

A photograph of an older Black woman with short grey hair, wearing a bright orange sleeveless dress with black polka dots, a black and white beaded necklace, and a watch. She is looking upwards and to the left, towards a large, leafy indoor plant. The background is a bright window with light streaming in. The text is overlaid on a green rectangular background on the left side of the image.

MAKE LIFE MORE REWARDING

Cigna Medicare Supplement Insurance.

Together, all the way.®



Cigna Medicare Supplement Insurance policies

Insured by Cigna National Health Insurance Company.

Our company and agents/producers are not connected with or endorsed by the U.S. Government or the Federal Medicare program. This is a solicitation for insurance. An insurance agent/producer may contact you.

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Healthy Rewards^{®1} helps you save more and live life to the fullest.

Cigna Medicare Supplement insurance² comes with the Healthy Rewards programs. It's all designed to help protect you from illness and from high out-of-pocket costs. The insurance helps pay for eligible health care expenses not covered by Medicare, and Healthy Rewards gives you discounts and savings on ways to stay healthier every day.

Healthy Rewards Discount Programs

Our customer programs provide additional value to our plans.

Vision discounts

Save on routine vision services such as exams and eyeglasses at more than 25,000³ 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 5,600³ locations.

Health and wellness discounts

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

The Active&Fit Direct[™] program⁴

Access to over 15,000 fitness centers nationwide for \$25 per month.³

1. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.
2. Insured by Cigna National Health Insurance Company.
3. As of 2/1/2022. Pricing and number of locations are subject to change.
4. Plus a \$25 enrollment fee and applicable taxes. **This is a discount program and is NOT insurance.** This program is separate from your medical plan benefits. You are required to pay the entire discounted charge. ASH is an independent company/entity and is solely responsible for the Active&Fit Direct program. ASH is not an affiliate of Cigna. Always consult your doctor prior to beginning a new exercise program. Your participation in this program may be subject to program terms and conditions and is at your sole risk. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct is a trademark of ASH and used with permission herein.

More people. More savings

You may be eligible for a discount if you live with another person age 18 or older. You may also be eligible for an additional discount if someone in the household has, or is enrolling in, a Medicare Supplement plan provided by Cigna National Health Insurance Company or one of our affiliates.⁵

Service you can count on

Our knowledgeable representatives aim to provide fast, friendly service at all times. Our claims team also works hard for you behind the scenes. Medicare Part A and Part B claims are managed electronically, which eliminates paperwork for you and your health care provider.

Health Information Line

A health advocate is ready to help answer your health questions and guide you to find the right care. Call and get the help you need 24 hours a day, seven days a week.

Access to benefit information

You can access your benefit and claims information online. Set up payments, print a temporary ID card, update your contact information – anytime, anywhere.

Medicare guarantees

Freedom to choose your doctors

You can use any provider who accepts Medicare. There are no provider networks and, typically, referrals are not required. Go to the doctors you know and trust.

Renew your 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.

5. We may request additional documentation to determine eligibility.

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 coverage ⁷	Basic Plan
Basic Benefits – Included in Medicare Supplement Policies (Inpatient Hospital Care, Medical Costs and Blood).	
Medicare Part A: Skilled Nursing Facility Coinsurance	✓
Inpatient Mental Health Coverage – 175 days per lifetime in addition to Medicare	✓
Home Health Care – 40 visits in addition to those paid by Medicare	✓
Medicare Part B: Coinsurance	✓
Outpatient Mental Health	✓
Additional Benefits	
Inpatient Psychiatric Care – Usual and customary charges incurred during a psychiatric hospital stay after all Medicare Part A benefits have been exhausted. Limited to 175 days of care during your lifetime.	✓
Breast Reconstruction – 100% of the usual and customary charges for breast reconstruction of the affected tissue as a result of a mastectomy.	✓
Chiropractic Services – 100% of the usual and customary charges for chiropractic services provided by a licensed chiropractor which incur even though such expense may not be a Medicare eligible expense.	✓
Hospital and Ambulatory Surgery Center and Anesthetics for Dental Care – 100% of the usual and customary charges for hospital or ambulatory surgery center charges and anesthetics provided in conjunction with dental care if the insured has a (1) chronic disability or (2) medical condition that requires hospitalization or general anesthesia for dental care.	✓
Kidney Disease Treatment – 100% of the usual and customary charges for hospital inpatient and outpatient kidney disease treatment for dialysis, transplantation and donor-related services. Benefits are limited to \$30,000 in a 12-month period.	✓
Additional Skilled Nursing Care – Pays 30 days of medically necessary skilled nursing facility care if confined to a skilled nursing facility per benefit period, or to the extent not covered by Medicare or any other provision of the policy. The daily rate payable under this benefit shall be the maximum daily rate established for skilled nursing care by the Wisconsin Department of Health and Family Services. Does not apply to care that is essentially domiciliary or custodial, or to care that is available to you.	✓
Equipment/Supplies for Treatment of Diabetes – 100% of the usual and customary charges for an insulin infusion pump or other equipment, supplies or prescription medication or nonprescription equipment and supplies for use in the treatment of diabetes or diabetic self-management educational programs, to the extent not covered by Medicare or any other provision of the policy. Coverage is limited to the purchase of one infusion pump per year, which must be used for at least 30 days prior to purchase.	✓
Additional riders for added flexibility (available on your Basic Plan for an additional premium)	Riders
Part A Deductible Rider – 100% of Medicare Part A Deductible.	✓
Part B Deductible Rider – 100% of Medicare Part B Deductible (per calendar year and only available if you were eligible for Medicare prior to January 1, 2020).	✓
Part B Copayment or Coinsurance Rider – 100% of Part B coinsurance, except for \$20 copay for office visits, and \$50 copay for an emergency room visit that does not result in an inpatient admission.	✓
Part B Excess Charges Rider – Difference between what Medicare pays and the amount charged by the provider who does not accept Medicare assignment, up to limiting charges allowed by Medicare.	✓
Foreign Travel Emergency Rider – 80% of medically necessary emergency care received outside of the U.S. which began during the first 60 days of each trip. You must pay \$250 each calendar year, not to exceed a lifetime maximum of \$50,000.	✓
Additional Home Health Care Rider – 100% of charges for visits (an aggregate of 365 visits per calendar year) considered medically necessary by Medicare.	✓

