SUMMARY OF BENEFITS

Cigna Health and Life Insurance Company
For Retirees of AURA
Plan Name: Medicare Surround Custom Plan
Effective: January 1, 2019 – 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	100%
Part B expenses	100%
Calendar Year Deductible	$185 Your plan deductible is equal to your Medicare Part B deductible and is subject to change each year. The amount shown above is the 2019 amount.
Deductible applies to:	Part B expenses only
Applies to services with benefit deductibles?	No
Calendar Year Out-of-Pocket Maximum	$500
Out-of-Pocket applies to:	Part A and B expenses
Out-of-Pocket Maximum includes:	
Deductible	Yes
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	
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%	0%
61st-90th day:	All but $341 a day	100%	0%
91st day and after (while using 60 lifetime reserve days):	All but $682 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 $170.50 a day	100%	0%
101st thru 365 th day:	$0	Not Covered	All costs
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%

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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 $10 per visit copayment	0% after $10 per visit copayment
Specialty Care Physician Office Visit	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Laboratory and Radiology Services	100% for Lab Services, 80% for Radiology Services after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Surgery Performed in Doctor's Office	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Allergy Treatment/Injections	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Second Opinion Consultations	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Inpatient Doctor's Visits and Consultations	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Outpatient Mental Health and Substance Abuse Includes Partial Hospitalization.	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 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 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%
Emergency and Urgent Care Services			
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 $10 per visit copayment	0% after $10 per visit copayment
Ambulance Follows Medicare guidelines	80% after Part B deductible	100% after $10 per trip copayment	0% after $10 per trip copayment
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 $10 per visit copayment	0% after $10 per visit copayment
Outpatient Facility Services - Surgical Facility and Free Standing ASC	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Outpatient and Inpatient Professional Services Includes surgeon, anesthesiologist, radiologist, pathologist.	80% after Part B deductible	100% after plan deductible	0% after plan deductible

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
Blood First 3 pints:	0%	100% after plan deductible	0% after plan deductible
Additional amounts:	80% after Part B deductible	100% after plan deductible	0% after plan deductible
Diagnostic Laboratory Services Blood tests for diagnostic services	100% for Clinical Labs 80% for all other Labs after Part B deductible	100% after plan deductible	0% after plan deductible
Diagnostic Radiology Services	80% after Part B deductible	100% after plan deductible	0% after plan deductible
Advanced Radiology and Radiation Therapy	80% after Part B deductible	100% after plan deductible	0% after plan deductible
Short Term Rehabilitation Follows Medicare standard guidelines. Includes: Physical Therapy, Occupational Therapy, Speech Therapy	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Therapy Maximum:	Medicare limits apply	Medicare limits apply	All costs over Medicare limits
Other Health Care Services			
Chiropractic Care Follows Medicare standard guidelines Maximum: Unlimited	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Cardiac Rehabilitation Services Follows Medicare standard guidelines	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
Podiatry Services Follows Medicare standard guidelines			
Office Visit	80% after Part B deductible	100% after $10 per visit copayment	0% after $10 per visit copayment
All other covered services	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Home Health Care Medically necessary skilled care services and medical supplies	80% after Part B deductible	100% after plan deductible	0% after plan deductible

Medicare Part B Benefits	Medicare Pays	Cigna Pays (After Medicare Pays)	Customer Pays (After Medicare and Cigna Pays)
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% after plan deductible	0% after plan deductible
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% after plan deductible	0% after plan deductible
Diabetic Supplies and Services Follows Medicare standard guidelines Includes: Glucose Monitors Test Strips Lancets	80% after Part B deductible	100% after plan deductible	0% after plan deductible
Other Health Care Services			
Part B Prescription Drugs Follows Medicare standard guidelines.	80% after Part B deductible	100% after plan deductible	0% after plan deductible
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% after Part B deductible	100% after plan deductible	0% after plan deductible

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 Buy-Up Charges above approved Medicare amounts for providers that do not accept the Medicare assignment	Not covered	100%	0%
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	Not Covered	Covered	
Separate CalendarYear Deductible		Nothing below $250	$250
Benefit		80%	20%
Lifetime Maximum		$50,000	All costs over $50,000
Routine Hearing Exam	Not Covered	Covered	
Benefit		100% after $10 per visit copay	0% after $10 per visit copay
Frequency Limit		1 per year	All costs over 1 per year
Hearing Aids	Not Covered	Covered	
Benefit		80%	20%
Frequency Limit		1 per year	All costs over 1 per year
Maximum		$1000 per year	All costs over $1000 per year
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	Covered	
Coinsurance		100%	0%
TMJ - Surgical and Non-surgical:	Not Covered	Not Covered	

<table>
<tr><th>Cigna Pharmacy Plan</th><th>In-Network</th><th>Out-of-Network</th></tr>
<tr><td>Cigna Pharmacy Plus three-tier copay plan
Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.
When patient requests brand drug, patient pays the generic copay plus the cost difference between the brand and generic drugs up to the cost of the brand drug.
Self-Administered injectable drugs - excludes infertility drugs
Oral contraceptives included
Includes oral contraceptives - with specific products covered 100%
Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included</td><td>Retail
30 day supply
Generic: You pay $10
Preferred Brand: You pay $25
Non-Preferred Brand: You pay $50

Retail or Home delivery
90 day supply
Generic: You pay $20
Preferred Brand: You pay $50
Non-Preferred Brand: You pay $100</td><td>Retail
You pay 50%
Your plan pays 50%

Home Delivery
Not Covered</td></tr>
<tr><td colspan="3">Pharmacy Clinical Management and Prior Authorization
Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements.
Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or Cigna Home Delivery. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna
Home Delivery to be covered by the plan.
Plan exclusion edits are always included.
Additional clinical management - Enhanced package - a group of clinical medication management options that focus on various drug use management philosophies to help actively manage the pharmacy benefit include:
Benefits Exclusion - prior authorization, age edits and quantity over time edits.
Intensive Appropriateness of Use - duration of therapy edits, step therapy on new market entrants, and dose optimization edits.
Utilization and Unit Cost Management - prior authorization, quantity limits, maximum daily dose, and step therapy for limited class(es) of specific medications.</td></tr>
<tr><td colspan="3">Specialty Pharmacy Management:
Clinical Programs
Prior authorization is required on specialty medications but quantity limits may apply.
Theracare® Program
Medication Access Option
Retail and/or Home Delivery</td></tr>
<tr><td colspan="3">Prescription Drug List:
Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.</td></tr>
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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.

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
• Deductible
• per trip Copayment
• per visit Copayment
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, erythropoisis, 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):

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 **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.