

This is a solicitation for insurance, not a bill. An insurance agent/producer may contact you.

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 and 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 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. This provision does not apply if You applied for and were issued this policy under guaranteed issue status.

Premium discounts

You may be eligible for the following:

Living with someone. Customers may qualify for this discount when they reside in a household with another adult who is age 18 or older, such as their legal spouse, civil union partner, or domestic partner.

Multi-policy Discount. Customers may qualify for this discount when more than one member of their 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.

Affiliate means an insurance company that is under common ownership or control with Cigna National Health Insurance Company and 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."

Medicare Supplement Insurance

Make life more rewarding.

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.

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Cigna National Health Insurance Company, 11501 Alterra Parkway, Suite 500, Austin, Texas 78758, 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, Georgia, Illinois, Kansas, Kentucky, Louisiana, Mississippi, Pennsylvania, South Dakota, Tennessee, and Wisconsin.

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: CNHIC-MS-AA-A-GN; Plan F: CNHIC-MS-AA-F-GN; Plan G: CNHIC-MS-AA-G-GN; Plan HDG: CNHIC-MS-AA-HDG-GN; Plan N: CNHIC-MS-AA-N-GN. The following Medicare Supplement plans are available to individuals who are eligible for Medicare due to disability: Plan A in Indiana, Maryland, Oklahoma, and Texas; and Plans A & F in North Carolina.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group including Cigna National Health Insurance Company (Cleveland, OH). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc.



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

Cigna Healthcare Medicare Supplement insurance² comes with the Healthy Rewards program. 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 EyeMed³ locations nationwide.

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[™] program⁴

Access over 12,200 fitness centers nationwide.

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, domiciled in Ohio.
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 you live with another person age 18 or older.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.

5. We may request additional documentation to determine eligibility. Not available in every state.

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.

Health Information Line⁶

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 life⁷

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.

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%

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.**