

Cigna Medicare Supplement Solutions®
Insured by American Retirement 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 or material misrepresentation.

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.

Multiple Rate Classes

Not only do we offer several Medicare Supplement insurance benefit plans to choose from, our insurance policies have multiple rate classes based on your current health, medical history and our underwriting guidelines.¹ Therefore, applicants with certain health-related conditions may still be able to qualify for coverage¹ at a higher rate.

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.

1. Does not apply to applicants during open enrollment or any guaranteed issue period.

Medicare Supplement Plans²

Medicare (Part A) Hospital Services

	A	F	G	N
Hospitalization benefits for semi-private room and board, general nursing and miscellaneous services and supplies (per benefit period. ³)				
First 60 days Medicare pays all but Part A deductible		Pays 100% of deductible	Pays 100% of deductible	Pays 100% of deductible
61st through 90th day	Pays coinsurance	Pays coinsurance	Pays coinsurance	Pays coinsurance
91st day and after while using 60 lifetime reserve days	Pays coinsurance	Pays coinsurance	Pays coinsurance	Pays coinsurance
Additional 365 days (Medicare eligible expenses only) Subject to a lifetime maximum benefit of 365 days	Pays 100%	Pays 100%	Pays 100%	Pays 100%
Hospice – Medicare pays all but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care. Must meet Medicare's requirements including a doctor's certification of terminal illness.	Pays Medicare co-payment/coinsurance	Pays Medicare co-payment/coinsurance	Pays Medicare co-payment/coinsurance	Pays Medicare co-payment/coinsurance
Skilled nursing facility care – In a facility approved by Medicare. Must have been in a hospital for at least 3 days and have entered the facility within 30 days after discharged from hospital.				
First 20 days Medicare pays all eligible expenses				
21st-100th day		Pays coinsurance	Pays coinsurance	Pays coinsurance
Blood (per calendar year)	Pays first 3 pints	Pays first 3 pints	Pays first 3 pints	Pays first 3 pints

Medicare (Part B) Doctor's Services And Supplies

Benefits for physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment (per calendar year).

Part B calendar year deductible		Pays 100%		
Part B coinsurance/co-payment after Part B deductible (generally 20% of Medicare approved expenses)	Pays 100%	Pays 100%	Pays 100%	Pays 100% ⁴
Excess charges – May exceed the eligible Medicare expense. Not to exceed the charge limitation established by Medicare.				
		Pays 100%	Pays 100%	
Blood				
> first 3 pints (per calendar year)	100%	100%	100%	100%
> remainder of Medicare approved amounts (after the Part B deductible has been met)	Pays 20%	Pays 20%	Pays 20%	Pays 20%

Medicare (Part A and B) Home Health Care For Medicare Approved Services

Home health care benefits for medically necessary skilled care services and medical supplies - Medicare pays 100% of approved amounts.

Durable medical equipment (after the Part B deductible has been met) - Medicare pays 80% of approved amounts

	Pays 20%	Pays 20%	Pays 20%	Pays 20%
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Additional Benefits Not Covered By Medicare

Foreign travel - 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%
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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. 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.

4. Except co-payments will not be paid 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 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.



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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: AR-MS-AA-A-KY; Plan F: AR-MS-AA-F-KY; Plan G: AR-MS-AA-G-KY; and Plan N: AR-MS-AA-N-KY.

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