7. **Medicare Supplement Insurance** – The Wisconsin Insurance Commissioner has set standards for Medicare Supplement insurance. The policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this policy. Do not buy the policy if you did not get this guide.

To apply for a Medicare Supplement insurance policy, contact a 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:

1. Skilled Nursing Facility Care costs beyond what is covered by Medicare and the Wisconsin mandated thirty (30) day skilled nursing benefit;
2. Home Health Care visits beyond the number of visits covered by Medicare and the Wisconsin mandated forty (40) visits in a twelve (12) month period;
3. Physician charges above Medicare's approved charge, unless the Optional Medicare Part B Excess Charges Rider is purchased;
4. Outpatient prescription drugs;
5. Most care received outside the USA, unless the Optional Foreign Travel Emergency Rider is purchased;
6. Dental care (except anesthesia charges for dental care provided in a hospital or ambulatory surgery center), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible by Medicare;
7. Any expense incurred in excess of the Usual and Customary Charge or not medically necessary as determined by Us for all required Wisconsin mandated benefits;
8. Any expense which You are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance;
9. Any services that are not medically necessary as determined by Medicare;
10. 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 Parts A and B of Medicare;
11. Any type of expense not a Medicare Eligible Expense except as provided previously in this policy; and
12. We will not pay for any expenses incurred for care or treatment of a Preexisting Condition for the first six (6) months from the effective date of coverage. This exclusion does not apply if You applied for and were issued this policy under guaranteed issue status; if on the date of application for this policy You had at least six (6) months of prior Creditable Coverage; or, if this policy is replacing another Medicare Supplement policy and a six (6) month waiting period has already been satisfied. Evidence of prior coverage or replacement must have been disclosed on the application for this policy.

If 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.

Preexisting conditions

This policy will not cover loss due to Preexisting Condition(s) unless the expense for that loss is incurred more than six (6) months after the effective date of coverage. 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. 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.

Premium discount

Affiliate means an insurance company that is under common ownership or control with Cigna National Health Insurance Company and that is a member of the same insurance holding company system. 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 health residential facility are not included in the definition of "household." You may be eligible for the following:

- > A discount, when you reside in a Household with another adult who is age 18 or older, which includes your legal spouse, civil union partner, or domestic partner. We may request additional documentation to determine eligibility.
- > A discount, 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 National Health Insurance Company.

The discount will be removed if the other adult or Medicare Supplement policyholder whose policy status entitles you to the discount no longer resides in the Household or no longer has a Medicare Supplement policy through Cigna National Health Insurance Company or an Affiliate of Cigna National Health Insurance Company. If the other adult or the other Medicare Supplement policyholder 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.



Cigna National Health Insurance Company, PO Box 5700, Scranton, PA 18505-5700, 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.

AN OUTLINE OF COVERAGE WILL BE PROVIDED TO ALL PERSONS AT THE TIME THE APPLICATION IS PRESENTED.

Premium and benefits vary by plan selected. Plan availability varies by state. These policies contain exclusions, limitations and terms under which the policies may be continued in force or discontinued. For costs and complete details of coverage, contact your agent/producer or the company.

Policy Form and Riders Form Numbers: CNHIC-MS-BASIC-WI – Basic Policy; CNHIC-MS-PTBD-WI – Medicare Part B Deductible Rider; CNHIC-MS-FTV-WI – Medicare Foreign Travel Emergency Rider; CNHIC-MS-PBCO-WI – Medicare Part B Copayment or Coinsurance Rider; CNHIC-MS-PTAD-WI – Medicare Part A Deductible Rider; CNHIC-MS-AHC-WI – Additional Home Health Care Rider; CNHIC-MS-PBEX-WI – Medicare Part B Excess Charges Rider. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna National Health Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.