HEALTHY LIFE HRA LOCAL PLUS

2016 OPTIONS AT A GLANCE (DEDUCTIBLE 1625/3250) USING THE LOCALPLUS NETWORK

This chart summarizes the coverage under the Healthy Life Health Reimbursement Arrangement (HRA) Option using the LocalPlus network.

2016 CIGNA CONTRIBUTION - HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The amount of Cigna's contribution to your account depends on when your coverage starts and whether you cover only yourself or family members too. Your account automatically pays for covered medical, mental health/substance abuse and prescription drug expenses until you meet your deductible amount or your account is used up. If you have money in your account after you meet the deductible, it will be used to pay your coinsurance share for covered services.

WHEN YOUR COVERAGE STARTS	CIGNA CONTRIBUTION-EMPLOYEE ONLY	CIGNA CONTRIBUTION-EMPLOYEE & FAMILY MEMBERS
January 1-March 31, 2016	$750.00	$1,500.00
April 1-June 30, 2016	$562.50	$1,125.00
July 1- September 30, 2016	$375.00	$ 750.00
October 1-December 31, 2016	$187.50	$ 375.00

PLAN FEATURES	WHAT YOU'LL PAY	
You must satisfy the annual deductible before you are reimbursed for medical services, mental health/substance abuse services and prescriptions, unless otherwise noted; you then pay the portion of the negotiated fee or, in the case of out-of-network services, the maximum allowed for covered services, shown below.		
	LOCAL PLUS NETWORK[1]	**OUT-OF-NETWORK**
Annual Deductible[2]	$1,625 if you cover only yourself $3,250 if you also cover others	$2,375 if you cover only yourself $4,750 if you also cover others
Annual Out-of-pocket Maximum (includes deductible)[2]	$3,750 per individual $7,500 family limit	$5,500 if you cover only yourself $11,000 if you also cover others
Lifetime Maximum	None	
Pre-existing Condition Limitation	None	
Pre-Admission Certification and Continued Stay Review	Your network physician will obtain authorization for network inpatient care. You must get approval from Cigna Healthcare for out-of-network care. If you do not obtain authorization, you will pay 50% of covered charges after deductible for services that would have been authorized. If authorization is denied for hospital days initially or during concurrent review, you will receive no benefit for unauthorized days.	
Pre-Admission Testing	15% after deductible	35% after deductible

WHAT'S COVERED	WHAT YOU'LL PAY	
	IN-NETWORK[1]	OUT-OF-NETWORK
Preventive Care Screenings		
Periodic Health Exams; Well-Woman Exams[3]	No charge; no deductible	Not covered
Mammogram	No charge; no deductible	35% after deductible
Pap smear (lab charges)	No charge; no deductible (one every 12 months)	35% after deductible
Well Child Care	No charge; no deductible	Not covered
Routine Immunizations/Injection	No charge; no deductible	35% after deductible
Vision/Hearing Screening	No charge; no deductible	Not covered
Smoking Cessation	No charge; no deductible	
Physician Services		
Primary Physicians • Office Visits • X-rays & Lab • Allergy Testing/Treatment • Blood Pressure Checks • Casting & Dressing	15%; no deductible	35% after deductible
Specialty Care & Consultants	15% after deductible	35% after deductible
Telehealth Services (MDLIVE)	15% after deductible	Not covered
Mental Health and Substance Abuse Treatment		
Inpatient	15% after deductible	35% after deductible
Outpatient	15% after deductible	35% after deductible
Group Therapy	15% after deductible	35% after deductible
Maternity Care[3]		
Pre- and Post-Natal Exams/Delivery	15% after deductible	35% after deductible
Hospital and Other Facilities	15% after deductible	35% after deductible
Family Planning[3]		
Voluntary Sterilization Procedures	15% after deductible	35% after deductible
Infertility Diagnosis and Treatment	Coaching required for services to be covered. Subject to regular coinsurance levels; all services related to infertility diagnosis and treatment $10,000 benefit maximum per lifetime ($15,000 when a center of excellence is used.)	Not covered
Surgeon Fees/Hospital Visits[4]	15% after deductible	35% after deductible
Inpatient Hospital Services		
• Semi-Private Room & Board • X-rays & Lab • Operating & Recovery Rooms • Intensive Care Unit • Drugs & Medications • Hemodialysis • Anesthesia/Respiratory Inhalation Therapy • Radiation Therapy & Chemotherapy	15% after deductible	35% after deductible

