



LIVE

LIFE

FULLY

Together, all the way.®



Cigna Medicare Supplement Insurance policies

Insured by Cigna Health and Life Insurance Company

THIS IS A LIMITED POLICY which must be used to supplement your Medicare coverage. This is a solicitation for insurance. An insurance agent may contact you. Our company and agents are not connected with or endorsed by the U.S. Government or the federal Medicare program. Premium and benefits vary by plan selected.

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Feel confident in your decision

A Medicare Supplement insurance plan, also called a Medigap plan, is a separate policy that works with Medicare Part A (hospital services) and Part B (doctor's services and supplies) and helps you manage your medical costs. Cigna Medicare Supplement insurance helps protect you against high out-of-pocket costs by helping pay for eligible health care expenses not covered by Medicare.

Freedom to choose your doctors

You can use any doctor who accepts Medicare. There are no provider networks or referrals required.¹ So, you can go to the doctors you know and trust.

Value for your money

Our goal is to provide cost-effective coverage without sacrificing the quality service and support you deserve.

Optional riders for the Basic Plan only

Part A Deductible

Pays 100% of Medicare Part A deductible.

Part B Deductible

Pays 100% of Medicare Part B deductible (per calendar year) only to those eligible for Medicare before 1/1/2020.

Part B Excess Charges

Pays the difference between what Medicare pays and the amount charged by the provider who does not accept Medicare assignment, up to the limiting charge allowed by Medicare.

Preventive Medical Care

Pays up to \$120 each calendar year for routine annual medical exam including diagnostic x-rays and laboratory services when not covered by Medicare.

Service you can count on

Our knowledgeable, caring representatives are ready to assist you by answering your questions and providing guidance. We aim to provide fast, friendly and efficient customer service at all times. Our claims team is also hard at work for you behind the scenes. Medicare Part A and Part B claims are managed electronically, which eliminates paperwork for both you and your doctor.

1. In some cases, a referral is required.



Programs

Our customer programs provide additional value to our plans.²

Health Information Line

Call the Health Information Line and speak with a health advocate who is ready to help answer your health questions and guide you in finding the right care. Get the help you need 24 hours a day, seven days a week.

Active & Fit Direct^{®3}

Access to over 10,000 fitness clubs in American Specialty Health's nationwide network. Go to any gym at any time for \$29.99 per month.⁴

Vision discounts

Save on routine vision services like exams and eyeglasses at more than 25,000⁵ locations nationwide.

Hearing discounts

Receive an average of 62% off retail on name-brand hearing aids and 40% off diagnostic services and testing at more than 5,600⁵ locations.

Health and wellness discounts

Enjoy savings on popular weight management, nutrition programs and alternative medicine services including acupuncture, massage therapy and occupational therapy.

Access to benefit information

You have access to your benefit and claim information online. Set up automatic premium payments, print a temporary ID card, update your contact information, and review claims on your computer, tablet, or phone — anytime, anywhere.

Guaranteed renewable policy for life⁶

Your policy is guaranteed to be renewed if premiums are paid on time. And you cannot be singled out for a rate increase based on your health, no matter if your health changes. Your premium will change if the premiums for all policies like yours in the state where your policy was issued change.

2. **These programs are NOT insurance and do not provide reimbursement for financial losses.** Program availability may vary by location and is subject to change. Services may be added or discontinued at any time. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third-party vendors who are solely responsible for their products and services.
3. This is a discount program and is separate from your plan benefits or insurance coverage. You are responsible for all charges. Program features/availability are subject to change. Terms and conditions apply. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ASH and its subsidiaries are solely responsible for this program and are not affiliated with Cigna. Always consult your doctor prior to beginning a new exercise program.
4. As of 2/1/2019. Pricing subject to change.
5. As of 6/1/2019.
6. Your policy cannot be terminated for any reason other than nonpayment of premium or material misrepresentation in the application for insurance. The company reserves the right to increase premiums on a class basis.

Policy benefits

Cigna Medicare Supplement plan coverage⁷

Medicare Part A Deductible

Inpatient hospital deductible for each benefit period.

Medicare Part A Coinsurance (after Part A deductible)

Semiprivate room and board, general nursing and miscellaneous services and supplies (per benefit period). Includes hospital costs limited to an additional 365 days in your lifetime after Medicare benefits are exhausted.

Medicare Part A Hospice Care Coinsurance or Copay

Medicare pays all but very limited copay/coinsurance for outpatient drugs and inpatient respite care. Must meet Medicare's requirements including a doctor's certification of terminal illness.

Skilled Nursing Facility Care Coinsurance

Care in a facility approved by Medicare (100 day limit). Must have been in a hospital for at least three days prior to admission to the facility within 30 days after discharged from hospital. Medicare covers all eligible expenses for the first 100 days.

Medicare Part B Calendar Year Deductible

Medicare Part B Coinsurance or Copay (after Part B deductible)

Generally 20% of Medicare approved expenses.

