

OSCEOLA COUNTY GOVERNMENT

CIGNA Choice Fund[®] 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 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 HealthCare network
- Roll over unused money in your account
- 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 pharmacies



Base Cat # 805590c
OCG2010 7/10

how your 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 components:

Your Health Reimbursement Account		Your Share		Your CIGNA 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>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 pay before your plan starts to pay) in the next year. Up to \$3,000 / \$6,000 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 – the amount you must pay for eligible health care expenses before your health plan begins to pay.</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 covered 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"> <thead> <tr> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>employee</td> <td>\$500</td> </tr> <tr> <td>family</td> <td>\$1,000</td> </tr> </tbody> </table>				employee	\$500	family	\$1,000	<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>employee</td> <td>\$750</td> <td>NONE</td> </tr> <tr> <td>family</td> <td>\$1,500</td> <td>NONE</td> </tr> </tbody> </table>			IN-NETWORK	OUT-OF-NETWORK	employee	\$750	NONE	family	\$1,500	NONE	<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>20%</td> <td>100%</td> </tr> <tr> <td>plan pays</td> <td>80%</td> <td>0%</td> </tr> </tbody> </table>				IN-NETWORK	OUT-OF-NETWORK	you pay	20%	100%	plan pays	80%	0%
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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.

For additional details, including payroll deductions for your company's plan, please refer to your enrollment materials or talk to your company's coverage department or coverage service provider.

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 LineSM 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, 7 days a week.

Good Information for Better Health

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

- Choose your doctor
- Verify plan details and track claims, account balances and health costs
- Complete a confidential online questionnaire
- Use an interactive medical library
- Find information and estimate costs for medical procedures and treatments
- Keep track of incentive rewards
- Take advantage of wellness discounts*
- View prescription drug characteristics and costs side by side

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, anti-cavity products, and more.

Help for a Healthier Pregnancy

While most women have a healthy, uncomplicated pregnancy, others may need specialized care. CIGNA Healthy Pregnancy, 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.

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:

- 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.

Living with Your Chronic Health Condition

If you are living with a chronic health condition, CIGNA Well Aware for Better Health[®] programs are available to educate you about your condition, so that you and your doctor can make decisions that will improve your health and well-being.

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Complications due to excess weight
- Depression
- Diabetes
- Heart disease
- Low back pain
- Targeted conditions

*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.

Pre-enrollment Information Line: 1.800.401.4041

make the most of your preventive health coverage

At CIGNA, we focus on helping to keep you well, rather than just providing coverage for covered illness or injury.

That's why your CIGNA Choice Fund® plan covers preventive care such as periodic well visits, routine immunizations and screenings at 100% when you receive it from a participating CIGNA HealthCare doctor.

That means: • No cost to you • No cost to your HRA • No plan deductible to meet

Your doctor will determine the tests that are right for you based on your age, gender and family history. Here's a list of services commonly provided as preventive care.

Well-Child Care (through age 18)	Adult Care (after age 18)
<p>Well-baby and Well-child visits</p> <ul style="list-style-type: none">■ Periodic visits, depending on age <p>Immunizations (as appropriate by age)</p> <ul style="list-style-type: none">■ Diphtheria, tetanus toxoids and acellular pertussis (DTaP)■ Haemophilus influenzae type b conjugate (Hib)■ Hepatitis A (Hep A) and B (Hep B)■ Human papillomavirus HPV in girls and women ages 9 – 26■ Influenza: annually 6 months through 18 years■ Measles, mumps, and rubella (MMR)■ Meningococcal (MCV): ages 11 – 18■ Pneumococcal (pneumonia)■ Poliovirus (IPV)■ Rotavirus■ Varicella (chickenpox) <p>Screenings (as appropriate by age)</p> <ul style="list-style-type: none">■ Cholesterol: for those at risk after age 2 but by age 10■ Hearing and vision performed during the wellness visit■ Hemoglobin or hematocrit: once a year for females after menarche■ Pap test within 3 years of sexual activity (or by age 21) at least every 3 years	<p>Well-man and Well-woman visits</p> <ul style="list-style-type: none">■ Periodic visits, depending on age <p>Immunizations</p> <ul style="list-style-type: none">■ Hepatitis A (Hep A) and B (Hep B): for those at risk■ Human papillomavirus (HPV) in girls and women ages 9 – 26■ Influenza: ages 19 – 49, as your doctor advises; ages 50+, annually■ Pneumococcal (pneumonia): ages 65+ once (or younger for those with risk factors)■ Rubella (German Measles) for women of childbearing age if not immune■ Tetanus and diphtheria toxoids booster (Td) every 10 years (or Tdap, as indicated)■ Varicella (chickenpox): second dose catch-up, or if no evidence of prior immunization or chickenpox■ Zoster: ages 60+ <p>Screenings</p> <ul style="list-style-type: none">■ Cholesterol ages 20+, every 5 years■ Diabetes screening ages 45+, or at any age if asymptomatic with sustained blood pressure greater than 135/80, every 3 years■ Mammogram once a year for women ages 40+■ Osteoporosis screening for women ages 65+; 60 for women at high risk■ Pap test within 3 years of sexual activity, or ages 21 – 64 at least every 3 years■ Prostate screening (PSA) for men ages 50+, once per year■ Ultrasound for abdominal aortic aneurysm (AAA): men ages 65 – 75 who have ever smoked■ Colon cancer screenings ages 50+ (or at any age if risk factors):<ul style="list-style-type: none">• Flexible sigmoidoscopy every 5 years• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually• Colonoscopy every 10 years• Double contrast barium enema every 5 years• Computed tomographic colonoscopy (CTC)/virtual colonoscopy every 5 years• Stool-based deoxyribonucleic acid (DNA) test■ Chlamydia screening, sexually active women ages 24 and under
<p>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.</p>	

Coverage 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 contains only highlights of 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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