A guide to your Oberlin College Faculty & Staff health plan options.

Plan year: 01/01/2017 - 12/31/2017

Together, all the way.

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Words to know

This guide was created to help you make important decisions about your health care. Before you begin, we think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that you’ll see in this guide.

**Deductible**: An annual amount you’ll pay out-of-pocket before your health plan begins to pay for covered health care costs.

**Copay**: A pre-set amount you pay for your covered health care services. The health plan pays the rest.

**Coinsurance**: Your share of the cost of your covered health care services. The health plan pays the rest.

**Out-of-pocket maximum**: The most you pay before the health plan begins to pay 100% of covered charges. You’ll still need to pay for any expenses the health plan doesn’t count towards the limit.

**In-network**: Health care professionals and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Out-of-network**: A health care professional or facility that doesn’t participate in Cigna’s network and doesn’t provide services at a discounted rate. Using an out-of-network health care professional or facility will cost you more.

**Generics**: Generic medications have the same active ingredients, dosage, and strength as their brand-name counterparts. You’ll usually pay less for generic medications.

**Preferred brand**: Preferred brand medications will usually cost more than generics. But may cost less than a non-preferred brand on your plan.

**Non-preferred brands**: Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred brand medications.
Ways to get better health

Cigna wants to help you choose a health plan that fits your needs and keeps you healthy.

This year, Oberlin College Faculty & Staff offers you the following health plans:

- **CDHP Cigna Choice Fund Health Savings Account**
- **Plan A**

Cigna plans offer the coverage, tools and resources you need to help you better manage your health – and health spending:

- Ways to compare costs, look at claims, search for health care providers, and more using myCigna - online or through the mobile app.
- 24/7/365 live customer service support.
- Real-time information from a nurse when you call our 24-Hour Health Information Line.
- Take steps to maintain good health with annual wellness checkups and screenings.
- Understand your overall health by taking a health assessment.

At Cigna, we want to partner with you and support you in your health journey. We'll be there for you, every step of the way, so you don't have to go it alone.

**Health care reform: Meeting the requirements**

Coverage under your employer-sponsored health plan satisfies the health care reform requirement to maintain “minimum essential coverage” under the “individual mandate” provision of the Patient Protection and Affordable Care Act. Each new year, Cigna, or your employer, will mail you a document confirming the coverage you were offered and were enrolled in, if applicable, during the prior calendar year. The form does not need to be filed your income tax return. It is provided for informational purposes only. The form will also include information for covered dependents, if applicable.

Please read all of the information in this brochure. Health plans may work differently, so it’s important to use this along with your other enrollment materials as a guide to how your Cigna health plans work.

Call the preenrollment hotline at 1.800.401.4041 if you have questions.
Understand your plan options

**Option 1**

**CDHP Cigna Choice Fund Health Savings Account:** A health plan plus a health savings account that puts you in charge

Your Cigna HSA plan combines a health plan with a compatible tax advantaged health savings account (HSA). You can use your HSA to help pay for some of your covered health care costs. You can also use your HSA to pay for qualified covered health care costs not covered through your health plan such as dental and vision expenses. You decide how and when you spend your health plan dollars.

Here’s how your HSA works. Once your HSA account is open, both you and your employer may contribute to your account, up to the current federal limit.

With your health plan, you’ll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Only services covered by your health plan count toward your deductible.

Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care costs and your plan pays the rest.*

You can choose to pay for your share of the health care costs up to the health plan’s out-of-pocket maximum by using your HSA, other personal funds or both.

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

You can take the HSA with you when you leave the health plan, change jobs or retire.

*May be more than coinsurance for out of network.

**Key benefits of choosing an HSA:**

- You and your employer may contribute to your account, up to the current federal limit.
- You decide how and when to use the money in your HSA. Pay for qualified expenses during the year, save it for future health care needs or open an investment account.
- Your savings account earns interest, tax-free.¹
- You can take your HSA with you when you leave the plan, change jobs or retire.

**Important features:**

- Choose the in-network health care professionals you want to see – no referral is needed to see a specialist.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour emergency care, in- or out-of-network.
- The amount you pay out-of-pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.

You can view highlights of these plans on pages 6-7. Remember, this brochure is a guide only. Make sure to read all your enrollment information. Plan details may vary.

¹HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Contact your tax professional or accountant for information about your state.

**How your HSA is funded:** Your contribution and money from your employer.

**What’s covered:** Your medical care and prescription drugs. Certain in-network preventive care services are covered at no added cost to you.
Option 2

Plan A: A health plan that lets you choose which doctors to see and when

Your Cigna OAP Plan provides coverage for medical care, including visits to your doctor’s office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy and other services.

