

Cigna Medicare Supplement SolutionsSM
Insured by American Retirement Life Insurance Company

Medicare Supplement Insurance Policies for
NEBRASKA



ENJOY
RETIREMENT
THE WAY
**YOU WERE
BORN TO.**

THIS IS A LIMITED POLICY which should be used to supplement your Medicare coverage.

This is a solicitation for insurance. An insurance agent will contact you. No Insurance Company or its agents are connected with or endorsed by Medicare, Social Security or any other governmental agency. Premium and benefits vary by plan selected.

GO YOUSM



SERVICES WITH YOU IN MIND

Retirement is about worrying less and enjoying more. With Cigna you get more than supplemental coverage with your Medicare. You get access to valuable tools and services to help you enjoy what you've worked hard for.

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.

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.

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.

Guaranteed Renewable

All Medicare Supplement policies are guaranteed renewable. Your policy cannot be canceled. We guarantee to renew the policy each time the premium is received within 31 days of its due date.

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. Other than increases due to your age, your premium will only 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.

By effectively adopting the latest technology, we strive to achieve fast claims processing times. In fact, most of our Medicare Supplement claims are processed automatically within one working day of submission.

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 policies may be used anywhere Medicare is accepted.



SOLUTIONS FOR YOU

Policy Features

Medicare Supplement Plans - NEBRASKA

Hospital - Part A

	A	F	G	N
Part A Deductible — Inpatient hospital deductible for each benefit period.		Pays 100%	Pays 100%	Pays 100%
Part A Coinsurance (after the Part A deductible) — Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days Medicare pays all but deductible. 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Additional 365 days (Medicare eligible expenses only) Subject to a lifetime maximum benefit of 365 days	Pays coinsurance Pays coinsurance Pays 100%	Pays deductible Pays coinsurance Pays coinsurance Pays 100%	Pays deductible Pays coinsurance Pays coinsurance Pays 100%	Pays deductible Pays coinsurance Pays coinsurance 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 daily coinsurance	Pays daily coinsurance	Pays daily coinsurance
Blood (per calendar year)	Pays first 3 pints	Pays first 3 pints	Pays first 3 pints	Pays first 3 pints

Doctor's Services & Supplies - Part B

Part B Calendar Year Deductible		Pays 100%		
Coinsurance/Co-payment (after the Part B deductible)	Generally pays 20%	Generally pays 20%	Generally pays 20%	Balance*
Excess Benefits — May exceed the eligible Medicare expense. Not to exceed the charge limitation established by Medicare.		Pays 100%	Pays 100%	
Blood (after the Part B deductible)	Pays 20%	Pays 20%	Pays 20%	Pays 20%
Foreign Travel — Medically necessary emergency care received outside of the U.S. which began during the first 60 days of each trip. You pay \$250 per calendar year. Not to exceed a lifetime maximum of \$50,000.		Pays 80%	Pays 80%	Pays 80%

When comparing policies you must compare identical policies, such as a Medicare Select Plan or a High Deductible Plan.

At Cigna, we believe that being true to yourself is the first step to being truly healthy. As a global health service company with a history of over 220 years in the insurance business, we are dedicated to helping the people we serve improve their health, well-being and sense of security.

*Except co-payments not in excess of \$20 per office visit and \$50 per emergency room visit for Plan N.

**TO APPLY FOR A
MEDICARE SUPPLEMENT
INSURANCE POLICY,
contact your licensed
insurance agent today.**

Exclusions & Limitations

The combined benefits of this policy and the benefits paid by Medicare will not exceed one-hundred percent (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 Preexisting Condition for the first six (6) 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 (6) 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 (6) months before the effective date of coverage.



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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. 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 policy form series:

Plan A: AR-MS-AA-A-NE; Plan B: AR-MS-AA-B-NE; Plan C: AR-MS-AA-C-NE; Plan D: AR-MS-AA-D-NE; Plan F: AR-MS-AA-F-NE; Plan G: AR-MS-AA-G-NE; Plan N: AR-MS-AA-N-NE.

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