SUMMARY OF BENEFITS

Cigna Health and Life Insurance Company
For Retirees of County of Loudoun, Virginia
Plan Name: Cigna Medicare Surround Part A/B
Effective: January 1, 2021 – December 31, 2021

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	100%
Part B expenses	100%
Part B Excess Charges (charges above approved Medicare amounts for providers that do not accept the Medicare assignment)	Not covered
Calendar Year Deductible	Not applicable
Deductible applies to:	Not applicable
Applies to services with benefit deductibles	Not applicable
Calendar Year Out-of-Pocket Maximum	$2,500
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) Applies to buy up benefits	80th percentile

Important Notice: Your Cigna Medicare Surround plan follows Medicare standard guidelines for covered services. The benefits covered under this plan are limited to expenses approved by Medicare but not paid by Medicare (unless otherwise noted). Your plan may help pay your Medicare Part A and Part B deductibles, coinsurance and copayment amounts (unless otherwise noted).

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 $1,408 Deductible	100% after $200 per admission copayment	0% after $200 per admission copayment
61st -90th day:	All but $352 a day	100%	0%
91st day and after (while using 60 lifetime reserve days):	All but $704 a day	100%	0%
151st -516th 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	100%	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	Not paid by plan. Paid in full by Medicare.	0%
21st thru 100th day:	All but $176 a day	100% after $50 per day copay	0% after $50 per day copay
101st thru 365th day:	$0	Not covered	100%
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)**
Inpatient Physician Services			
Inpatient Hospital Physician Visits and Consultations Includes mental health and substance use disorder.	80% after Part B deductible	100%	0%
Inpatient Professional Services Includes surgeons, anesthesiologists, radiologists, and pathologists.	80% after Part B deductible	100%	0%
Physician Services in the Office			
Physician Office Visit – Primary Care Physician (PCP)	80% after Part B deductible	100% after $15 per visit copayment	0% after $15 per visit copayment
Physician Office Visit – Specialty Care Physician Includes second opinion consultations	80% after Part B deductible	100% after $30 per visit copayment	0% after $30 per visit copayment
Surgery Performed in Physician's Office	80% after Part B deductible	100% after PCP/Specialist per visit copay	PCP/Specialist per visit copay
Allergy Treatment/Injections Performed in Physician's Office	80% after Part B deductible	100% after PCP/Specialist per visit copay	PCP/Specialist per visit copay
Allergy Serum Dispensed by the physician in the office	80% after Part B deductible	100% after PCP/Specialist per visit copay	PCP/Specialist per visit copay
Telehealth Follows Medicare standard guidelines for covered services.	80% after Part B deductible	100% after $15 per visit copayment	0% after $15 per visit copayment

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Preventive Care			
Preventive Care Follows Medicare standard guidelines for covered services. Includes: Initial "Welcome to Medicare" Exam, Diabetes Screenings, Bone Mass Measurement Screenings, Immunizations (Flu shot, Pneumonia shot, Hepatitis B) and a Yearly "Wellness" Visit.	Generally 100%	100%	0%
Early Cancer Detection Screenings Follows Medicare standard guidelines for covered services. Includes: Pap tests, Breast Cancer Screenings, Prostate Cancer Screenings, and Colorectal screenings.	Generally 100%	100%	0%
Preventive Services Services not covered by Medicare (buyup)	Not covered	Not Covered	100%
Shingles Vaccine (buy up)	Not covered under Part B, covered under Part D	Not Covered	100%
Diagnostic Laboratory and Radiology Services			
Laboratory Services Includes certain blood tests, urinalysis, tests on tissue specimens, and some screening tests.	Generally 100%	100%	0%
Radiology Services Includes X-rays, CT Scans, MRIs, and PET Scans.	80% after Part B deductible	100%	0%
Emergency and Urgent Care Services			
Hospital Emergency Room	80% after Part B deductible	100% after $50 per visit copayment	0% after $50 per visit copayment
Urgent Care Facility	80% after Part B deductible	100% after $30 per visit copayment	0% after $30 per visit copayment
Ambulance (ground and air) Follows standard Medicare guidelines for covered services.	80% after Part B deductible	100% after $50 per trip copayment	0% after $50 per trip copayment