You’re encouraged to select a primary care doctor to help guide your care, and can see a specialist without a referral. You have the option to see any licensed health care professional; however, your costs will be lowest when you use the OAP network.

With health coverage, you pay a predetermined fee (copay) for certain covered health care expenses and the plan pays the rest. For other services, you pay a deductible then a percentage of the cost (coinsurance).*

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

Important features:

• Option to choose a primary care doctor to help guide your care. It's recommended, but not required.

• No referral is needed to see a specialist, although precertification may be required.

• Certain in-network preventive care services are covered at no added cost to you

• 24-hour emergency care, in- or out-of-network.

• The amount you pay out-of-pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.

• No claim paperwork necessary when you receive care in-network.

You can view highlights of this plan on pages 6-7. Remember, this brochure is a guide only. Make sure to read all your enrollment information. Plan details may vary.

* If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

How your OAP plan works

What’s covered: Your medical care and prescription drugs. Certain in-network preventive care services are covered at no added cost to you.

YOU PAY FOR COVERED SERVICES WITH PERSONAL FUNDS.

UNTIL YOU REACH YOUR PLAN’S DEDUCTIBLE, THEN,

YOU PAY A SET % AND A SET FEE.

YOUR HEALTH PLAN PAYS THE REST OF THE COST.

IF YOU REACH YOUR PLAN’S OUT-OF-POCKET MAXIMUM,

YOUR HEALTH PLAN PAYS 100% OF YOUR COSTS FOR COVERED SERVICES.
### Option 1

**CDHP Cigna Choice Fund Health Savings Account**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical deductible-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$4,000</td>
<td>$6,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Contribution from employer</td>
<td>$1,000²</td>
<td>$1,500²</td>
<td>$2,000²</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$4,000</td>
<td>$6,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$16,000</td>
</tr>
</tbody>
</table>

### Option 2

**Plan A**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical deductible-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$550</td>
<td>$1,100</td>
<td>$1,100</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$1,000</td>
<td>$2,200</td>
<td>$2,200</td>
</tr>
<tr>
<td>Contribution from employer</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$4,200</td>
<td>$8,400</td>
<td>$8,400</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$8,400</td>
<td>$16,800</td>
<td>$16,800</td>
</tr>
</tbody>
</table>

### Prescription Medication Highlights

<table>
<thead>
<tr>
<th></th>
<th>Retail (30-day supply)</th>
<th>Home Delivery (90-day supply)</th>
<th>Retail (30-day supply)</th>
<th>Home Delivery (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy deductible</td>
<td>included in medical above</td>
<td>included in medical above</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Generic</td>
<td>20%</td>
<td>20%</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>20%</td>
<td>20%</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>20%</td>
<td>20%</td>
<td>$75</td>
<td>$150</td>
</tr>
</tbody>
</table>

**Words to know:**

**Deductible:** An annual amount you will pay out-of-pocket before your health plan begins to pay for covered health care costs.

**Copay:** A preset amount you pay for your covered health care services. The health plan pays the rest.

**Coinsurance:** Your share of the cost of your covered health care services. The health plan pays the rest.

**Out-of-pocket maximum:** The most you pay before the health plan begins to pay 100% of covered charges. You will still need to pay for any expenses the health plan doesn’t count towards the limit.

**In-network:** Many health care professionals and facilities that have a contract with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Out-of-network:** A health care professional or facility that doesn’t participate in your Cigna plan’s network and doesn’t provide services at a discounted rate. Using an out-of-network health care professional or facility may cost you more.

**Generics:** Generic medications have the same active ingredients, dosage, and strength as their brand-name counterparts. You’ll usually pay less for generic medications under your plan.

**Preferred brands:** Preferred brand medications will usually cost more than generics. But may cost less than non-preferred brands.

**Non-preferred brands:** Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You’ll usually pay more for non-preferred brand medications.
### Office/Routine Care – What you will pay. If a deductible applies, it will be noted.

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult preventive care⁴</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Office visit</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>$30</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>$40</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10% after plan deductible</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>$40</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Physical, occupational</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>$40</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>and speech therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-child care⁴</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Lab, X-ray, diagnostic tests</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10%</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10%</td>
<td>35% after plan deductible</td>
</tr>
</tbody>
</table>

### Hospital Care – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospitalization</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10% after plan deductible</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10% after plan deductible</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Emergency room</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>$105 Copay</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>$30 Copay</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10% after plan deductible</td>
<td>35% after plan deductible</td>
</tr>
</tbody>
</table>

### Mental Health and Substance Abuse – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (Unlimited day maximum)</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10% after plan deductible</td>
<td>35% after plan deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>20% after plan deductible</td>
<td>40% after plan deductible</td>
<td>10% after plan deductible</td>
<td>35% after plan deductible</td>
</tr>
</tbody>
</table>

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¹ You can make contributions to build your balance, up to a calendar year maximum of $3,350 for an individual and $6,750 for a family in 2016. For 2017, the calendar year maximum is $3,400 for an individual and $6,750 for a family. Limits are set by the IRS. Employees who reach age 55 may make an additional catch-up contribution of $1,000. The maximum contribution allowed is determined by the number of months you are allowed in the plan during the year. Employer or incentive contributions reduce the maximum an employee can contribute by an amount equal to the contribution.

