



LIVE LIFE FULLY

**Medicare Supplement
insurance policies**

Together, all the way.®



**Cigna Medicare Supplement Insurance
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. Plan availability and premium discounts vary by state.

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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 Parts A and B and helps you manage your medical costs. 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.

Guaranteed renewable policy for life²

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. Premium rates change annually if the policy purchased is attained-age rated. Your premium may also change if the premiums for all policies like yours in the state where your policy was issued change or if coverage under Medicare changes.

Value for your money

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

Access to benefit information

You have access to your benefit and claim information online with MyPolicyHQ.com. 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.

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.

Cigna Healthy Rewards[®]

Our customer programs provide additional value to our plans.³

› Health Information Line

Talk one-on-one with a clinician about your care options anytime, 24/7/365, at no cost to you.

› Low-cost fitness center memberships

Choose from more than 8,500 fitness centers nationwide for \$25/month (plus a \$25 enrollment fee and applicable taxes).⁵

› Vision discounts

Save on routine vision services like exams and eyeglasses at more than 34,500⁴ locations nationwide.

› Hearing discounts

Receive discounts on name-brand hearing aids, and 40% off diagnostic services and testing at more than 4,500⁴ locations.

› Health and wellness discounts

Enjoy savings on popular weight and nutrition programs, such as Jenny Craig[®] and save 40% on natural supplements through ChooseHealthy.

1. In some cases, a referral is required.

2. 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.

3. 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.

4. As of 6/1/2016.

5. As of 11/1/2017. Participating clubs are part of American Specialty Health Networks and Choose Healthy.

Policy benefits

Basic Plan	Extended Basic Plan	High Deductible Coverage Plan ⁹	\$20/\$50 Copayment Plan
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Medicare Part A - Hospital Services

Part A Deductible

Inpatient hospital deductible for each benefit period.⁷

Part A Coinsurance (after Part A deductible)

Semiprivate room and board, general nursing and miscellaneous services and supplies (per benefit period.⁷) Includes hospital costs limited to an additional 365 days in your lifetime after Medicare benefits are used up.

Hospice Care Coinsurance or Copayment

Medicare pays all but very limited copayment/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 3 days and have entered the facility within 30 days after discharged from hospital. Medicare covers all eligible expenses for the first 20 days.

Blood

First three pints per calendar year.

Medicare Part B - doctor's services and supplies

Part B Calendar Year Deductible

Part B Coinsurance or Copayment (after Part B deductible)

Generally 20% of Medicare-approved expenses.

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%. Remainder of Medicare approved amounts (after the Part B deductible has been met) covered at 20%.

Additional benefits not covered 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.

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 not otherwise covered under Part D of the Medicare program.

When comparing policies you must compare identical policies.

6. 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 upon request.

7. A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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 \$2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductible for Part A.

10. Except for copayments not to exceed \$20 per office visit and \$50 per emergency room visit for Copayment Plan.

Optional Riders for the Basic Plan only

Available for additional premium

Rider	The rider pays
Part A Deductible	100% of Medicare Part A Deductible.
Part B Deductible	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 percent of the Medicare eligible expenses incurred.

These policies will not pay benefits for:

1. **Basic:** the Medicare Part A & Part B Deductible
High Deductible: the Medicare Part B Deductible
Copayment: the Medicare Part B Deductible
2. Any expense which you are not obligated to pay; or services for which no charge is normally made in the absence of insurance;
3. Any services that are not medically necessary as determined by Medicare;
4. Any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid);
5. Any type of expense not a Medicare Eligible Expense except as provided previously in this policy; or
6. Any Deductible, Coinsurance or Copayment not covered by Medicare, unless such coverage is listed as a benefit in this policy.

Preexisting conditions

Expenses resulting from a pre-existing condition are not covered unless it is incurred 6 months or more after the coverage effective date. A pre-existing condition is one (a) for which medical advice was given or treatment was recommended by or received from a Physician within 90 days or less before your coverage effective date; and (b) which would not have caused us to deny issuing your policy had it been named on your application.

This provision does not apply if, as of the date of application, You had a Continuous Period of Creditable Coverage or had prior coverage under a Medicare Supplement policy for at least six (6) months. If, as of the date of application, You had less than six (6) months prior Creditable Coverage, the Preexisting Conditions limitation will be reduced by the aggregate amount of Creditable Coverage. If this policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied. This provision does not apply if You applied for and were issued this policy under guaranteed issue status.



Cigna Health and Life Insurance Company, PO Box 26580, Austin, TX 78755-0580, 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: Basic Policy: CHLIC-MS-BASIC-MN; Part A Deductible Rider: CHLIC-MS-PTAD-MN; Part B Deductible Rider: CHLIC-MS-PTBD-MN; Part B Excess Rider: CHLIC-MS-PBEXC-MN; Preventive Care Rider: CHLIC-MS-PC-MN; Medicare Supplement High Deductible Plan: CHLIC-MS-HIGHD-MN; Medicare Supplement \$20/\$50 Copayment Plan: CHLIC-MS-COPAYMENT-MN.

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