



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

1. In some cases, a referral is required.

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 & Part B claims are managed electronically, which eliminates paperwork for both you and your doctor.

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 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.

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.

Healthy Rewards[®] Discount Programs

Our customer programs provide additional value to our plans.³

Vision discounts

Save on routine vision services like exams and eyeglasses at more than 25,000⁴ 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 5,600⁴ 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.

Active & Fit Direct^{®4}

Access to over 10,000 fitness clubs in American Specialty Health's nation-wide network. Go to any gym at any time for \$25 per month.⁵

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

Policy benefits

Plans available to all applicants.

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

Cigna Medicare Supplement plan coverage ⁶	Plan A	Plan G	Plan N	Plan F ⁷
Medicare Part A Deductible Inpatient hospital deductible for each benefit period. ⁸		✓	✓	✓
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 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 and have entered the facility within 30 days after discharged 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.	✓	✓	✓ ⁹	✓
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 ⁷
Foreign Travel Emergency Medically necessary emergency care received outside of the U.S. 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.

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

7. 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.

8. 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.

9. Except for copays 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 C, 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 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 copayment 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.

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. 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.



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: 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.

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