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Outpatient 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 $30 per visit copayment	0% after $30 per visit copayment
Outpatient Facility Services - Surgical Facility and Free Standing ASC	80% after Part B deductible	100% after $100 per visit copayment	0% after $100 per visit copayment
Outpatient Professional Services Includes surgeons, anesthesiologists, radiologists, and pathologists.	80% after Part B deductible	100%	0%
Blood First 3 pints:	0%	100%	0%
Additional amounts:	80% after Part B deductible	100%	0%
Outpatient Short Term Rehabilitation			
Outpatient Short Term Rehabilitation Follows Medicare standard guidelines for covered services. Includes pulmonary rehabilitation, cognitive therapy, physical therapy, speech therapy, occupational therapy, and cardiac rehabilitation.	80% after Part B deductible	100% after $30 per visit copayment	0% after $30 per visit copayment
Therapy Maximum:	Medicare limits apply	Unlimited up to Medicare limits	All costs over Medicare limits
Chiropractic Care			
Chiropractic Care Follows Medicare standard guidelines for covered services. Medicare covered for manual manipulation of the spine to correct a subluxation when medically necessary.	80% after Part B deductible	100% after $30 per visit copayment	0% after $30 per visit copayment
Chiropractic care not covered by Medicare (buyup).	Not covered	Not covered	100% if not covered by plan

Acupuncture			
Acupuncture Follows Medicare standard guidelines for covered services. Medicare covers treatment for people with chronic low back pain. Medicare limits apply.	80% after Part B deductible	100%	0%
Acupuncture services not covered by Medicare (buyup).	Not covered	Not covered	100% if not covered by plan
Foot Care Services			
Diagnostic Foot Care Follows Medicare standard guidelines for covered services.	80% after Part B deductible	100%	0%
Routine Foot Care (other than services associated with foot care for diabetes and peripheral vascular disease)	Not covered	Not covered	100% if not covered by plan
Hearing Care Services			
Diagnostic Hearing Exams Medicare-covered diagnostic exams	80% after Part B deductible	100%	0%
Routine Hearing Exams Non-Medicare covered routine exams	Not covered	100% after $30 per visit copayment	0% after $30 per visit copayment
Frequency Limit:		1 per year	All costs after 1 per year
Hearing Aids	Not covered	Not covered	100%
Vision Care Services			
Diagnostic Eye Exams Medicare-covered diagnostic exams	80% after Part B deductible	100%	0%
Corrective Lenses after Cataract Surgery Includes corrective lenses if you have cataract surgery to implant an intraocular lens. Corrective lenses include one pair of eyeglasses with standard frames or one set of contact lenses.	80% after Part B deductible	100%	0%

Medical Equipment and Supplies			
Durable Medical Equipment (DME) Follows Medicare standard guidelines for covered services. Includes oxygen and oxygen equipment, wheelchairs, walkers, hospital beds for use in your home.	80% after Part B deductible	100%	0%
External Prosthetic Appliances Follows Medicare standard guidelines for covered services. Includes ostomy supplies, cardiac pacemakers, braces, artificial limbs, orthotics, or other things that replace damaged, missing or non-working parts of the body.	80% after Part B deductible	100%	0%
Diabetic Supplies and Services Follows Medicare standard guidelines for covered services. Includes glucose monitors, test strips, lancets, infusion pumps, and therapeutic shoes and inserts.	80% after Part B deductible	100%	0%
Part B Prescription Drugs Follows Medicare standard guidelines for covered services.	80% after Part B deductible	100%	0%
Other Health Care Services			
Home Health Care Follows Medicare standard guidelines for covered services. Includes medically necessary skilled care services and medical supplies.	80% after Part B deductible	100%	0%
Bariatric Surgery Medicare covers some bariatric surgeries such as gastric bypass surgery and laparoscopic banding when certain morbid obesity conditions are met.	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Maternity Care Services Includes pregnancy and childbirth services.	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Organ Transplants Doctor services for transplants under certain conditions in Medicare-certified facilities. The facility charges are paid under	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness

