



HSA-Qualified Health Plan for New Jersey and New York

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 HSA-qualified health plan comes in.

- Receive preventive care in-network at no cost to you
- Control the spending of your benefit dollars
- Contribute tax-free dollars to pay for your health care expenses
- Roll over your entire savings account, even earn tax-free interest
- Choose the doctors you want to see – no referral required to see a specialist
- Save money by visiting the 520,000 physicians and 8,800 hospitals in the CIGNA Open Access Plus network
- Take advantage of online tools and resources to help you make smart health and health care decisions

A Business of Caring.

How your HSA-Qualified Health Plan works

What is an HSA? HSA stands for **Health Savings Account**. This tax-free* account works with traditional medical and pharmacy coverage. Your HSA-qualified plan consists of these key components:

- 1 100% coverage for preventive care** when provided by an in-network physician. No cost to you or your account.
- 2 a savings account** you establish and can use to pay for health care expenses. The contributions are tax-free (subject to federal limits and/or annual maximum).**
- 3 your deductible:** the amount that you must pay for eligible health expenses before your health plan kicks in with benefits.
- 4 the health plan,** with an annual out-of-pocket maximum – once your deductible is met.

Here's how it works . . .

Preventive care covered at 100%



Your Health Savings Account . . .

You establish a tax-free* health savings account through JPMorgan Chase (www.chase.com/hsa) or the bank of your choice. You can contribute any amount you wish to this account, up to the current federal limit.**

You can decide how and when to use these funds – you can either use them to pay for your health care expenses, or save them.

The amount used from your savings account for services covered under your plan helps you meet your annual deductible. Whatever you don't use in a given year earns interest and rolls over to the next.



Your Deductible . . .

A deductible is the amount you must pay for eligible health expenses before your health plan provides coverage.

You can meet your deductible by using your health savings account, your own money, or both.

Only services covered by your health plan count toward your deductible. (See your Summary of Benefits for details.)



. . . and Your CIGNA Health Plan

Once you meet your deductible, you pay pre-determined amounts for certain expenses, called coinsurance. The plan pays for the rest.

What's more, your deductible counts toward your out-of-pocket maximum. Once you meet your out-of-pocket maximum (which includes your deductible), your plan pays covered expenses at 100%.

Shared Expenses

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
you pay	10%	30%
plan pays	90%	70%

Pharmacy

	<u>RETAIL YOU PAY</u>	<u>MAIL ORDER YOU PAY</u>
generic	30%	30%
preferred brand	40%	40%
non-preferred brand	50%	50%

Your Annual Deductible

(combined with Pharmacy)

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
individual	\$2,500	\$5,000
family	\$5,000	\$10,000

Your Annual Out-of-Pocket Maximum

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
individual	\$5,000	\$15,000
family	\$10,000	\$30,000

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 you improve your health and get the most from your medical coverage.

Once you enroll...

The CIGNA HealthCare 24-Hour Health Information LineSM

Talk with a team of experienced registered nurses and other health care professionals who 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.

myCIGNA

Your secure source for health and wellness information. Combining your plan features with WebMD[®] tools, **myCIGNA**, our secure member website, 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
- HealthQuotient[™] health risk assessment
- Healthwise[®] online library
- Select Quality Care[™] hospital comparison
- Healthy Rewards wellness discounts

Opening an HSA

While you are free to open an HSA with any bank you choose, you may want to consider JPMorgan Chase.

- Simple application process at chase.com/hsa
- Chase VISA[®] debit card and checkbook access to your HSA dollars
- Easy access to your account through **myCIGNA**
- Investment options once your savings account balance reaches \$2,000.

CIGNA Well Aware for Better Health[®]

If you live with a chronic condition, you're just a phone call away from health professionals who can help you manage your condition. Don't let your chronic condition manage you.

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

* In Ala., Calif., N.J., and Wis., contributions are prior to federal taxes but after state income taxes. Employer contribution, earned interest and investment income are all taxable as gross income for state income tax purposes.

** Your annual contribution is limited to \$2,850 for individuals/\$5,650 for families. (These are 2007 limits. Limits for future years will be set by the IRS.) Any employer contributions count toward your annual limit.

Make the most of your preventive health benefits

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.

This plan covers preventive care 100% when you receive it from a participating CIGNA HealthCare provider. That means: ■ No cost to you ■ No cost to your HSA ■ 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.

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, such as:</p> <ul style="list-style-type: none">■ 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) <p>Screenings (as appropriate by age)</p> <ul style="list-style-type: none">■ Blood pressure■ Cholesterol■ Hearing and vision performed during the wellness visit■ Height and weight■ Hemoglobin or hematocrit■ Pap smear and pelvic exam	<p>Well-man and Well-woman visits</p> <ul style="list-style-type: none">■ Periodic visits, depending on age <p>Immunizations such as:</p> <ul style="list-style-type: none">■ Hepatitis A and B (HBV), for those at risk■ HPV in girls and women ages 9-26■ Influenza: ages 19 to 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 (chicken pox: if no evidence of prior immunization or chickenpox)■ Zoster: ages 60+ <p>Screenings</p> <ul style="list-style-type: none">■ 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+:<ul style="list-style-type: none">• Sigmoidoscopy once every 5 years• Fecal occult blood test annually• Colonoscopy once every 10 years• Barium enema once every 5 years
<p>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.</p>	

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, including legislated benefits, are included in the Summary Plan Description or Insurance Certificate.

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