

SUMMARY OF BENEFITS

Cigna Health and Life Insurance Company
For Retirees of County of Loudoun, Virginia
Plan Name: MEDG1
Effective: January 1, 2019 through December 31, 2019



Plan Highlights	Annual Deductibles and Maximums
Lifetime Maximum Applies to all Part A and Part B expenses	Unlimited
Annual Maximum Applies to all Part A and Part B expenses	Unlimited
Coinsurance	
Part A expenses	Not applicable
Part B expenses	Not applicable
Calendar Year Deductible	Not applicable
Deductible applies to:	Not applicable
Applies to services with copays?	Not applicable
Calendar Year Out-of-Pocket Maximum	\$2500
Out-of-Pocket applies to:	Part A and B expenses
Out-of-Pocket Maximum includes:	
Deductible	Not applicable
Copays	Yes
Coinsurance	Yes
Deductible and Out-of-Pocket Maximum accumulation period	Calendar year
Maximum Reimbursable Charge (MRC) Option 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)
Inpatient			
Inpatient Hospital – Facility 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% after \$200 admission copay	0% after \$200 per admission deductible
61 st -90 th day:	All but \$341 a day	100%	0%
91 st -150 th day (while using 60 lifetime reserve days):	All but \$682 a day	100%	0%
151 st -516 th day (Additional 365 days once lifetime reserve days are used):	\$0	100%	0%
Inpatient Mental Health and Substance Abuse (Same as Inpatient Hospital services noted above)			
Coverage Limit:	190 days per lifetime in a psychiatric hospital	No Limit	No Limit
Blood			
First 3 pints:	\$0	0%	0%
Additional amounts:	100%	0%	0%
Skilled Nursing Facility: 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	0%	0%
21 st thru 100 th day:	All but \$170.50 a day	100% after \$50 per day copay	\$50 per admission copay
101 st thru 365 th day:	\$0	100%	0%
Home Health Care Medically necessary skilled care services and medical supplies	100%	0%	0%
Hospice Care 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)
Physician Services			
Primary Care Physician Office Visit	80% after Part B deductible	100% after \$15 per visit copay	0% after \$15 per visit copay
Specialty Care Physician Office Visit	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Laboratory and Radiology Services	100% for Lab Services, 80% for Radiology Services after Part B deductible	100% after PCP/Specialist per visit copay	0% after PCP/Specialist per visit copay
Surgery Performed in Doctor's Office	80% after Part B deductible	100% after PCP/Specialist per visit copay	0% after PCP/Specialist per visit copay
Allergy Treatment/Injections	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Second Opinion Consultations	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Inpatient Doctor's Visits and Consultations	80% after Part B deductible	100% after PCP/Specialist per visit copay	0% after PCP/Specialist per visit copay
Outpatient Mental Health and Substance Abuse Includes Partial Hospitalization.	80% after Part B deductible	100% after \$15 per visit copay	0% after \$15 per visit copay
Preventive Care			
Preventive Care Follows Medicare covered guidelines. Includes: Welcome to 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)	Generally 100%	100%	0%
Early Cancer Detection Screenings Follows Medicare covered guidelines. Includes: Pap tests, Mammograms, Prostate Cancer Screenings, Colonoscopy, Fecal Occult Blood Test, Flexible Sigmoidoscopy, Barium Enema	Generally 100%	100%	0%

