

# SUMMARY OF BENEFITS



Your Cigna Medicare Surround<sup>®</sup> Plan

Effective from January 1, 2015 through December 31, 2015

Insured by Cigna Health and Life Insurance Company

## For Retirees of City of Memphis

### Features that Add Value

- The Cigna Medicare Surround indemnity medical plan helps pay some of the health care costs that your Medicare Part A or Part B do not cover such as deductibles and coinsurance.
- **Cigna Healthy Rewards<sup>®</sup>** \* provides access to a range of health and wellness programs not covered by traditional benefits plans. Just call 1.800.870.3470 or visit [www.myCigna.com](http://www.myCigna.com).

### Freedom of Choice

- With the Cigna Medicare Surround plan, you can visit any health care provider who accepts Medicare. You don't need to select a primary care physician, and you don't need a referral to see a specialist.

### Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health. Our Customer Service Associates are available to assist you 24 hours a day, 7 days a week.
- Once you enroll, register for **myCigna.com**, our convenient, secure members-only website that combines web tools with personalized benefits information to help you make the most of your plan, 24 hours a day.
- **We Speak Many Languages<sup>SM</sup>**. We offer Language Line Services so that you can talk with us in 150 different languages. Just call Customer Service and ask for an interpreter.

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## *Cigna Medicare Surround<sup>®</sup>* *Summary of Benefits*

### **Introduction to your Cigna Medicare Surround<sup>®</sup> plan**

This is not a standardized Medicare Supplement or Medigap plan. Medicare is the primary payer for this plan; any medical covered services payable under this plan will be reduced by the amounts payable for the same expenses under Medicare Parts A and B.

### **Benefit Highlights**

#### **Lifetime Maximum**

Applies to all Medicare Part A and Part B expenses

Unlimited

#### **Calendar Year Plan Deductible\***

Applies to certain Medicare Part B expenses:

Individual

Family

\$147 (Part B deductible)

Not Applicable

#### **Out-of-Pocket Maximum\*\***

Applies to Medicare Part A and Part B expenses and includes mental health and substance abuse expenses.

Individual Maximum

Family Maximum

None

Not Applicable

\*The Deductible is the amount you must pay before the plan begins to reimburse for covered expenses. This amount is the Medicare Part B deductible. It is not an additional amount.

\*\* The Out-of-Pocket Maximum amount protects you from unexpected costs. After you reach the plan out-of-pocket maximum, covered services will be reimbursed for the remainder of the year at 100%, or no cost to you. Your plan does not have an Out-of-Pocket Maximum.

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Benefit Highlights	Medicare Pays	Cigna Pays	You Pay
<b>Part A Expenses</b>			
<b>Hospitalization *</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies.			
First 60 days per benefit period:	All but \$1,216 deductible	\$1,216 of the deductible	\$0
61 <sup>st</sup> -90 <sup>th</sup> day per benefit period:	All but \$304 a day	\$304 a day	\$0
91 <sup>st</sup> day and after (while using 60 lifetime reserve days):	All but \$608 a day	\$608 a day	\$0
Additional days once lifetime reserve days are used:	\$0	100% of Medicare eligible expenses**	0% of Medicare eligible expenses**
<b>Skilled Nursing Facility Care *</b>			
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 per benefit period:	100%	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day per benefit period:	All but \$152 a day	\$152 a day	\$0
101 <sup>st</sup> day and over per benefit period:	\$0	0%	100% of all costs
* 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 place of Medicare and will pay whatever amount Medicare would have paid.			

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<b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
<b>Part B Expenses</b>			
<b>Office Visits</b>			
Primary Care	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
Specialist	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Preventive Care</b>			
Initial and Ongoing Preventive Exams, Immunizations such as a flu, hepatitis B and pneumococcal shots, Well Woman Exam, Bone Mass Measurements, Diabetes Screenings, Cardiovascular Screenings, and Glaucoma Screenings. Follows Medicare standard guidelines.	100% except hepatitis B shots and Bone Mass Measurements are 80%	100%	\$0
<b>Early Cancer Detection Screenings</b>			
Mammograms, Colorectal Screenings, Pap Tests, and Prostate Screenings. Follows Medicare standard guidelines.	100%	100%	\$0

