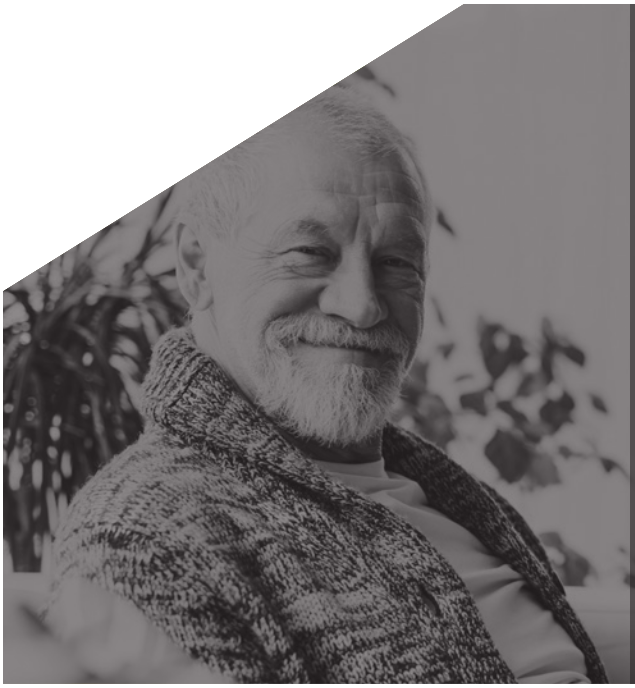
5 SIMPLE STEPS TO CHOOSING THE MEDICARE SUPPLEMENT PLAN FOR YOU

2024

Comprehensive Advisor
Financial & Insurance Services



WITH A MEDICARE SUPPLEMENT INSURANCE POLICY, YOU:

- Keep your doctors and health care providers who accept Medicare patients
- See specialists without referrals
- Take your coverage with you throughout the U.S.
- Enjoy guaranteed coverage for life (as long as premiums are paid)
- Receive benefits with no waiting period
- Premium discounts available for qualifying individuals
- Policies available nationwide

CHOOSE A PLAN IN JUST FIVE STEPS

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STEP 1

Understand Original Medicare Insurance Basics

Original Medicare helps pay your hospital and medical health care expenses.

- **Medicare Part A** is Hospital Insurance. This includes coverage for hospital inpatient care and recovery care in skilled nursing facilities, hospice and home health care services
- **Medicare Part B** is Medical Insurance. This helps cover some medically necessary services from doctors and other health care providers plus preventive services

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STEP 2

Know what Original Medicare Doesn't Pay

You already may be familiar with paying a portion of your health care costs. Original Medicare also requires you to pay a share, including:

- **Medicare Part A** hospital benefit-period deductible and coinsurance
- **Medicare Part B** medical calendar-year deductible, generally 20% coinsurance and charges exceeding the Medicare eligible expenses
- Skilled nursing facility coinsurance

You may choose to pay these charges yourself or purchase a Medicare supplement insurance policy to help pay the difference. This is an individual policy issued by a private insurance carrier.

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STEP 3

Learn What a Medicare Supplement Plan Can Do

A Medicare supplement insurance policy offered through a licensed insurance agent helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B.

All plans offer you these features:

You're Covered Immediately

There is no waiting period for pre-existing conditions, and benefits are paid from the time your policy is in force.

Reasonable and Consistent Out-of-Pocket Costs

Your Medicare supplement and Medicare Parts A and B work together to minimize your share of health care costs. With this additional insurance coverage, even unexpected medical events aren't likely to significantly impact your financial health. Plus, as Medicare deductibles, copayments and coinsurance increase, your Medicare supplement benefits also increase to help meet your eligible expenses.

No Provider Networks, No Referrals

You decide who you want to see for your care. Any health care provider who accepts Medicare patients accepts Medicare supplement insurance. You won't have to find network providers or get referrals to see specialists.

Rarely Receive a Bill for Covered Services

When your health care providers accept Medicare, they bill Medicare for the approved services. Medicare pays its share, and your Medicare supplement insurance policy pays the rest as outlined in your policy. The entire process is electronic, so your claims are paid quickly.

Keep Your Coverage

Your Medicare supplement insurance policy renews as long as you pay the premiums on time and make no material misrepresentations on the application.

