

## SUMMARY OF BENEFITS

**Cigna Health and Life Insurance Company**  
**For Retirees of City of San Diego**  
**Plan Name: Medicare Surround Custom Plan**  
**Effective: August 1, 2019 – July 31, 2020**



Plan Highlights	Annual Deductibles and Maximums
<b>Lifetime Maximum</b> Applies to all Part A and Part B expenses	Unlimited
<b>Annual Maximum</b> Applies to all Part A and Part B expenses	Unlimited]
<b>Coinsurance</b>	
Part A expenses	100%
Part B expenses	100%
<b>Calendar Year Deductible</b>	Not applicable
Deductible applies to:	Not applicable
Applies to services with benefit deductibles?	Not applicable
<b>Calendar Year Out-of-Pocket Maximum</b>	\$6,350
Out-of-Pocket applies to:	Part A and B expenses
<b>Out-of-Pocket Maximum includes:</b>	
Deductible	Not applicable
Copays	[Not applicable
Coinsurance	Yes
<b>Deductible and Out-of-Pocket Maximum accumulation period</b>	Calendar year
<b>Maximum Reimbursable Charge (MRC)</b> Applies to buy-up benefits	80th] percentile

Medicare Part A Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
<b>Inpatient</b>			
<b>Inpatient Hospital – Facility</b> Semi-private room and board, general nursing and miscellaneous services and supplies. A new benefit period begins each time you are out of the hospital more than 60 days.			
First 60 days:	All but \$1,364 Deductible	100%	0%
61 <sup>st</sup> -90 <sup>th</sup> day:	All but \$341 a day	100%	0%
91 <sup>st</sup> day and after (while using 60 lifetime reserve days):	All but \$682 a day	100%	0%
151 <sup>st</sup> -516 <sup>th</sup> day (Additional 365 days once lifetime reserve days are used):	\$0	100%	0%
<b>Inpatient Mental Health and Substance Abuse (Same as Inpatient Hospital services noted above)</b>			
Coverage Limit:	190 days per lifetime in a psychiatric hospital	No limit	No limit
<b>Blood</b>			
First 3 pints:	\$0	100%	0%
Additional amounts:	100%	0%	0%
<b>Skilled Nursing Facility:</b> Includes Skilled Nursing facility; Rehabilitation Hospital; and sub-acute Facilities. A beneficiary must have 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	Not paid by plan. Paid in full by Medicare.	0%
21 <sup>st</sup> thru 100 <sup>th</sup> day:	All but \$170.50 a day	100%	0%
101 <sup>st</sup> thru 365 <sup>th</sup> day:	\$0	[0%	100%
<b>Home Health Care</b> Medically necessary skilled care services and medical supplies	100%	0%	0%
<b>Hospice Care</b> Medicare requires that you be terminally ill to be eligible for hospice benefits	100% except \$5 per outpatient prescription and 5% of inpatient respite care	100%	0%

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
<b>Physician Services</b>			
Primary Care Physician Office Visit	80% after Part B deductible	100%	0%
Specialty Care Physician Office Visit	80% after Part B deductible	100%	0%
Laboratory and Radiology Services	100% for Lab Services, 80% for Radiology Services after Part B deductible	100%	0%
Surgery Performed in Doctor's Office	80% after Part B deductible	100%	0%
Allergy Treatment/Injections	80% after Part B deductible	100%	0%
Second Opinion Consultations	80% after Part B deductible	100%	0%
<b>Inpatient Doctor's Visits and Consultations</b>	80% after Part B deductible	100%	0%
<b>Outpatient Mental Health and Substance Abuse</b> Includes Partial Hospitalization.	80% after Part B deductible	100%	0%
Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
<b>Preventive Care</b>			
<b>Preventive Care</b> Follows Medicare covered guidelines. Includes: Welcome to	Generally 100%	100%	0%

