Find out how the plan works before you enroll.

There's a wide range of tools and support for prospective members. Check out these resources during open enrollment. They are then available year-round for new hires.

An educational Web site at myCIGNAplans.com
Username: UofCA Password: choice
Log on to myCIGNAplans.com and:
- Confirm which providers are in the CIGNA Open Access Plus (OAP) network
- Use the cost comparison tool to estimate out-of-pocket costs
- Review the Summary of Benefits

A special line for prospective members at 1.800.401.4041.

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 comes in.
- Receive preventive care in-network at no cost to you
- Choose the doctors you want to see – no referral required to see a specialist
- Use up-front Health Reimbursement Account (HRA) dollars funded by UC to help pay eligible expenses. Unused dollars roll over at year end
- Call a CIGNA Health AdvisorSM to help you manage your health and make the most of your benefits
- Take advantage of online tools and resources to help you make informed health and health care decisions

Servicio de información en español disponible antes de registrarse
Llame gratis al 1.800.401.4041 para obtener información en español acerca del plan CIGNA Choice Fund antes de registrarse. Solicite asistencia en español cuando el representante de servicios al cliente conteste la llamada. Además, en el sitio de Internet myCIGNAplans.com usted puede encontrar documentos importantes sobre el plan en español.
How your CIGNA Choice Fund® works

The CIGNA Choice Fund is comprised of five key components. They work together and provide you with comprehensive coverage. See the Summary of Benefits on myCIGNAplans.com for full details.

1. Preventive Care covered at 100%
See the back page for full details about your preventive care benefits.

2. Your HRA . . .
UC provides an annual health fund called a Health Reimbursement Account (HRA) for you. Used first each year, it automatically pays 100% of eligible medical and prescription drug expenses.

Your HRA dollars help you meet your annual Deductible. (See below.) Unused dollars roll over to the next year.

Your HRA
- employee $1,000
- employee + adult $1,500
- employee + child(ren) $1,500
- family $2,000

If you enroll during the year, your HRA will be prorated monthly. The Deductible remains the same.

3. Member Responsibility . . .
If you use all of the dollars in your fund, then you pay Member Responsibility out of your pocket up to the remaining amount of the Deductible.

Your Member Responsibility will be less if you rolled over HRA dollars from the previous plan year.

Your Member Responsibility
- employee $500
- employee + adult $750
- employee + child(ren) $750
- family $1,000

Your Annual Deductible
- employee + adult $1,500
- employee + child(ren) $1,500
- family $2,000

4. PPO Health Coverage . . .
Once you meet your Deductible, PPO Health Coverage takes effect. You and the plan share the cost of eligible expenses according to the percentages noted below. Your share is called coinsurance.

<table>
<thead>
<tr>
<th>Coinurance</th>
<th>in-network</th>
<th>out-of-network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>you pay</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>plan pays</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

*Based on the usual and customary cost for the service in your area.

5. Your Annual Out-of-Pocket Maximum
If your out-of-pocket expenses reach this amount, then your eligible medical and pharmacy expenses are covered 100% for the rest of the plan year.

Out-of-Pocket Maximum does not include your Member Responsibility.

The most you would pay in a year is the sum of your Member Responsibility and your Out-of-Pocket Maximum.

Out-of-Pocket Maximum
- employee $1,500
- employee + adult $2,250
- employee + child(ren) $2,250
- family $3,000

Chiropractic/Acupuncture Services
There's a combined calendar year in- and out-of-network benefit maximum of 20 visits for chiropractic and/or acupuncture services.
Support for Managing Your Plan and Your Health

We know how complex health and medical benefits can be. That’s why CIGNA offers many resources to help members improve their health and get the most from their medical coverage. Here are some of the tools and resources available once you are enrolled.

CIGNA Healthy Rewards
Save on programs and services often not covered through traditional benefits such as massage therapy, laser vision correction, weight loss programs and more.

The CIGNA HealthCare 24-Hour Health Information Line
Talk with a team of experienced registered nurses and other health care professionals who will provide confidential answers to your health care questions, helpful home care suggestions, and recommended settings for care.

You’ll also have access to our extensive audio library on topics that affect every member of your family.