What's more, the annual Medicare open enrollment and the Affordable Care Act annual election period don't affect your Medicare supplement insurance.

Your Coverage Goes With You From Coast to Coast

Just like Medicare, your Medicare supplement insurance covers your health care needs throughout the United States. That way, you can visit family and friends wherever you choose.

Emergency Care Anywhere in the World

Most Medicare supplement insurance plans provide limited medically necessary emergency care outside the United States. The benefit is subject to a $250 deductible, 20% coinsurance and a lifetime maximum of $50,000.

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STEP 4

Consider How Much Medicare Supplement Coverage You Need

To help you decide which Medicare supplement insurance plan is right for you, think about what you want the plan to pay and what you can budget for. See the Plan chart in Step 5 for a selection of current benefit amounts.

I want my Medicare supplement plan to help cover these costs that Medicare doesn't:

- ☐ Medicare Part A hospital deductible
- ☐ Medicare Part B medical coinsurance
- ☐ Medicare Part B medical excess charges
- ☐ Skilled nursing facility coinsurance
- ☐ Emergency care received outside the U.S.

Budget-Sensitive Options

Ask us how you could save with cost-sharing plans and premium discounts for qualifying individuals.

What about Plans C and F?

Starting January 1, 2020, Plans C and F will no longer be available to people new to Medicare. If you already have either of these two plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you will be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans. New Medicare beneficiaries can still choose Plan G, which has comparable coverage to Plan F, with the only difference being that Plan G does not cover the Medicare Part B deductible.

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STEP 5

Select the Medicare Supplement Insurance Plan That's Right for You

Summary of 2024 Select Plans

MEDICARE PART A HOSPITAL INSURANCE*	MEDICARE PAYS	PLAN A PAYS	PLAN G** PAYS	PLAN N PAYS
Deductible	Nothing		$1,600	$1,600
First 60 days	100%			
Coinsurance 61-90 days	All but $408 a day	$408 a day	$408 a day	$408 a day
Coinsurance 91-150 days	All but $816 a day	$816 a day	$816 a day	$816 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
SKILLED NURSING FACILITY CARE				
First 20 days	100%			
Coinsurance 21-100 days	All but $204 a day		Up to $204 a day	Up to $204 a day
HOSPICE CARE				
Outpatient Prescription Drugs	All but $5	$5	$5	$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount	5% of Medicare's approved amount	5% of Medicare's approved amount
MEDICARE PART B MEDICAL INSURANCE*				
Deductible	Nothing			
Coinsurance	80%	Generally 20%	Generally 20%	Generally 20%***
Excess Benefits			100% up to Medicare's limit	
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
ADDITIONAL BENEFIT*				
Emergency Care Received Outside the U.S.	Nothing		Generally 80% to lifetime max of $50,000	Generally 80% to lifetime max of $50,000
		Your Premium $ _____	Your Premium $ _____	Your Premium $ _____
			$ _____**	

Refer to Page 6 and your outline of coverage for more information.

*** There also is a High-Deductible Plan G. Before it pays anything, you pay your Medicare-covered costs (deductibles, coinsurance and copayments) up to the policy's deductible amount of $2,800 in 2024.*

**** Plan N requires up to a $20 copayment for some office visits and up to a $50 copayment for emergency room visits.*

Step 5, Continued

Summary of Select Plans

Medicare Part A Hospital Coverage

Deductible – All plans, except Plan A, pay the inpatient hospital deductible for each benefit period, which begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – All plans pay Medicare's coinsurance when you're hospitalized from the 61st through the 90th day. And, when you're in the hospital from the 91st day through the 150th day (the 60 Medicare Lifetime Reserve days), the plans pay the coinsurance.

Extended Hospital Coverage – When you're in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 Medicare Lifetime Reserve days, all plans pay the Medicare Part A eligible expenses for hospitalization, paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood – All plans pay Medicare's one calendar year deductible for blood, which is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – All plans, except Plan A, pay the coinsurance from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care Benefit

Outpatient Prescription Drugs – All plans pay $5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – All plans pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

Medicare Part B Medical Coverage

Coinsurance – After the Medicare Part B deductible, all plans pay 20% of eligible expenses. With Plan N, you pay up to a $20 copayment for some office visits and up to a $50 copayment for emergency room visits.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare-eligible expense, resulting in excess charges. When that happens, Plan G pays 100% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood – All plans pay Medicare's one calendar year deductible for blood, which is the cost of the first three pints needed.