Medicare - Initial Exam, Annual Physical, Smoking Cessation Counseling, Well Woman Exam, Cardiovascular Screenings, Diabetes Screenings, Bone Mass Measurement Screenings, Immunizations (Flu shot, Pneumonia shot, Hepatitis B)			
<b>Early Cancer Detection Screenings</b> Follows Medicare covered guidelines. Includes: Pap tests, Mammograms, Prostate Cancer Screenings, Colonoscopy, Fecal Occult Blood Test, Flexible Sigmoidoscopy, Barium Enema	Generally 100%	100%	0%
<b>Emergency and Urgent Care Services</b>			
<b>Emergency and Urgent Care Services</b>			
Hospital Emergency Room	80% after Part B deductible	100%	0%
Urgent Care Facility	80% after Part B deductible	100%	0%
<b>Ambulance</b> Follows Medicare guidelines	80% after Part B deductible	100%	0%
<b>Outpatient and Other Health Care Services</b>			
<b>Outpatient Facility Services – Non Surgical Facility</b> Includes chemotherapy, radiation therapy, x-ray/lab services, dialysis, etc. when done in an outpatient hospital department.	80% after Part B deductible	100%	0%
<b>Outpatient Facility Services - Surgical Facility and Free Standing ASC</b>	80% after Part B deductible	100%	0%
<b>Outpatient and Inpatient Professional Services</b> Includes surgeon, anesthesiologist, radiologist, pathologist.	80% after Part B deductible	100%	0%
<b>Medicare Part B Benefits</b>	<b>Medicare Pays</b>	<b>Cigna Pays (After Medicare Pays)</b>	<b>Customer Pays (After Medicare and Cigna Pays)</b>
<b>Blood</b> First 3 pints:	0%	100%	0%
Additional amounts:	80% after Part B deductible	100%	0%
<b>Diagnostic Laboratory Services</b> Blood tests for diagnostic services	100% for Clinical Labs 80% for all other Labs after Part B deductible	100%	0%
<b>Diagnostic Radiology Services</b>	80% after Part B deductible	100%	0%

<b>Advanced Radiology and Radiation Therapy</b>	80% after Part B deductible	100%	0%
<b>Short Term Rehabilitation</b> Follows Medicare standard guidelines. Includes: Physical Therapy, Occupational Therapy, Speech Therapy	80% after Part B deductible	100%	0%
Therapy Maximum:	Medicare limits apply	Medicare limits apply	All costs over Medicare limits
<b>Other Health Care Services</b>			
<b>Chiropractic Care</b> Follows Medicare standard guidelines Maximum: Unlimited	80% after Part B deductible	100%	0%
<b>Cardiac Rehabilitation Services</b> Follows Medicare standard guidelines	80% after Part B deductible	100%	0%
<b>Podiatry Services</b> Follows Medicare standard guidelines			
Office Visit	80% after Part B deductible	100%	0%
All other covered services	80% after Part B deductible	100%	0%
<b>Home Health Care</b> Medically necessary skilled care services and medical supplies	80% after Part B deductible	100%	0%
<b>Medicare Part B Benefits</b>	<b>Medicare Pays</b>	<b>Cigna Pays (After Medicare Pays)</b>	<b>Customer Pays (After Medicare and Cigna Pays)</b>
<b>Durable Medical Equipment (DME)</b> Includes nebulizers, infusion pumps, oxygen and oxygen equipment, wheelchairs, crutches, hospital beds, and other equipment that can last under repeated use, usually in your home. Follows Medicare standard guidelines. Maximum: Unlimited	80% after Part B deductible	100%	0%
<b>External Prosthetic Appliances</b> Includes ostomy supplies, cardiac pacemakers, braces, artificial limbs, orthotics, or other things that replace damaged, missing or non-working parts of the body. Follows Medicare standard guidelines. Maximum: Unlimited	80% after Part B deductible	100%	0%

