



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.

CHLIC-01-0002-K-BRO-V6-VT

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

Cigna Medicare Supplement insurance 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 25,000² 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 5,600² 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[™] program³

Access to over 10,000 fitness centers nationwide for \$25 per month.²

1. 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.

2. As of 2/1/2019. Pricing subject to change.

3. 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.

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 life⁴

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 premiums for all policies like yours in the state where your policy was issued change, or if coverage under Medicare changes.

4. 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

Plans available to all applicants.

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

Cigna Medicare Supplement plan coverage ⁵	Plan A	Plan G	Plan N	Plan F ⁶
Medicare Part A deductible Inpatient hospital deductible for each benefit period. ⁷		✓	✓	✓
Medicare Part A coinsurance (after Part A deductible) Semi-private room and board, general nursing and miscellaneous services and supplies (per benefit period.) ⁸ Includes hospital costs limited to an additional 365 days in your lifetime after Medicare benefits are used up.	✓	✓	✓	✓
Medicare Part A Hospice Care coinsurance or copay Medicare pays for hospice care, however this benefit covers the copay/coinsurance that is required for outpatient prescription and inpatient respite care. You 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 and have entered the facility within 30 days after discharge from hospital. Medicare covers all eligible expenses for the first 20 days.		✓	✓	✓
Medicare Part B calendar-year deductible				✓
Medicare Part B coinsurance or copay (after Part B deductible) Generally 20% of Medicare-approved expenses.	✓	✓	✓ ⁷	✓
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%. Remainder of Medicare-approved amounts (after the Part B deductible has been met) covered at 20%.	✓	✓	✓	✓
Additional benefits not covered by Medicare	Plan A	Plan G	Plan N	Plan F ⁶
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%

When comparing policies you must compare identical policies.

5. Premium and benefits vary by plan selected. Check your state’s outline of coverage for availability.

6. Plan F has a high deductible option which requires first paying a plan deductible before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year.

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. Except for copays, not to exceed \$20 per office visit and \$50 per emergency room visit for Plan N.

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:

- › The Medicare Part B Deductible (not applicable in plan 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 Parts A & B of Medicare;
- › Any type of expense not a Medicare eligible expense except as provided for in the policy; and
- › Any deductible, coinsurance or copay not covered by Medicare, unless such coverage is listed as an additional 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.



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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-CR-A-VT; Plan F: CHLIC-MS-CR-F-VT; High Deductible Plan F (HDF): CHLIC-MS-CR-HDF-VT; Plan G: CHLIC-MS-CR-G-VT; Plan N: CHLIC-MS-CR-N-VT.

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