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<b>Benefit Highlights</b>	<b>Medicare Pays</b>	<b>Cigna Pays</b>	<b>You Pay</b>
<b>Emergency Services</b>			
Emergency Room	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
Urgent Care Facility	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Ambulance</b> Follows Medicare standard guidelines	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Clinical Laboratory Services</b> Blood tests for Clinical laboratory Services	100% for Clinical Labs	\$0	\$0
<b>Diagnostic Radiology and Laboratory Services</b> Includes Advanced Radiology, Radiation Therapy and all other diagnostic radiology Laboratory Services (other than clinical lab services)	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Outpatient Hospital Services</b>			
Medicare Approved Amounts	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Inpatient Doctor's Visits and Consultations</b>			
Medicare Approved Amounts	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Inpatient and Outpatient Professional Services</b>			
Medicare Approved Amounts	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible

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Benefit Highlights	Medicare Pays	Cigna Pays	You Pay
<b>Short Term Rehabilitation Therapy and Chiropractic Care</b>			
Follows Medicare guidelines			
Medicare Approved Amounts	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Medical Equipment, External Prosthetics, Part B Prescription Drugs and Supplies</b>			
Medicare Approved Amounts	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Blood</b>			
First 3 pints	\$0	100%	\$0
Remainder of Medicare Approved Amounts	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible
<b>Parts A and B</b>			
<b>Home Health Care</b>			
Medicare approved services.			
Medically necessary skilled care services	100%	\$0	\$0
Medically necessary durable equipment and medical supplies	80% after \$147 Part B deductible	100% after plan deductible	\$0 after plan deductible

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Benefit Highlights	Medicare Pays	Cigna Pays	You Pay
<b>Other Services Not Covered By Medicare</b>			
<b>Foreign Travel</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
Separate \$250 deductible	\$0	\$0	\$250
Remainder of charges	\$0	80% up to \$50,000 lifetime maximum	20% and all costs over \$50,000
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100% of the amount above Medicare's Approved Amount	\$0

## Medical Benefit Exclusions (by way of example but not limited to):

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law. Additional coverage limitations determined by plan or provider type are shown in the Schedule. Payment for the following is specifically excluded from this plan:

- 1) Any expense that is:
  - a) Not a Medicare Eligible Expense; or
  - b) beyond the limits imposed by Medicare for such expense; or
  - c) excluded by name or specific description by Medicare; except as specifically provided under the "Covered Expenses" section
- 2) Any portion of a Covered Expense to the extent paid or payable by Medicare;
- 3) Any benefits payable under one benefit of this plan to the extent payable under another benefit of this plan;
- 4) Covered Expenses incurred after coverage terminates;
- 5) Expenses incurred by a retired Medicare beneficiary, or the Medicare eligible dependent of a retired Medicare beneficiary, who enrolls in a closed panel Medicare Part C Plan and who then has coverage for medical treatment denied because it was received from a provider who is not part of that Medicare Part C Plan's network.

In addition, the following exclusions apply to any service that is a Covered Expense under this plan, but is not covered by Medicare.

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- 6) Expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- 7) To the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
- 8) To the extent that payment is unlawful where the person resides when the expenses are incurred.
- 9) Charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected Injury or Sickness.
- 10) For or in connection with an Injury or Sickness which is due to war, declared or undeclared.
- 11) Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- 12) For or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
  - a) not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
  - b) not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for proposed use;
  - c) the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
  - d) the subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of this plan.
- 13) Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- 14) Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- 15) Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- 16) Private Hospital rooms and/or private duty nursing.
- 17) Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- 18) Blood administration for the purpose of general improvement in physical condition.
- 19) For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- 20) Massage therapy.
- 21) Charges made by any covered provider who is a member of your family or your Dependent's family.



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- 22) To the extent that they are more than Maximum Reimbursable Charges.
- 23) Expenses incurred outside the United States unless you or your Dependent is a U.S. resident and the charges are incurred while traveling on business or for pleasure.

*\*Healthy Rewards<sup>®</sup> is a discount program. Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and the customer must pay the entire discounted charge.*

## **These are only the highlights**

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your insurance certificate 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 2014 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](http://www.medicare.gov) website.

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