<b>Diabetic Supplies and Services</b> Follows Medicare standard guidelines Includes: Glucose Monitors Test Strips Lancets	80% after Part B deductible	100%	0%
<b>Other Health Care Services</b>			
<b>Part B Prescription Drugs</b> Follows Medicare standard guidelines.	80% after Part B deductible	100%	0%
<b>Organ Transplants</b> Includes all medically appropriate, non-experimental transplants. Travel expenses are not covered.	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
<b>Maternity Care Services</b>	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
<b>Dental Care Services</b> Limited to Medicare covered services	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
<b>Medicare Covered Eyeglasses after Cataract Surgery</b> Follows Medicare standard guidelines	80%	100%	0%
<b>Additional Benefits Not Covered by Medicare (Buy-ups)</b>	<b>Medicare Pays</b>	<b>Cigna Pays (After Medicare Pays)</b>	<b>Customer Pays (After Medicare and Cigna Pays)</b>
<b>Part B Excess Charges Buy-Up</b> Charges above approved Medicare amounts for providers that do not accept the Medicare assignment	Not covered	100%	0%
<b>Foreign Travel</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	Not Covered	Covered	
Separate Calendar/Contract Year Deductible		Not applicable	Not applicable
Benefit		80%	20%
Lifetime Maximum		Unlimited]	Unlimited]
<b>Routine Hearing Exam</b>	Not Covered	Not Covered	
<b>Hearing Aids</b>	Not Covered	Not Covered	
<b>Acupuncture</b>	Not Covered	Not Covered	
<b>Routine Foot Care</b> Other than services associated with foot care for diabetes and peripheral vascular disease	Not Covered	Not Covered	

<b>Preventive Care Services:</b> Other than services covered by Medicare	Not Covered	Not Covered
<b>Shingles vaccine:</b>	Not Covered	Not Covered. Covered under Part D
<b>TMJ - Surgical and Non-surgical:</b>	Not Covered	Not Covered

## Definitions

### Benefit Period

The term Medicare Part A Benefit Period means a period of time during which a Medicare beneficiary is Hospital or Skilled Nursing Facility confined. A Medicare Benefit Period: begins when a Medicare beneficiary is admitted to a Hospital as an inpatient; and ends when he or she has not been Confined in a Hospital or Skilled Nursing Facility for 60 consecutive days. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins.

### Coinsurance

The term Coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the plan.

### Lifetime Reserve Days

In Original Medicare, these are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

### Limiting Charge

In Original Medicare, the highest amount of money you can be charged for a covered service by doctors and other health care suppliers who don't accept assignment. The limiting charge is 15% over Medicare's Allowable Amount.

### Maximum Reimbursable Charge (MRC)

When you receive care for services not covered by Medicare but covered under your plan, there's a limit to the amount of money that will be reimbursed. This amount is called the maximum reimbursable charge. When determining maximum reimbursable charge, Cigna considers the service fees charged by doctors and other health care professionals in your area. We also look at similar data provided by most other major U.S. health service companies.

**Note:** The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to any applicable deductibles and coinsurance.

### Medically Necessary

Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

### Medicare Approved Amount

In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance, or copay that you pay. It may be less than the actual amount a doctor or supplier charges.

### Out-of-Pocket

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan because of any Part A or Part B expenses for:

- Coinsurance

When the Out of-Pocket Maximum is reached, Injury and Sickness benefits are payable at 100%



**Part B Prescription Drugs**

Includes but not limited to: inhaled nebulizer medications, injectable drugs/IV drugs, antigens, osteoporosis drugs, erythropoiesis, blood clotting factors, immunosuppressive drugs, oral cancer drugs, oral anti-nausea drugs.

**Preventive Services**

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best for example pap tests, flu shots, prostate cancer screening, colonoscopy; etc.

**Semi-Private Room**

A hospital room shared by you and one other person.

**Benefit Exclusions and General Limitations (by way of example but not limited to):**

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;

**Note:** 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 the Medicare & You Handbook. The Medicare & You Handbook is mailed directly to beneficiaries when they become covered under Medicare. A copy of the handbook can be obtained from your local Social Security Administration office or you can go to [www.medicare.gov](http://www.medicare.gov) website.

**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 employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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