



CIGNA

A Business of Caring.



# CIGNA Choice Fund® Benefits Calculator

CIGNA Choice Fund can give you more control over your health care decisions and provide funds to reimburse you for certain medical expenses. But how much will your fund cover? This calculator can help you find out.

## Begin by entering information about your plan.

### CIGNA Choice Fund:

- Refer to your Summary of Benefits to find the dollar amount that applies. Your CIGNA Choice Fund amount is based on your dependent coverage level.

### Balance from the prior year:

- The rollover amount is not applicable for the first year.

### Are preventive care services covered in full under your medical plan?

- Refer to your Summary of Benefits. If it indicates "no charge," circle Yes.

Yes No

## Identify health services that you and/or your covered dependents expect to use for the upcoming year.

### Estimated amount for Preventive Care Services:

- Enter Preventive Care Services subtotal from the Medical Cost Worksheet.

### Estimated amount for Other Health Services:

- Enter Other Health Services subtotal from the Medical Cost Worksheet.

+

## Identify health conditions that you and/or your covered dependents have.

### Estimated amount for Health Conditions:

- Enter Health Conditions subtotal from the Medical Cost Worksheet.

+

## Identify prescription drugs that you and/or your covered dependents expect to use in the coming year.

### Estimated amount for Prescription Drugs:

- Enter total from the Pharmacy Cost Worksheet, if pharmacy is an eligible expense under your plan. Refer to your Summary of benefits for details.

+

Subtotal:

=



Subtotal from bottom of previous page: =

**Identify other expenses that your CIGNA Choice Fund will cover.**

**Estimated amount for CIGNA Choice Fund:** +

➤ Enter other expenses by identifying any additional health products or services covered by CIGNA Choice Fund that you and your covered dependents may use this upcoming plan year. Details about qualified health products and services covered can be found in your enrollment package on the Benefit Summary. You will need to get estimated costs from the provider(s) of these other qualified health products and services in order to complete this section.

**Net Costs to Be Covered by CIGNA Choice Fund:** =

## Summary of Results

**CIGNA Choice Fund Amount:**

➤ Re-enter the CIGNA Choice Fund amount. See first entry on front page.

**CIGNA Choice Fund Amount from prior year:** +

➤ The rollover amount is not applicable for the first year.

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**Starting balance for CIGNA Choice Fund:** =

**Net costs to be covered by CIGNA Choice Fund:** -

➤ Re-enter the Net Costs to Be Covered by the CIGNA Choice Fund from above.

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**CIGNA Choice Fund balance:** =

If your remaining balance is greater than \$0, this amount is available to be used for other qualified medical expenses during the plan year. If you do not have additional expenses that could be covered by your CIGNA Choice Fund, then this amount may be available to roll over to your next plan year. If your remaining balance amount is \$0 or greater than \$0, then you may not have any additional costs other than your payroll deductions (plan premiums).

If your remaining balance amount is a negative number, subtract this number from your plan deductible amount. This will provide you with an estimate of potential costs. You are responsible for all medical costs covered by your medical plan up to and including your deductible amount. After your deductible has been satisfied, your plan will cover services as indicated in your Summary of Benefits.



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