WHAT'S COVERED	WHAT YOU'LL PAY	
	IN-NETWORK[1]	OUT-OF-NETWORK
Inpatient & Outpatient Professional Services[4]		
• **Surgeon** • **Radiologist** • **Anesthesiologist** • **Pathologist**	15% after deductible	35% after deductible
Outpatient Hospital Services[4]		
• **Operating & Recovery Rooms** • **X-rays & Lab** • **Hemodialysis** • **Radiation Therapy & Chemotherapy** • **Anesthesia/Respiratory Inhalation Therapy**	15% after deductible	35% after deductible
Emergency Care		
Doctor's Office/Outpatient	Subject to regular deductible and primary physician or specialist coinsurance, depending on who provides the care	Coverage at in-network level
Hospital, Outpatient/Urgent Care Facility	15% after deductible	
Ambulance	15% after deductible	
Skilled Nursing Facility	15% after deductible; combined network and out-of-network benefits limited to 60 days per calendar year for skilled nursing.	
Therapy Services		
Short Term Rehabilitation and Chiropractic Services (limited to 60 treatment days in and out-of-network per calendar year)		
• **Health Care Professional**	15% after deductible	35% after deductible
• **Outpatient/Facility**	15% after deductible	35% after deductible
Speech, physical and occupational therapy for autism spectrum disorders (limited to 60 treatment days in and out-of-network per calendar year)[5]	15% after deductible	35% after deductible
Home Health Care	No charge; no maximum	35% after deductible; home health care limited to 80 visits per calendar year
Hospice Care		
Inpatient	15% after deductible; number of days unlimited	15% after deductible; number of days unlimited
Outpatient	No charge, no maximum; number of days unlimited	35% after deductible; number of days unlimited
Durable Medical Equipment	15% after deductible	35% after deductible
External Prosthetic Appliances	15% after deductible	35% after deductible
Hearing Aids		
• **$1500 device maximum** • **Limited to 2 devices every 36 months** • **Includes testing and fitting of hearing aid device**	15% after deductible	35% after deductible

WHAT'S COVERED	WHAT YOU'LL PAY	
	IN-NETWORK[1]	OUT-OF-NETWORK
Prescription Drugs[6] Includes coverage for prescription birth control and oral fertility drugs that are part of an approved fertility program, and smoking cessation-related prescription drugs.		
Pharmacies (limited to a 30 day supply)	**No charge; no deductible:** • Generic and preferred brand birth control **Charge for other drugs after deductible:** • 30% per generic preventive and other generic • 40% per preferred brand • 50% per non-preferred brand	After deductible: 30% preventive and other generic 40% per preferred brand 50% per non-preferred brand
Cigna Home Delivery Service (limited to a 90 day supply) Required for all medications used on an ongoing basis	**No charge; no deductible:** • Generic preventive drugs • Generic and preferred brand birth control **No deductible** • 30% per certain preventive brand drugs with no generic alternative **Charge for other drugs after deductible:** • 20% per other generic • 30% per preferred brand • 40% per non-preferred brand Specialty Pharmacy Medication maximum $200 per prescription	Benefits for mail-order available only through Cigna Home Delivery Service (Cigna Tel-Drug)

Notes:

1. The directory for the HRA Local Plus network is available online at www.myCigna.com or by calling the Customer Service Center at 1.888.99Cigna (1.888.992.4462). If care is received in an area without a LocalPlus network, but within the Open Access Plus (OAP) network, it will be reimbursed at the OAP level and your coinsurance will be 25% after the deductible.

2. The entire deductible amount must be met before the plan pays covered expenses for any family member. For in-network services, once an individual reaches the individual out-of-pocket maximum, the plan pays 100% of that individual's covered expenses for the rest of the year. For out-of-network services, the entire out-of-pocket maximum must be met before the plan pays 100% of covered expenses for the rest of the year for any family member.

3. In accordance with the Patient Protection and Affordable Care Act (PPACA), coverage for certain women's preventive services, which includes lactation counseling/services, FDA-approved contraceptive methods, sterilization procedures for women and gestational diabetes screenings, is available with no cost sharing when received in-network. See Summary Plan Description.

4. Call 1.888.992.4462 to complete a pre-surgical decision support program for back, hip, and knee surgery. If the program is not completed a $1,000 penalty will apply.

5. Covered services include speech therapy with a licensed speech-language therapist, occupational therapy with a licensed occupational therapist and physical therapy with a licensed physical therapist to improve the individual's ability to participate in activities of daily living, including speech, walking, coordination, balance and fine-motor movements. Educational and learning services and behavioral interventions like applied behavior analysis (ABA) are not included in the covered therapy services.

6. Please note the following requirements:

- To be covered, maintenance medication used on an ongoing basis must be filled through Cigna Home Delivery Pharmacy after 3 fills at a retail pharmacy. If you continue to fill at a retail pharmacy, it will not be covered.
- If you ask for the brand name medication, and Dispense as Written is not indicated on the prescription, you will pay your generic co-insurance plus the difference in cost between the brand name medication and the generic.

The cost of the non-covered medications and in the case of Dispense as Written, the additional cost in excess of the generic will not count toward your deductible or out of pocket maximum.