



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.

CHLIC-01-0002-K-BRO-GN

899191a 12/16

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 and Part 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. A household premium discount may be available for qualified applicants.

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.

Programs

Our customer programs provide additional value to our plans.³

- › **24-hour Health Information Line**
If you need guidance on a medical treatment or have a health-related question, you can always get live support from a nurse.
- › **Vision discounts**
Save on routine vision services like exams and eyeglasses at more than 20,000⁴ locations nationwide.
- › **Hearing discounts**
Receive discounts on name-brand hearing aids, and 40% off diagnostic services and testing at more than 3,500⁴ locations.
- › **Health and wellness discounts**
Enjoy savings on popular weight and nutrition programs, such as Jenny Craig®
- › **Fitness club and equipment discounts**
Save on enrollment fees and/or monthly dues.

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 9/1/2014.

Policy Benefits

	Plan A	Plan F	Plan High Deductible F ⁷	Plan G	Plan N
Medicare Part A - hospital services					
Part A deductible Inpatient hospital deductible for each benefit period. ⁶		✓	✓	✓	✓
Part A coinsurance (after Part A deductible) Semiprivate room and board, general nursing and miscellaneous services and supplies (per benefit period. ⁶) 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.	✓	✓	✓	✓	✓ ⁸
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					
Foreign travel emergency Medically necessary emergency care received outside of the United States which began during the first 60 days of each trip after you pay a \$250 deductible per calendar year, not to exceed the lifetime maximum of \$50,000.		✓ Pays 80%	✓ Pays 80%	✓ Pays 80%	✓ Pays 80%

When comparing policies you must compare identical policies.

- 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.
- 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.
- High Deductible F pays the same as Plan F and requires payment of your costs (coinsurance, copayments, deductibles) for Medicare approved expenses up to the current calendar year deductible amount before the policy pays any benefits. The Medicare deductible changes each year, per Centers for Medicare & Medicaid Services (CMS) guidelines.
- Except for copayments not to exceed \$20 per office visit and \$50 per emergency room visit for Plan N.

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:

- ▶ The Medicare Part B Deductible (not applicable in plans F and High Deductible F);
- ▶ Any expense which you are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance;
- ▶ Any services that are not medically necessary as determined by Medicare;
- ▶ Any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid); or for which payment would have been made by Medicare if you were enrolled in Part A and Part B of Medicare;
- ▶ Any type of expense not a Medicare eligible expense except as provided for in the policy; and
- ▶ Any deductible, coinsurance or copayment not covered by Medicare, unless such coverage is listed as a benefit in the policy.

Preexisting conditions

These policies will not pay for any expenses incurred for care or treatment of a preexisting condition for the first six months from the effective date of coverage. This exclusion does not apply if you are applying for and are issued the policy under guaranteed issue status; if on the date of application for the policy you had at least six months of prior creditable coverage; or, if the policy is replacing another Medicare Supplement policy and a six month waiting period has already been satisfied. Evidence of prior coverage or replacement must be on the application for the policy.

If you had less than six months prior creditable coverage, the preexisting conditions limitation will be reduced by the aggregate amount of creditable coverage. If the policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied.

A preexisting condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within six months prior to the policy effective date.

Household discount

Household discount is a discount that is available when more than one member of your household enrolls or is enrolled in a Medicare Supplement policy provided by or through an affiliate of Cigna Health and Life Insurance Company. Household is defined as a condominium unit, a single family home or an apartment unit within an apartment complex. Assisted living facilities, group homes, adult day care facilities and nursing homes, or any other residential health facility are not included in the definition of "Household." The household premium discount will be removed if the other Medicare supplement policyholder whose policy status entitles you to the discount no longer resides with you or no longer has a Medicare Supplement policy through Cigna Health and Life Insurance Company or an affiliate of Cigna Health and Life Insurance Company (not applicable in Kentucky). However, if that person becomes deceased, your discount will still apply. The addition or removal of the discount will occur on the billing cycle following the date we learn your eligibility has changed (not applicable in Kentucky).



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 series: Plan A: CHLIC-MS-AA-A-GN, CHLIC-MS-IA-A-GN, CHLIC-MS-CR-A-GN; Plan F: CHLIC-MS-AA-F-GN, CHLIC-MS-IA-F-GN, CHLIC-MS-CR-F-GN; High Deductible Plan F (HDF): CHLIC-MS-AA-HDF-GN, CHLIC-MS-IA-HDF-GN, CHLIC-MS-CR-HDF-GN; Plan G: CHLIC-MS-AA-G-GN, CHLIC-MS-IA-G-GN, CHLIC-MS-CR-G-GN; Plan N: CHLIC-MS-AA-N-GN, CHLIC-MS-IA-N-GN, CHLIC-MS-CR-N-GN; in OR: CHLIC-MS-AA-A-OR, CHLIC-MS-AA-F-OR, CHLIC-MS-AA-HDF-OR, CHLIC-MS-AA-G-OR, CHLIC-MS-AA-N-OR.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.