

Cigna Medicare Supplement Solutions[®]
Insured by American Retirement Life Insurance Company

Medicare Supplement Insurance Policies for
WISCONSIN



**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 YOU[®]



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.



Policy Features – WISCONSIN

Hospital - Part A

	BASIC PLAN PAYS
Inpatient Hospital (after the Part A deductible) – Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days Medicare pays. 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%
Skilled Nursing Facility – In a facility approved by Medicare. Must have been in a hospital for at least three 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
Blood (per calendar year)	Pays first 3 pints
Hospice and Respite Care – Hospice care and respite care expenses available as long as your doctor certifies you are terminally ill and you elect to receive these services.	Pays coinsurance

Doctor's Services & Supplies - Part B

Coinsurance/Co-payment (after the Part B deductible)	Generally pays 20%
Blood (per calendar year)	Pays first 3 pints
Home Health Care (per calendar year) – Medically necessary Home Care visits not paid by Medicare. Not to exceed 40 Home Care visits in a calendar year. Four consecutive hours in a 24-hour period shall be considered as one visit.	Pays 40 visits
Preventive Health Care Services (per calendar year) – Some physical and preventative tests and services administered or ordered by your doctor when not covered by Medicare. Pays 100% of actual charges of the Medicare approved amount for each service.	Pays first \$120

Riders For Added Flexibility *(available for an additional premium)*

	RIDER PAYS
Part A Deductible Rider – Inpatient hospital deductible for each benefit period.	Pays deductible
Part B Deductible Rider* (per calendar year)	Pays deductible
Part B Co-payment Deductible Rider* – After paying required Medicare Part B annual coinsurance.	Pays \$20 per office visit/ \$50 per emergency room visit
Part B Excess Charges Rider – May exceed the eligible Medicare expense. Not to exceed the charge limitation established by Medicare.	Pays 100%
Foreign Travel Emergency Rider – 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%
Additional Home Health Care Rider – Coverage for medically necessary Home Care visits which are not covered by Medicare and the policy. Not to exceed 365 Home Health Care visits per calendar year when combined with Home Health Care Visits covered by Medicare and the policy.	Pays 100%

Included in Your Policy

Inpatient Psychiatric Care

Pays expenses incurred during a psychiatric hospital stay after all Medicare Part A benefits have been exhausted. Not to exceed 175 days of care during your lifetime.

Breast Reconstruction**

Pay expenses for breast reconstruction of the affected tissue as a result of a mastectomy.

Chiropractic Services**

Pays expenses for chiropractic services provided by a licensed chiropractor which incur even though such expense may not be a Medicare Eligible Expense.

Hospital and Ambulatory Surgery Center and Anesthetics for Dental Care**

Pays expenses for hospital or ambulatory surgery center charges and anesthetics provided in conjunction with dental care if the insured has a (1) chronic disability or (2) medical condition that requires hospitalization or general anesthesia for dental care.

Kidney Disease Treatment**

Pays expenses for hospital inpatient and outpatient kidney disease treatment for dialysis, transplantation and donor-related services. Not to exceed \$30,000 in a calendar year.

Additional Skilled Nursing Care

Pays 30 days of medically necessary Skilled Nursing Facility care if confined in a skilled nursing facility per benefit period. The daily rate payable under this benefit shall be the maximum daily rate established for licensed nursing care facilities by the Wisconsin Department of Health and Family Services.

Equipment/Supplies for Treatment of Diabetes

Pays expenses for an insulin infusion pump or other equipment, supplies or prescription medication for use in the treatment of diabetes or diabetic self-management educational programs, to the extent not covered by Medicare. Coverage is limited to the purchase of one infusion pump per year, which must be used for at least 30 days prior to purchase.

*Insurers cannot issue both the Medicare Part B Deductible Rider and the Medicare Part B Co-Payment Deductible Rider to the same insured for the same period of coverage.

**We will not duplicate any charges paid for by Medicare or paid under any other provisions of this policy. Nor duplicate any other insurance coverage you may have.

**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.

This policy will not pay benefits for:

1. Skilled Nursing Facility Care costs beyond what is covered by Medicare and the Wisconsin mandated 30-day skilled nursing benefit;
2. Home Health Care visits paid for by Medicare; nor above the forty (40) visits covered by the base policy per calendar year, unless the Optional Additional Home Health Care Rider is purchased;
3. Physician charges above Medicare's approved charge, unless the Optional Medicare Part B Excess Charges Rider is purchased;
4. Outpatient prescription drugs;
5. Most care received outside the USA, unless the Optional Foreign Travel Emergency Rider is purchased;
6. Dental care (except anesthesia charges for dental care provided in a hospital or ambulatory surgery center), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible by Medicare;
7. Any expense incurred in excess of the Usual and Customary Charge or not medically necessary as determined by us for all required Wisconsin mandated benefits;
8. Any expense which you are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance;

9. Any services that are not medically necessary as determined by Medicare;
10. Any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid) of for which payment would have been made by Medicare if you were enrolled in Parts A and B of Medicare; and
11. Any type of expense not a Medicare Eligible Expense except as provided previously in this policy.

A **Preexisting Condition** is a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months prior to the policy effective date.

Preexisting Conditions – We 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. This exclusion does not apply if you applied for and were issued this policy under guaranteed issue status; if on the date of application for this policy you had at least six (6) months of prior Creditable Coverage; or, if this policy is replacing another Medicare Supplement policy and a six (6) month waiting period has already been satisfied. Evidence of prior coverage or replacement must have been disclosed on the application for this policy.

If you had less than six (6) months prior Creditable Coverage, the Preexisting Conditions limitation will be reduced by the aggregate amount of Creditable Coverage. If this policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied.



American Retirement Life Insurance Company, P.O. Box 26580, Austin, TX 78755-0580, (866) 459-4272.

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: AR-BASC.V2-WI along with Riders; Medicare Foreign Travel Emergency Rider – AR-FTV-WI; Part B Copayment or Coinsurance Rider – AR-PBCO-WI; Part B Excess Charges Rider – AR-PBEX-WI; Part A Deductible Rider – AR-PTAD-WI; and Part B Deductible Rider – AR-PTBD-WI and Additional Home Health Care Rider – AR-AHC-WI.

"Cigna", "GO YOU", the "Tree of Life" logo and "Cigna Medicare Supplement Solutions" are registered service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including American Retirement Life Insurance Company, and not by Cigna Corporation. All models are used for illustrative purposes only.