

# 2021 BENEFITS OVERVIEW

## Retiree Over 65 Information



HEALTH AND  
WELLBEING





## Cigna Comprehensive Indemnity Plan

You are currently enrolled in the CIGNA Comprehensive Indemnity Plan. Medicare is your primary insurer and CIGNA is your secondary. When claims are submitted to Medicare, you receive a Medicare Summary Notice. This is the form that you need to send to CIGNA. If a bill reaches CIGNA without the Medicare information the claim will be denied and reprocessed when this statement is received.

To be eligible for coverage, you must have Medicare Parts A and B. Medicare Part A charges (hospital charges) are fully paid by Medicare except for the Part A deductible. That deductible then gets submitted to CIGNA who will reimburse 90%. Medicare pays Part B charges (doctors, lab/x-ray and professional nursing charges) at 80% of an approved amount after satisfying a Part B deductible. CIGNA then issues payment based on what Medicare paid. **The plan allows for a total reimbursement of 90% between Medicare and CIGNA after your \$300 deductible. So, if Medicare pays 80%, CIGNA will then issue payment of 10% more in order to total 90% reimbursement.**

All payments are based on Medicare's acceptance and approved amounts. If Medicare denies a claim totally, then the CIGNA coverage will not cover the charges either.

If you have dependents under the age of 65 enrolled in medical coverage through National Life, then they are enrolled in the \$400 OAP plan through CIGNA. For a detailed plan design summary, you can log into the **National Life Retiree Portal**.

### Important Contact Information

COVERAGE TYPE	CONTACT	GROUP NUMBER	PHONE NUMBER	WEB ADDRESS
Medical & Prescription	CIGNA	3209368	(800) 244-6224	www.mycigna.com
Dental	CIGNA	3209368	(800) 244-6224	www.mycigna.com
Behavioral Health	CIGNA	3209368	(800) 628-6628	www.mycigna.com
Benefit & Billing Questions	Benefit Management Solutions (BMS)	Phone: (866) 382-2400 Email: info@yourbenefitsmanager.com		



## Medical and Prescriptions

The chart below provides a brief comparison of the coverage levels under the Cigna Medical plans.

IN- NETWORK	INDEMNITY PLAN RETIREES AND DEPENDENTS OVER 65	OAP 400 DEPENDENTS UNDER 65
<b>MEDICAL</b>		
<b>Deductible</b> • Single • 2-Person/Family	\$300 \$600	\$400
<b>Coinsurance</b>	After deductible: 10%	After deductible: 20%
<b>Maximum Reimbursable Charge</b>	\$200	Not Applicable
<b>Maximum Out of Pocket</b>	Not Applicable	\$3000
<b>Preventive Medical</b>	Your plan pays 90%	Paid at 100%
<b>Office Visits Primary Care/Specialist</b>	Applied to deductible, then co-insurance	\$15 co-pay / \$40 co-pay
<b>Inpatient Hospital Facility</b>	Your plan pays 90%	\$250 per admission copay, then 20% coinsurance
<b>Outpatient Facility Services</b>	Your plan pays 90%	Applied to deductible, then coinsurance
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility</b>	Your plan pays 90%	Applied to deductible, then coinsurance
<b>PRESCRIPTIONS**</b>		
<b>Rx Deductible</b> (Deductible does not apply to mail order Rx) • Single • 2-Person/Family	\$100 \$200	\$100
<b>Rx Generic</b>	\$10	\$10
<b>Rx Preferred</b>	\$25	\$25
<b>Rx Brand</b>	\$45	\$45

### Find a Network Provider

To find a network provider in your area, please call **CIGNA** at **1.800.244.6224** or log on to **www.mycigna.com**

See Cigna Summary of Benefits for a complete benefit listing.

\* Your prescription will be automatically filled with a generic (if available) unless your doctor specifically writes "dispense as written" on the prescription. If your physician writes you a prescription for a generic and you choose a brand drug, you will pay the brand co-pay plus the cost difference between the generic equivalent and the brand drug.

## Dental Coverage for Dependents under 65

Dental coverage is administered through CIGNA and is available independent of medical coverage for your dependents that are under the age of 65. The dental plan provides your dependents with both in and out of network benefits.

	Preventive (Class I) 100%*	Basic (Class II) 80%	Major (Class III) 60%	Implants (Class IX) 60%	Orthodontic (Class IV) 60%
<b>Services</b>	<b>DIAGNOSTIC &amp; PREVENTIVE</b> <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Cleanings</li> <li>• X-rays</li> <li>• Fluoride Application</li> <li>• Sealants</li> <li>• Emergency Care</li> </ul>	<b>BASIC RESTORATIVE</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Oral Surgery</li> <li>• Anesthesia</li> <li>• Repairs to Bridges, Crowns, and Inlays</li> <li>• Repairs to Dentures</li> </ul>	<b>MAJOR RESTORATIVE</b> Installations of: <ul style="list-style-type: none"> <li>• Inlays and Onlays</li> <li>• Prosthesis Over Implant</li> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> <li>• Stainless Steel / Resin Crowns</li> </ul>	<b>FULL TOOTH IMPLANTS</b> subject to plan maximum	<b>TEETH STRAIGHTENING</b> Not subject to plan deductible
<b>Maximums</b>		These services subject to Calendar Year Maximum of \$1,500			Lifetime \$2,000
<b>Deductible</b>	_____ \$50/person _____ _____ Up to \$150 for a family _____				N/A



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