Medicare Part B Excess Charges

May exceed the eligible Medicare expense, not to exceed the charge limitation established by Medicare.

Blood

First three pints per calendar year covered at 100%.

Additional benefits not covered by Medicare

Foreign Travel Emergency

Medically necessary emergency care services beginning during travel outside the United States (i.e., hospital, physician, medical care and supplies).

Foreign Travel Non-Emergency Care

State-mandated Benefits

Diabetic equipment and supplies, routine cancer screening, reconstructive surgery, and immunizations covered under Part D of the Medicare program.

Additional Benefits

(Not covered by Medicare. See Outline of Coverage for more information.)

When comparing policies you must compare identical policies.

7. Premium and benefits vary by plan selected. Please see the outline of coverage for a complete list of benefits and cost. An outline of coverage is available for each plan.
8. 100% after you spend \$1,000 of out-of-pocket costs for a calendar year.
9. Benefits from the High-Deductible Coverage Plan will not begin until out-of-pocket expenses exceed \$2,340. Out-of-pocket expenses are limited to \$5,000 per calendar year.
10. Except for copay not to exceed \$20 per office visit and \$50 per emergency room visit for Copayment Plan.

Plans available to all applicants.

Available to those Medicare eligible before 1/1/2020.

Available to those Medicare eligible on or after 1/1/2020.

	Basic	High Deductible Coverage Plan ⁹	\$20/\$50 Copayment Plan	Extended Basic Plan ⁸	Extended Basic Plan 2020 ⁸
		✓	✓	✓	✓
it period.) re used up.	✓	✓	✓	✓	✓
are.	✓	✓	✓	✓	✓
e days and have entered he first 20 days.	✓	✓	✓	✓	✓
				✓	
	✓	✓	✓ ¹⁰	✓	✓
dicare.				✓	✓
	✓	✓	✓	✓	✓
	Basic	High Deductible Coverage Plan ⁹	\$20/\$50 Copayment Plan	Extended Basic Plan ⁸	Extended Basic Plan 2020 ⁸
	✓ Pays 80%	✓	✓ Pays 80%	✓ Pays 80%	✓ Pays 80%
				Pays 80%	Pays 80%
tions not otherwise	✓	✓	✓	✓	✓
				Pays 80%	Pays 80%

of coverage is available upon request.

for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductible for Part A.

Optional riders for the Basic Plan only (Available for additional premium.)

Rider	Rider pays
Part A Deductible	Pays 100% of Medicare Part A Deductible.
Part B Deductible ¹¹	Pays 100% of Medicare Part B Deductible (per calendar year).
Part B Excess Charges	The difference between what Medicare pays and the amount charged by the provider who does not accept Medicare assignment, up to the limiting charge allowed by Medicare.
Preventive Medical Care	Up to \$120 each calendar year for routine annual medical exam including diagnostic X-rays and laboratory services when not covered by Medicare.

Apply for a Medicare Supplement insurance policy, contact your licensed insurance agent today.

Exclusions and limitations

The benefits of this policy will not duplicate any benefits paid by Medicare. The combined benefits of this policy and the benefits paid by Medicare will not exceed 100% of the Medicare eligible expenses incurred.

These policies will not pay benefits for:

- › Any expense which you are not obligated to pay; or services for which no charge is normally made in the absence of insurance; or
- › Any type of expense not a Medicare eligible expense except as provided previously in this policy.

Preexisting conditions

This policy will cover loss due to preexisting condition(s) during the first six (6) months of coverage if the insured was not diagnosed or treated for the particular condition during the ninety (90) days immediately preceding the effective date of coverage. This provision does not apply if you applied for and were issued this policy under guaranteed issue status. A preexisting condition is a condition diagnosed or treated by a medical professional during the ninety days (90) preceding the policy effective date.



11. Available to those Medicare eligible before 1/1/2020.

Cigna Health and Life Insurance Company, PO Box 5710, Scranton, PA 18505, 866-459-4272.

This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of our Medicare Supplement plans. Full terms and conditions of coverage are defined by and governed by an issued Medicare Supplement policy. Please refer to the policy for the full terms and conditions of coverage.

Policy form series: Basic Plan: CHLIC-MS-BASIC.V2-MN; Part A Deductible Rider: CHLIC-MS-PTAD.V2-MN; Part B Deductible Rider: CHLIC-MS-PTBD.V2-MN; Part B Excess Rider: CHLIC-MS-PBEXC.V2-MN; Preventive Care Rider: CHLIC-MS-PC.V2-MN; Medicare Supplement High Deductible Plan: CHLIC-MS-HIGHD.V2-MN; Medicare Supplement \$20/\$50 Copayment Plan: CHLIC-MS-COPAYMENT.V2-MN; Extended Basic Plan: CHLIC-MS-EXTENDED.V2-MN; Extended Basic Plan 2020: CHLIC-MS-EXTENDED-2020-MN.

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