² This is the most a family (employees plus covered family members) will pay for in-network out-of-pocket expenses. It’s important to note that each individual family member’s out-of-pocket costs are capped at $7,150 for 2017 health plans. To see examples of how this works, please visit www.InformedOnReform.com > Reform Topics Overview > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.

³ What you’ll pay after you meet your deductible. You’ll pay 100% of the cost until you meet your deductible.

⁴ Certain in-network preventive care services and well-childcare services are covered at no added cost to you. You have no deductible to meet for these services.

These plans provides coverage for most medically necessary services. However, there are certain services and supplies that are not covered by the plan regardless of medical necessity. See the “What’s Not Covered” section of this guide for examples of plan exclusions.
Get smarter about ways to stay healthy

**Prescription drug coverage**

Our prescription drug plans offer an extensive list of covered medications. Review your plan’s drug list for a complete listing of covered prescription medications.

Choosing where to fill your medications should be easy, too. With thousands of pharmacies and Cigna Home Delivery Pharmacy™ in our network, you will have convenient access to your medications – whether you pick them up, or have them delivered right to your home.

To help you stay healthy and manage the prescription medications you or your family may need, you’ll have access to many online resources and tools on myCigna. You can:

- Review your specific pharmacy coverage details including your covered prescription list.
- Track your pharmacy expenses and claims.
- View real-time prescription drug prices.
- Learn more about Cigna Home Delivery Pharmacy. We do the work – we’ll call your doctor’s office to transfer the prescription to Cigna. You can order refills, track your shipments, and talk with your pharmacist at anytime, day or night.

What’s more, we want to help you prevent high-risk health events. So, if you have risk factors for conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack or stroke, your plan does not require you to pay the deductible for preventive medications. You do not have to pay a copay for covered generic preventive medications purchased at Cigna Home Delivery Pharmacy. We do the work – we’ll call your doctor’s office to transfer the prescription to Cigna. You can order refills, track your shipments, and talk to your pharmacist at anytime, day or night.

Your plan covers contraceptives which include some selected products at no cost to you.

**Stress Management**

The support you need to change your life

If daily stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health advocate can provide you with personalized support to help you understand the sources of your stress, and learn to use coping techniques to better manage stress both on and off the job.

Use an online or telephone coaching program – or both – for the support you need.
Cigna Healthy Pregnancies, Healthy Babies®
Help for a healthier pregnancy
When you’re expecting a baby, you have a lot to look forward to. You also have a lot of decisions to make – and probably a lot of questions to ask. Your Cigna medical plan includes a program to help you throughout your pregnancy and in the days and weeks following your baby’s birth. Enrolling in Cigna Healthy Pregnancies, Healthy Babies® gives you additional support at no extra cost to you.

• A member of our team will ask you questions about your health and help you understand any health issues that could affect your baby. You can also ask your own questions and get information to help you make informed choices about your pregnancy.

• Based on your situation, a Cigna nurse will provide additional guidance and support to help you and your doctor develop a care plan that meets your unique needs. Your nurse will continue to follow up and provide support throughout your pregnancy.

• You’ll also receive a kit with useful information, tips and resources to help guide you throughout your pregnancy and after you give birth.

To learn more information about our Healthy Pregnancies, Healthy Babies program, please call us at 800-615-2906.

Chronic health condition support
Living with your chronic health condition
If you are living with a chronic health condition such as diabetes, back pain, depression, arthritis, asthma or cardiac issues, programs are available to educate you about your condition so you and your doctor can design a health management program that meets your unique needs.

You’ll learn to anticipate your symptoms, manage them better, reduce the risk of complications and understand treatment options. You can also focus on managing your stress or weight, or becoming tobacco-free, at the same time. And if you need to spend time in the hospital, you can access support before and after your stay.

The combination of knowledge and support can make a healthy difference. Programs that help manage a chronic condition can be an effective way to help individuals better manage their health and have more time and energy for life.

Make myCigna your Cigna
Nothing is more important than your good health. That’s why there’s myCigna – your online home for assessment tools, plan management, medical updates, and much more.