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Emergency and Urgent Care Services			
Emergency and Urgent Care Services			
Hospital Emergency Room	80% after Part B deductible	100% after \$50 per visit copay	0% after \$50 per visit copay
Urgent Care Facility	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Ambulance Follows Medicare guidelines	80% after Part B deductible	100% after \$50 per visit copay	0% after \$50 per visit copay
Outpatient and Other Health Care Services			
Outpatient Facility Services – Non Surgical Facility Includes chemotherapy, radiation therapy, x-ray/lab services, dialysis, etc. when done in an outpatient hospital department.	80% after Part B deductible	100% after \$100 per visit copay	\$100 per visit copay
Outpatient Facility Services - Surgical Facility and Free Standing ASC	80% after Part B deductible	100 %	0 %
Outpatient and Inpatient Professional Services Includes surgeon, anesthesiologist, radiologist, pathologist.	80% after Part B deductible	100%	\$100 per visit copay
Blood First 3 pints:	100 %	100 %	0%
Additional amounts:	80% after Part B deductible	0 %	0 %
Diagnostic Laboratory Services Blood tests for diagnostic services	100% for Clinical Labs 80% for all other Labs after Part B deductible	100 %	0 %
Diagnostic Radiology Services	80% after Part B deductible	100 %	0 %
Advanced Radiology and Radiation Therapy	80% after Part B deductible	100 %	0 %
Short Term Rehabilitation Follows Medicare standard guidelines. Includes: Physical Therapy, Occupational Therapy, Speech Therapy	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Therapy Maximum:	Medicare limits apply	Medicare limits apply, unlimited in excess of Medicare limits	All costs over Medicare limits, unlimited in excess of Medicare limits

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Other Health Care Services			
Chiropractic Care Follows Medicare standard guidelines Maximum: Unlimited	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Cardiac Rehabilitation Services Follows Medicare standard guidelines	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
Podiatry Services Follows Medicare standard guidelines			
Office Visit	80% after Part B deductible	100% after \$30 per visit copay	0% after \$30 per visit copay
All other covered services	80% after Part B deductible	100%	0%
Home Health Care Medically necessary skilled care services and medical supplies	80% after Part B deductible	100%	0%
Durable Medical Equipment (DME) 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%
External Prosthetic Appliances 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%
Diabetic Supplies and Services Follows Medicare standard guidelines Includes: Glucose Monitors Test Strips Lancets	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)
Other Health Care Services			
Part B Prescription Drugs Follows Medicare standard guidelines.	80% after Part B deductible	100%	0%
Organ Transplants 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
Maternity Care Services	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Dental Care Services 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
Medicare Covered Eyeglasses after Cataract Surgery Follows Medicare standard guidelines	80%	100%	0%
Additional Benefits Not Covered by Medicare (Buy-ups)	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Part B Excess Charges (Limiting Charge) Buy-Up	Not covered	0%	\$30 per visit copay
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	Covered	Covered	
Separate Calendar Year Deductible		100% after \$50 per visit copay	0% after \$50 per visit copay
Coinsurance		100%	0%
Lifetime Maximum		Unlimited	Unlimited
Routine Hearing Exam	Not Covered	Covered	
Coinsurance		100% after \$30 per visit copay	\$30 per visit copay
Frequency Limit		1 per year	All costs over limit

Additional Benefits Not Covered by Medicare (Buy-ups)	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Hearing Aids	Not Covered		Not Covered
Acupuncture	Not Covered		Not Covered
Routine Foot Care Other than services associated with foot care for diabetes and peripheral vascular disease	Not Covered		Not Covered
Preventive Care Services: Other than services covered by Medicare	Not Covered		Not Covered
Shingles vaccine:	Not Covered		Not Covered
TMJ - Surgical and Non-surgical:	Not Covered		Not Covered

Definitions

Benefit Period

The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins.

Coinsurance

After you have met your deductible for the year, you and your benefit plan will share the cost of covered expenses. The part you are responsible to pay is called coinsurance.

Copay

A fixed charge for specific services like doctor visits. You may be responsible to pay all or a portion of this charge.

Deductible

The amount you must pay before the plan begins to reimburse for covered expenses.

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) Option

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 limits protect you from unexpected cost. After you reach the plan out-of-pocket limit, covered services will be reimbursed for the remainder of the year at 80%, or no cost to you.

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 (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.

- 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 the 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.
- 22) To the extent that they are more than Maximum Reimbursable Charges.
- 23) Select the appropriate exclusion language – if not covered select: Expenses incurred outside the United States unless covered by Medicare. If covered select: 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.

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 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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