Part A. Travel expenses are not covered.			
Outpatient Mental Health and Substance Use Disorder Services			
Mental Health and Substance Use Disorder Includes partial hospitalization and outpatient behavioral health integration services.	80% after Part B deductible	100% after $15 per visit copayment	0% after $15 per visit copayment
Additional Benefits Not Covered by Medicare (Buy ups)	**Medicare Pays**	**Cigna Pays (After Medicare Pays)**	**Customer Pays (After Medicare and Cigna Pays)**
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	Not Covered	Covered	
Separate Calendar Year Deductible		0% up to $50	Not applicable
Benefit		100%	0%
Lifetime Maximum		Unlimited	Unlimited
TMJ - Surgical and Non-surgical:	Not Covered	Not Covered	
Wigs for hair loss related to cancer treatments	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.

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.

Durable Medical Equipment
Medicare Part B (Medical Insurance) covers Medically necessary durable medical equipment (DME) if your doctor prescribes it for use in your home. Medicare pays for different kinds of DME in different ways. Depending on the type of equipment:

- You may need to rent the equipment.
- You may need to buy the equipment.
- You may be able to choose whether to rent or buy the equipment.

Medicare will only cover DME if your doctors and DME suppliers are enrolled in Medicare. Doctors and suppliers have to meet strict standards to enroll and stay enrolled in Medicare. If your doctors or suppliers aren't enrolled, Medicare won't pay the claims submitted by them. You can visit https://www.medicare.gov/supplierdirectory/search.html to find a supplier that is enrolled in Medicare.

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
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: **Drugs used with an item of durable medical equipment (DME)** like an infusion pump and nebulizer, some antigens, injectable osteoporosis drugs, **erythropoiesis-stimulating agents** by injection if you have End-Stage Renal Disease (ESRD) or you need this drug to treat anemia related to certain other conditions**,** blood clotting factors you give yourself by injection if you have hemophilia, injectable and infused drugs when given by a licensed medical provider, and oral ESRD drugs if the same drug is available in injectable form and the drug is covered under the Part B ESRD benefit.

Preventive Services
Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best. Includes: Abdominal aortic aneurysm screening, alcohol misuse screenings and counseling, bone mass measurement, cardiovascular disease behavioral therapy, cardiovascular screening, Cervical and vaginal cancer screening (and associated pelvic and breast exam), colorectal cancer screening, depression screening, diabetes screening, diabetes self-management

training, glaucoma tests, hepatitis B virus (HBV) infection screening, hepatitis C screening, HIV screening, kidney disease education services, lung cancer screening, mammogram (breast cancer screening), nutrition therapy services, obesity screening and counseling, prostate cancer screening (and associated digital rectal exam), sexually transmitted infections screening & counseling, shots - flu shot, pneumococcal shot, and Hepatitis B shot, tobacco use cessation counseling, one "Welcome to Medicare" preventive visit, and a yearly "wellness" exam (this is not a physical exam).

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):
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 Medicare beneficiary enrolled in a closed panel Medicare Part C Plan, when payment is denied by the Medicare Part C plan because treatment was received from a nonparticipating provider.

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

6) Care for health conditions that are required by state or local law to be treated in a public facility.
7) Care required by state or federal law to be supplied by a public school system or school district.
8) Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
9) Treatment of an Injury or Sickness which is due to war, declared, or undeclared, [riot or insurrection].
10) 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.
11) 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.

12) 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.
13) 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.
14) court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
15) private Hospital rooms and/or private duty nursing.
16) 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.
17) blood administration for the purpose of general improvement in physical condition.
18) for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
19) massage therapy.
20) 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.
21) 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.
22) to the extent that payment is unlawful where the person resides when the expenses are incurred.
23) for charges which would not have been made if the person had no insurance.
24) to the extent that they are more than Maximum Reimbursable Charges.
25) expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
26) Charges made by any covered provider who is a member of your family or your Dependent's family.
27) expenses incurred outside the United States other than expenses for medically necessary urgent or emergent care while temporarily traveling abroad.

Note: This summary of benefits reflects **2020** 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.

 Cigna Medicare Surround is an employer-sponsored group retiree medical plan that supplements Medicare. It is NOT a standardized Medicare Supplement (Medigap) plan and is NOT offered under a contract with the federal government.