On myCigna you can:

• Find doctors and medical services
• View ID card information
• Review your coverage
• See your complete list of prescription medications covered under your plan.
• Manage and track claims
• Order refills at Cigna Home Delivery Pharmacy and track your orders 24/7.
• Compare cost and quality information for doctors and hospitals
• Access a variety of health and wellness tools and resources
• Sign up to receive alerts when new plan documents are available
• Track your account balances and deductibles

You can also access myCigna on the go by downloading the myCigna Mobile App*.

* The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

24 Hour Health Information Line
Call the 24 Hour Health Information Line (24 hours a day, seven days a week) to speak with a nurse who is ready to provide information and help answer your health questions. This toll-free number is printed on the back of your Cigna ID card.

• Get information to help you decide where and when you should get treatment.
• Need general health information or have a specific health concern.
• You can also listen to hundreds of podcasts to help you stay informed about your health.

Select a topic and download podcasts to your mobile device* or listen via live-stream on your computer via myCigna.com.
What’s not covered*

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer’s medical plan, unless required by law:

- Services provided through government programs
- Services that aren’t medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit, including services covered by Worker’s Compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Nonprescription and antiobesity drugs
- Custodial and other non-skilled services
- Weight-loss programs
- Hearing aids
- Treatment of sexual dysfunction
- Travel immunizations
- Telephone, email and internet consultations in the absence of a specific benefit
- Acupuncture
- Obesity surgery and services
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example HRA, HSA or FSA) if you have one, if permitted under applicable federal tax regulations.

* This is a summary only and your plan’s actual terms may vary. For a complete list of both covered and not-covered services, including benefits required by your state, please see your employer’s insurance certificate or summary plan description – the official plan document. If there are any differences between the information in this brochure and the plan document, the information in the plan document takes precedence.
Important notice: special enrollment requirements

**If you are declining enrollment**

If you are declining enrollment for yourself or your dependents (including your spouse) because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children’s Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

*To request special enrollment or obtain more information, call our Customer Service Team at 1.800.Cigna24 (1.800.244.6224).*

**Other late entrants**

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your benefit plan. Please contact your plan administrator for more information.

**Women’s Health and Cancer Rights Act (WHCRA)**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call Customer Service at 1.800.Cigna24 (1.800.244.6224).
Enrollment checklist and choice deadline.

This is one of the most important decisions you’ll make this year. These steps will help you choose wisely.

☐ Think about your health history and health care needs.
   How much do you spend, on average, for health care?
   How might that change in the upcoming year?

☐ Check the online directory on Cigna.com to see if your doctor participates in our network.

☐ Visit www.mycignaplans.com to review benefit details and choose the best plan for you.
   User ID: Oberlin2017
   Password: cigna

☐ Visit myCigna.com to compare prescription drug prices or to see if your medicine is covered.

Call the preenrollment hotline at 1.800.401.4041 if you have questions.
The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If you need more assistance, talk to your Human Resources representative.

Patient experience, quality designations, cost-efficiency and other ratings found in Cigna's online provider directories reflect a partial assessment of quality and should not be the sole basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and consult with their physician when selecting a health care facility. Health care professionals and facilities that participate in the Cigna network and the MDLive program are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policies or plans may be continued in force or discontinued. For costs and complete details of coverage, see your plan documents.

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Preparing for a doctor’s visit is an important step in taking control of your own health. Spend time thinking about what questions you want to ask. Your doctor will welcome your active participation. Here are some simple steps you can take to make the most of your visit.

**MAKE A LIST.**

Prepare for your visit by writing down your most important questions and concerns. Put them in order of importance. This will help make sure you don’t spend too much time talking about less important things – or run out of time before you get to what really matters to you.

**PREPARE TO SHARE.**

The best way for your doctor to get a full picture of your health is by examining you and then talking with you. Be prepared to share your basic health history. If you have a complex health history, bring the contact information of your other doctors.

**DEAL WITH PAPERWORK EARLY.**

If you need any paperwork completed – school physicals, disability forms, etc. – let your doctor know early in the visit. Lengthy paperwork often requires your input, too so plan for enough time during the visit to fill in the information.

**UNDERSTAND YOUR INSURANCE.**

Knowing how your health plan works can help your doctor get through the necessary paperwork quickly and efficiently. Also, don’t forget to bring your Cigna ID card. It has the information your doctor will need to process any claims.

**FIND THE RIGHT FIT.**

You should leave your doctor’s office feeling like your concerns were heard and addressed. Together, you and your doctor should come up with a health care plan that fits your needs.

Develop a good relationship with your doctor. It can help you live a healthier life.