

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 100% when you receive it from a participating CIGNA HealthCare doctor.

That means: ■ No cost to you ■ No cost to your fund ■ 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) |
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| <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 toxoids and acellular pertussis (DTaP) ■ Haemophilus influenzae type b conjugate (Hib) ■ Hepatitis A (Hep A) and B (Hep B) ■ Human papillomavirus (HPV)³ 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 such as:</p> <ul style="list-style-type: none"> ■ Hepatitis A (Hep A) and B (Hep B): for those at risk ■ Human papillomavirus (HPV)³ 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 BP 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 which 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. Deductibles¹ and coinsurance² 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.

¹ Deductible – the amount you pay before the insurance starts to pay. ² Coinsurance – the portion of covered expenses you pay after you have met your deductible.

³ Gender criteria apply depending on vaccine brand.

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