cigna healthcare

Medicare Supplement Insurance
Insured by Cigna Insurance Company.

Make life more rewarding.

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.

Healthy Rewards®[1] helps you save more and live life to the fullest.

Cigna Healthcare℠ Medicare Supplement insurance[2] comes with the Healthy Rewards program. It's all designed to help protect you from illness and 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[3]
Save on routine vision services such as exams and eyeglasses.

Hearing discounts
Save on hearing exams, diagnostics and hearing aids through Amplifon.

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

The Active&Fit Direct™ program[4]
Access to over 12,500 fitness centers nationwide.[3] Plus, access over 9,300 guided workout videos in the comfort of your home.

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 Insurance Company.
3. Pricing and number of locations are subject to change.
4. Plus an 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 Healthcare. 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 for the past 12 months have you lived with one to three adults that are age 50+, your spouse, civil union partner, or domestic partner. 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 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[6]

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 life[7]

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. These health advocates are trained nurses and hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice.
7. Your policy cannot be terminated for any reason other than non-payment of premium or material misrepresentation in the application for insurance. The company reserves the right to increase premiums on a class basis. Applicants may be subject to medical underwriting and coverage may be rated or denied, or charged a higher plan premium because of any preexisting conditions. This does not apply to applicants who meet Open Enrollment or guaranteed issue requirements. You may cancel this policy at any time by notifying us. Your cancellation will be effective upon receipt of your notice or on such later date as specified in such notice. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.

Policy benefits

	Plans available to all applicants.			Available to those Medicare eligible before 1/1/2020.
Cigna Healthcare Medicare Supplement plan coverage[8]	**Plan A**	**Plan G[9]**	**Plan N**	**Plan F**
Medicare Part A deductible Inpatient hospital deductible for each benefit period.[10]		✓	✓	✓
Medicare Part A coinsurance (after Part A deductible) Semi-private room and board, general nursing, and miscellaneous services and supplies (per benefit period).[10] 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.	✓	✓	✓[11]	✓
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[9]**	**Plan N**	**Plan F**
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%

8. Premium and benefits vary by plan selected. Check your state's outline of coverage for availability.
9. Plan G 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.
10. 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.
11. 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. With the exception of the Medicare Part B Excess Charges Benefit, the combined benefits of this policy and the benefits paid by Medicare may not exceed one hundred percent (100%) of the Medicare Eligible Expenses incurred. This policy will not pay benefits for the following:

- The Medicare Part B Deductible;
- Any expense which You are not legally obligated to pay and no other services or organization has a legal obligation to provide or pay for;
- Any services that are not medically necessary as determined by Medicare;
- Any portion of any expense for which payment is made by Medicare; or for which payment would have been made by Medicare if You were enrolled in Parts A and B of Medicare;
- Any type of expense not a Medicare Eligible Expense except as provided previously in this policy;
- Any deductible, Coinsurance or Co-payment not covered by Medicare, unless such coverage is listed as a benefit in this policy; or
- Confinement that begins or expenses incurred while Your policy is not in force.

Preexisting condition(s) limitation provision

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. Your coverage is not limited by preexisting conditions(s) if You applied for and were issued this policy under guaranteed issue status.

Premium discount

You may be eligible for the following discount:

- **"Household" premium discount**
  A discount when you reside in a Household for the past 12 months with one to three adults that are age 50+, your legal spouse, civil union partner, or domestic partner. We may request additional documentation to determine eligibility.
- **"Multi-policy" Premium Discount**
  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 Insurance Company.

Affiliate means an insurance company that is under common ownership or control with Cigna 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."

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

All Medicare Supplement plans are available to persons eligible for Medicare because of disability in the following states: Colorado.

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 series: Plan A: CIC-MS-AA-A.v2-CO; Plan F: CIC-MS-AA-F.v2-CO; Plan G: CIC-MS-AA-G.v2-CO; Plan HDG: CIC-MS-AA-HDG.v2-CO; Plan N: CIC-MS-AA-N.v2-CO . All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of Cigna Healthcare, including Cigna Insurance Company. The Cigna Healthcare name, logo, and other Cigna Healthcare marks are owned by Cigna Intellectual Property, Inc.

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