CIGNA Health Advisor
This group of health and benefit specialists is here for you whether you have a health concern, a question about how to get the best value for your health care dollars, or need more information about any aspect of your care. You’ll get the resources and information you need to help make the decisions that are best for you.

myCIGNA.com
Your secure source for health information. Combining your plan features with WebMD® tools, myCIGNA.com gives you access to perhaps the largest body of health care and medical knowledge and information available.

■ Online provider directory
■ Claim information and account balances
■ Healthwise® online library
■ Select Quality Care® hospital comparison
■ Tools to help you save on prescription drugs including:
  ■ A pharmacy-specific pricing tool
  ■ CIGNA Tel-Drug mail order pharmacy
  ■ Generic and therapeutic alternatives

Save With a HCRA
If you anticipate out-of-pocket expenses such as Member Responsibility and coinsurance, you may want to consider putting money in the UC-sponsored health care reimbursement account (HCRA). The HCRA is pre-tax so you will save on any out-of-pocket expenses.

Behavioral Health
These benefits are available through United Behavioral Health (UBH). Expenses for mental health and substance abuse services are not deducted from your HRA and do not count toward your Deductible. For more information, visit: https://www.liveandworkwell.com/default.asp?ProgramPIN=11280.

Emergency Care When Traveling
When traveling within the United States or a foreign country, services provided for a true Emergency or Urgent Care will be covered at the in-network benefit level. Foreign claims, paid for out-of-pocket, must include an itemized bill from the provider when submitted to CIGNA for processing.
What is preventive care? CIGNA HealthCare defines it as periodic well visits, routine immunizations and routine screenings provided to you when you have no symptoms or have not been diagnosed with a disease. Additional immunizations and screenings may be included for those individuals at increased risk for a particular disease.

CIGNA Choice Fund covers preventive care 100% when you receive it from a participating CIGNA HealthCare provider. That means: ■ No cost to you ■ No cost to your HRA ■ No plan deductible to meet

While your doctor will determine the tests that are right for you based on your age, gender and family history, here’s a list of what is covered by your preventive health benefits. There’s no annual dollar amount limit.

### Well-Child Care (through age 18)

**Well-baby and Well-child visits**
- Six visits 0-12 months
- Three visits 12-24 months
- Annual routine physical from 24 months through age 18

**Immunizations** as appropriate by age, such as:
- Diphtheria, tetanus and acellular pertussis (DTAP)
- Haemophilus influenzae b (Hib)
- Hepatitis A & B
- HPV in girls and women ages 9 – 26
- Influenza
- Measles-mumps-rubella (MMR)
- Meningococcal (MCV4)
- Pneumococcal conjugate (PCV) (pneumonia)
- Poliovirus (IPV)
- Rotavirus
- Varicella (chickenpox)

**Screenings** (as appropriate by age)
- Blood pressure
- Cholesterol
- Hearing and vision performed during the wellness visit
- Height and weight
- Hemoglobin or hematocrit
- Pap smear and pelvic exam

### Adult Care (after age 18)

**Well-man and Well-woman visits**
- Annual Ob/Gyn visit for women
- Plus, additional annual routine physical

**Immunizations such as:**
- Hepatitis A and B (HBV), for those at risk
- HPV in girls and women ages 9 – 26
- Influenza: ages 19 – 49, as your doctor advises; ages 50+, annually
- Pneumonia: once for those ages 65+ (or younger for those with risk factors)
- Rubella (German Measles) for women of childbearing age if not immune
- Tetanus-diphtheria (Td) every 10 years (or TdaP, as indicated)
- Varicella (chickenpox: if no evidence of prior immunization or chickenpox)
- Zoster: ages 60+

**Screenings**
- Blood pressure
- Cholesterol ages 20+, every 5 years
- Diabetes screening ages 45+, or if history of risk factor, every 3 years
- Mammogram once a year for women age 40+
- Osteoporosis screening for women ages 65+, 60 for women at high risk
- Pap test once a year for women ages 19 – 64
- Prostate screening (PSA) for men ages 50+, once per year
- Colorectal cancer screenings ages 50+:
  - Sigmoidoscopy once every 5 years
  - Fecal occult blood test annually
  - Colonoscopy once every 10 years
  - Barium enema once every 5 years

### Other services
Other services which are not classified as preventive care, but are generally covered under the medical benefit, 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.

**Benefit 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 are included in the Summary Plan Description.