

Cigna Medicare Supplement Solutions®
Insured by Loyal American Life Insurance Company

ENJOY LIFE

YOUR WAY

**Insurance policies for
Medicare Supplement**

Together, all the way.®



THIS IS A LIMITED POLICY which must be used to supplement your Medicare coverage. This is a solicitation for insurance. An insurance agent will 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.

Services with you in mind

Choice Of Doctor And Hospitals

We make it easy to get the care you need from the doctor you choose. That's why all of our Medicare Supplement insurance policies may be used anywhere Medicare is accepted.

Guaranteed Renewable For Life

All Medicare Supplement policies are guaranteed renewable for life, subject to the company's right to adjust premium on a class basis. We guarantee to renew the policy each time the premium is received within 31 days of its due date. Your policy can only be cancelled for nonpayment of premium.

Our Right To Adjust Future Premiums

You cannot be singled out for a rate increase based on your health, no matter how many times you receive benefits. The policy's rate structure is based on attained age, which means your premium will increase each year due to the increase in your age. Your premium may also change when the same premium change is made on the same form issued to persons of your classification in the same geographic area of your state, if coverage under Medicare changes, or if you move to a different zip code location.

Paperless Electronic Claim Filing

Medicare Part A & Part B claims are processed electronically, eliminating paperwork for both the insured and the provider in the majority of claims. In fact, most of our Medicare Supplement claims are processed automatically within one working day of submission.

Value

We strive to maintain competitive premiums over the life of a policy. At the same time we will not compromise the financial well-being and quality service you require. Household premium discounts are also available for qualified applicants.

Service

We aim to provide fast, friendly and efficient customer service. To run our business, we try to bring together two vital components: tools and people. Having efficient tools means little without the personal care administered by dedicated professionals. When you contact us, we will do our best to service your concerns with effective, friendly and prompt service.

MyPolicyHQ.com

Access all of your policy and coverage benefits online with MyPolicyHQ. Set up automatic premium payments, print a temporary ID card, update your contact information and review claims all at the click of a mouse.

Programs

Our added value is our customer programs¹. These include:

- › A 24-Hour health information line;
- › A fitness program to help you live a more active and healthy lifestyle; and
- › Discounts on often used products and services:
 - ✓ Discounts at certain providers for vision and hearing
 - ✓ Discounts on weight and nutrition programs.

1. Customer programs are not guaranteed insurance benefits with our Medicare Supplement insurance policies and services may be added or discontinued. All customer programs are provided through third-party vendors and are not administered by Loyal American Life Insurance Company.

Medicare Supplement Plans²

Medicare Part A Hospital Coverage

- › **Part A Deductible** – Medicare Supplement Insurance Plans B, C, D, F, G & N pay all of the in patient hospital deductible for each benefit period.
- › **100% Part A Co-Payments** – After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Plans A, B, C, D, F, G & N pay the Medicare coinsurance days when you are hospitalized for the 61st day through the 90th day. And, when you're in the hospital from the 91st day through the 150th day, plans pay for each Lifetime Reserve day used.

If you are in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, Plans A, B, C, D, F, G & N pay the Part A Medicare eligible expenses for hospitalization, subject to a lifetime maximum benefit of an additional 365 days.

- › **Hospice** – Medicare pays all but very limited copayment/coinsurance for outpatient drugs and inpatient respite care. Plans A, B, C, D, F, G & N pay Medicare co-payment/coinsurance.
- › **Skilled Nursing Facility Care** – For the first 20 days Medicare pays all eligible expenses. Plans C, D, F, G & N pay the daily coinsurance from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-approved skilled nursing facility within 30 days of being hospitalized for at least three days.

Medicare Part B Physician's Services & Supplies

- › **Deductible** – Plans C & F pay the Part B calendar year deductible.
- › **Coinsurance** – After the Part B deductible, Plans A, B, C, D, F, G & N³ generally pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy. For hospital outpatient services paid under a prospective payment system, the co-payment amount will be paid after the Part B deductible has been met.
- › **Excess Benefits** – Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F & G pay 100% of the difference, not to exceed the charge limitation established by Medicare.

Blood

- › **Blood Part A** – Plans A, B, C, D, F, G & N will pay for the first three pints of blood in each calendar year. Medicare pays for any additional blood you may need.
- › **Blood Part B** – After meeting the Part B deductible, Medicare will pay 80% of approved amounts. Plans A, B, C, D, F, G & N will pay 20% of those costs.

Additional Benefits

- › **Emergency Care Received Outside of the U.S.** – After you pay a \$250 calendar-year deductible, Plans C, D, F, G & N pay 80% of eligible expenses incurred during the first 60 days of each trip, outside the U.S. not to exceed a lifetime maximum of \$50,000.

When comparing policies you must compare identical policies.

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

3. Except co-payments not in excess of \$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 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:

1. the Medicare Part B Deductible (not applicable in Plan C & F);
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 & B of Medicare;
5. any type of expense not a Medicare eligible expense except as provided for in the policy;
6. any deductible, coinsurance or co-payment not covered by Medicare, unless such coverage is listed as a benefit in the policy; and
7. confinement that begins or expenses incurred while your policy is not in force.

PRE-EXISTING CONDITIONS

These policies will not pay for any expenses incurred for care or treatment of a pre-existing condition for the first six months from the effective date of coverage. However, if you have continuous creditable coverage or are replacing an existing Medicare Supplement policy, you will get credit for the time you were covered toward meeting this six month exclusionary period. This exclusion does not apply if your policy was issued under Guaranteed Issue status.

A pre-existing 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 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 Loyal American 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 health residential 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 an affiliate of Loyal American 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.



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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: Loyal-MS-AA-A-OR; Plan B: Loyal-MS-AA-B-OR; Plan C: Loyal-MS-AA-C-OR; Plan D: Loyal-MS-AA-D-OR; Plan F: Loyal-MS-AA-F-OR; Plan G: Loyal-MS-AA-G-OR; Plan N: Loyal-MS-AA-N-OR.

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