

SUMMARY OF BENEFITS



For Retirees of Orange County Board of County Commissioners
 Your Cigna Medicare Surround® Group Medicare Supplement Insurance Plan F
 Effective Date: January 1, 2019 through December 31, 2019
 Insured by Cigna Health and Life Insurance Company

MEDICARE PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,364	\$1,364 Part A deductible	\$0
61st thru 90th day	All but \$341 a day	\$341 a day	\$0
91st day and after (While using 60 lifetime reserve days):	All but \$682 a day	\$682 a day	\$0
Once lifetime reserve days are used:			
—Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
—Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100th day	All but \$170.50 a day	Up to \$170.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

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SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/ coinsurance	\$0

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES— IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$185 of Medicare Approved Amounts***	\$0	\$185 Part B deductible	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
Above Medicare Approved Amounts	\$0	All costs	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$185 of Medicare Approved Amounts***	\$0	\$185 Part B deductible	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0



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CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0
MEDICARE (PARTS A AND B)			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
—First \$185 of Medicare Approved Amounts***	\$0	\$185 Part B deductible	\$0
—Remainder of Medicare Approved Amounts	80%	20%	\$0
OTHER BENEFITS NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL			
Medically necessary Emergency care services Beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* 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.

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the Certificate of Coverage’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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*** Once you have been billed \$185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Exclusions

What's Not Covered (not all-inclusive):

Unless specifically stated otherwise, this plan does not cover or consider for payment any service or supply or any portion of a service or supply that is not a Medicare-Eligible Expense, nor will this plan duplicate any benefits paid by Medicare.

The complete list of exclusions is provided in your Certificate of Coverage. To the extent there may be differences, the terms of the Certificate of Coverage control. Examples of things your plan does not cover, unless required by law, include (but may not be limited to):

1. Services or supplies not covered or approved by Medicare, and not considered eligible as a Medicare-Eligible Expense. For an expense to be considered for payment, the stay or service must meet the Medicare program standard; Medicare's conditions, limitations and exclusions apply unless otherwise specifically stated within the Certificate of Coverage. In the event that the Medicare program changes to provide coverage for different care or services, the Certificate of Coverage will be amended accordingly.
2. Services or supplies in excess of what Medicare determines or would have determined is a covered service and a Medicare-Eligible Expense.
3. Services or supplies which would duplicate what Medicare has paid or would have paid had a claim for services been submitted to Medicare.
4. Services or supplies received outside of the United States unless approved and covered by Medicare or for Emergency Services received outside of the United States
5. Services or supplies for which you have no obligation to pay – no benefits are provided for stays, care or visits for which no charge would be made to you in the absence of insurance, or for which you have no legal obligation to pay.
6. This plan will not cover a stay, service, supply or facility provided by a hospital or other institution owned or operated by a national government, or any other government, unless payment of the charge is required by law.
7. This plan will not cover any injury or sickness for which you are entitled to any benefits under workers' compensation or similar law.



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This plan does not contain limitations or exclusions on coverage that are more restrictive than those of Medicare.

These are only the highlights

This summary outlines the highlights of your plan and is for informational purposes only. Health insurance plans contain exclusions and limitations. Not all health services are covered. Benefits and cost may vary depending upon the insurance plan and are subject to change each year. For a complete list of both covered and not covered services, including benefits required by your state, see your insurance certificate - FORM MSCERTFLF - the official plan document. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

This summary of benefits reflects 2019 Medicare Part A and Part B Deductible and Coinsurance amounts which are subject to change each calendar year. If you have more questions about Medicare eligibility, benefits and coverage positions, you can refer to your Medicare & You Handbook. The Medicare & You Handbook is mailed directly to you when you become covered under Medicare. You can obtain another copy from your local Social Security Administration office or you can go to www.medicare.gov website.

This is a solicitation to sell Cigna Medicare Supplement coverage. The Cigna Medicare Surround Group Medicare Supplement Insurance Plan is insured by **Cigna Health and Life Insurance Company**.

You are guaranteed acceptance in this plan regardless of your health conditions or medical history as long as you meet the eligibility criteria of your former employer and are enrolled in Medicare Parts A and B. There are no waiting periods for pre-existing conditions for the Cigna Medicare Surround® Group Medicare Supplement plan. This plan is guaranteed renewable and shall not cancel or non-renew for any reason other than nonpayment of Premium or material misrepresentation. If the plan is terminated and not replaced, we will offer an individual Medicare Supplement Policy as set forth in the Continuation and Conversion Privilege Section of the insurance certificate. Please see your insurance certificate – FORM MSCERTFLF -the official plan document.

Signature of Florida Licensed Agent

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