



OUTLINE OF COVERAGE AND RATES FOR INDIANA RESIDENTS

Medicare Supplement benefit plans A, F, G, and N

Together, all the way.®

Cigna Medicare Supplement Insurance
Cigna National Health Insurance Company



CIGNA NATIONAL HEALTH INSURANCE COMPANY

PO Box 5700, Scranton, PA 18505-5700 • 866-459-4272

Outline of Medicare Supplement Coverage - Benefit Plans A, F, G, and N

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A available. Some plans may not be available in your state. Only Applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high-deductible F.

Benefits	Note: A ✓ means 100% of the benefit is paid									Plans available only if first Medicare eligible before 2020			
	Plans available									C	F ¹	HDF ¹	
	A	B	D	G ¹	HDG ¹	K	L	M	N				
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or copayment	✓	✓	✓		✓	50%	75%	✓	✓	✓	✓	✓	
Blood (first three pints)	✓	✓	✓		✓	50%	75%	✓	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓		✓	50%	75%	✓	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓		✓	50%	75%	✓	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓		✓	50%	75%	50%	✓	✓	✓	✓	
Medicare Part B deductible										✓	✓	✓	
Medicare Part B excess charges					✓						✓	✓	
Foreign travel emergency (up to plan limits)			✓		✓			✓	✓	✓	✓	✓	
Out-of-pocket limit in 2020 ²						\$5,880 ²	\$2,940 ²						

¹Plans F and G also have a high-deductible option which requires first paying a plan deductible of \$2,340 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. High-deductible Plan G does not cover the Medicare Part B deductible. However, high-deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. These expenses include the Medicare deductibles for Part A and Part B, but do not include the Plan's separate foreign travel emergency deductible.

²Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³Plan N pays 100% of the Part B coinsurance except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Locate appropriate Area according to the Applicant's ZIP Code in the chart below.

INDIANA ZIP CODES

Area 3-digit ZIP Codes

Area I 460-461, 465-479

Area II 462

Area III 463-464

PREMIUM INFORMATION

Your premium will increase each year because of the increase in your attained age. We, Cigna National Health Insurance Company, can also raise your premium if (a) we change the rates or discounts which apply to all policies of this form issued by us and in force in the state where your policy was issued; or (b) coverage under Medicare changes. We will send you a written notice at least thirty (30) days in advance when we change the premium rates or discounts for all policies of this form issued by us and in force in the state where your policy was issued.

DISCLOSURES

Use this Outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Cigna National Health Insurance Company.

30-DAY RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Cigna National Health Insurance Company, PO Box 5700, Scranton, PA 18505-5700. If you send the policy back to us within thirty (30) days after you receive it, we will treat the policy as if it had never been issued and return all of your premiums.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

The policy may not fully cover all of your medical costs. Neither Cigna National Health Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the *Medicare and You* for more details.

EXCLUSIONS AND LIMITATIONS

The benefits of a policy will not duplicate any benefits paid by Medicare. The combined benefits of a policy and the benefits paid by Medicare may not exceed one hundred percent (100%) of the Medicare Eligible Expenses incurred. A policy will not pay benefits for the following:

1. the Medicare Part B deductible (not applicable for Plans F and C);
2. any expense which you are not legally obligated to pay or services for which no charge is normally made in the absence of insurance;
3. any services that are not medically necessary as determined by Medicare;
4. 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;
5. any type of expense not a Medicare Eligible Expense except as provided previously in the policy;
6. any deductible, coinsurance, or copayment not covered by Medicare, unless such coverage is listed as a benefit in the policy; or
7. Pre-Existing Conditions: We will not pay for any expenses incurred for care or treatment of a Pre-Existing 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 a policy under guaranteed issue status; if on the date of application for a policy you had at least six (6) months of prior Creditable Coverage; or if the 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 a policy.

If you had less than six (6) months prior Creditable Coverage, the Pre-Existing 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.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. We may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

RENEWABILITY

The policy is guaranteed renewable for life.

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:

1. 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.
2. 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.

