

Health advocates – 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

Nothing is more important than your good health. That's why there's **myCigna.com** – your online home for assessment tools, plan management, medical updates and much more.

- Choose your doctor
- Verify plan details and track claims and account balances
- Manage your health care finances and health costs
- Complete a confidential online health questionnaire
- Use an interactive medical library
- Find information and estimate costs for medical procedures and treatments

Health and Wellness discounts

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.

*Some Healthy Rewards programs are not available in all states. 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.

Get to know your health

Understanding your health can be the first step toward improvement, and a health assessment is a great way to get started. This easy-to-complete questionnaire about your health and well-being:

- Asks questions about habits, stress levels, family history and your overall health, and also records basic information such as weight, blood pressure and cholesterol level.
- Creates a personalized report with details about your most important health issues.
- Offers suggestions for health screenings, and information about wellness and health programs.

Because the information learned through a health assessment can be such a valuable tool, your employer requires that you complete it before you enroll in your medical plan.

You will receive an incentive for completing the health assessment, which may reduce the amount you will have to pay for your benefits.

Help for a healthier pregnancy

While most women have a healthy, uncomplicated pregnancy, others may need specialized care. Cigna Healthy Pregnancies, Healthy Babies® supports you throughout your pregnancy so you can make the best choices for yourself and your baby. Special features include:

- Round-the-clock access to a toll-free information line staffed by experienced registered nurses.
- Support from a nurse 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 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.

Children and Adolescents (as appropriate by age)	
Immunizations	<ul style="list-style-type: none"> Diphtheria, Tetanus, Pertussis (DTaP) <i>Haemophilus Influenzae</i> type B (Hib) Hepatitis A and B (HepA and HepB) Human Papillomavirus (HPV) Influenza Measles, Mumps, Rubella (MMR)
Wellness Exams & Screenings	<ul style="list-style-type: none"> Well-baby/well-child exam (Includes medical history, height, weight, Body Mass Index (BMI) and behavioral assessment) Developmental screening Autism screening Vision screening (not complete eye exam) Hearing screening (not complete hearing exam) Oral health risk assessment Hematocrit or hemoglobin screening Obesity screening and weight management counseling HIV screening for adolescents at higher risk
	<ul style="list-style-type: none"> Meningococcal (MCV4) Pneumococcal (PCV) Inactivated Poliovirus (IPV) Rotavirus (RV) Varicella (chickenpox)
	<ul style="list-style-type: none"> Iron supplements for children 6 to 12 months who are at higher risk for anemia Lead screening for children at risk Fluoride supplements for children without fluoride in their water Dyslipidemia screening for children at higher risk of lipid disorder Tuberculin testing for children at higher risk Depression screening for adolescents Alcohol and drug use assessment for adolescents Counseling to prevent sexually transmitted infections (STIs) for sexually active adolescents Cervical dysplasia screening for sexually active young women
Adults (as appropriate by age and gender)	
Immunizations	<ul style="list-style-type: none"> Diphtheria, Tetanus, Pertussis (DTaP) Hepatitis A and B (HepA and HepB) Herpes Zoster Human Papillomavirus (HPV) Influenza
Wellness Exams & Screenings	<ul style="list-style-type: none"> Well-person exam Blood pressure screening for all adults Cholesterol screening for men ages 35 and older, women ages 45 and older, and younger adults at higher risk Diabetes screening for type 2 diabetes for adults with high blood pressure HIV and sexually transmitted infection (STI) screenings for adults at higher risk Breast cancer mammography for women over age 40 Breast cancer chemoprevention counseling for women at higher risk Cervical cancer pap test for women
	<ul style="list-style-type: none"> Measles, Mumps, Rubella (MMR) Meningococcal (MCV4) Pneumococcal (PCV) Varicella (chickenpox)
	<ul style="list-style-type: none"> Colorectal cancer screenings including fecal occult blood testing, sigmoidoscopy or colonoscopy from ages 50 to 75 Prostate cancer (PSA) screening for men Abdominal aortic aneurysm one-time screening for men ages 65 to 75 who have smoked Osteoporosis screening for women ages 60 and older, depending on risk factors Chlamydia Infection screening for sexually active women ages 24 and younger, and other women at higher risk Gonorrhea and syphilis screening for sexually active women at higher risk BRCA counseling about genetic testing for women at higher risk
Specifically for Pregnant Women and Newborns	
	<ul style="list-style-type: none"> Folic acid supplements for women who may become pregnant Anemia screening for iron deficiency Tobacco cessation counseling for all pregnant women who smoke Syphilis screening for all pregnant women Hepatitis B screening during the first prenatal visit
	<ul style="list-style-type: none"> Rh incompatibility blood type testing Bacteriuria urinary tract infection screening at 12 to 16 weeks Breastfeeding education to promote breastfeeding Screening for hearing loss, hypothyroidism, sickle cell disease, phenylketonuria (PKU) for newborns

Other services that are not classified as preventive care, but are generally covered under the medical plan, include tests to investigate existing symptoms, tests to follow up for results of screenings and tests to monitor an ongoing condition or prevent a current condition from becoming worse. Deductibles and coinsurance will apply. Exclusions: This document does not guarantee coverage for all preventive services. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary, and any services and supplies, for or in connection with, experimental, investigational or unproven services. This document only highlights coverage for preventive health services. The specific terms of coverage, exclusions and limitations, including legislated coverage, are included in the Summary Plan Description or Insurance Certificate.

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