Additional Benefit

Emergency Care Received Outside the United States – After you pay a $250 calendar-year deductible, Plans G and N pay 80% of eligible expenses for health care you need because of a covered injury or illness beginning during the first 60 days of each trip up to a lifetime maximum of $50,000. High-Deductible Plan G requires you to pay the 2024 calendar-year deductible of $2,800, as well as the $250 calendar-year foreign travel deductible, before the plan begins to pay.

GLOSSARY

Benefit Period – Begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – An amount, usually a percentage, you may be required to pay as your share of the cost for services after you pay any deductibles.

Copayment – A set dollar amount you may be required to pay as your share of the cost for a medical service or supply.

Deductible – The dollar amount you must pay before Medicare or Medicare supplement insurance pays.

Excess Charge – When the amount a provider is legally permitted to charge is higher than the Medicare-approved amount.

Hospital Inpatient Care – Eligible expenses include charges for semiprivate room and board, general nursing and miscellaneous services and supplies.

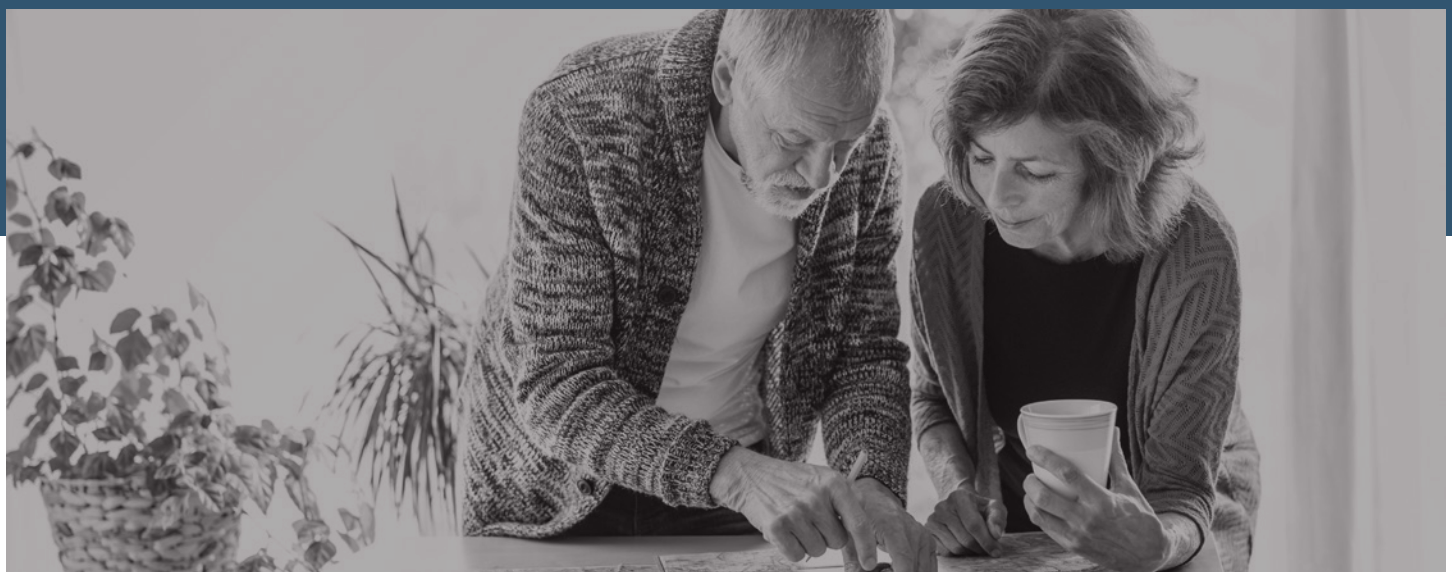
Medicare-Approved Amount – The amount a health care provider who accepts assignment can be paid. It may be less than the actual amount a provider charges. Medicare pays part of this amount, and you're responsible for the difference.

Medicare Eligible Expenses – Charges covered by Medicare Parts A and B to the extent Medicare recognizes them as reasonable and medically necessary.

Medicare Lifetime Reserve Days – After you've been in the hospital for more than 90 days, Medicare pays for another 60 days of hospitalization during your lifetime. A daily coinsurance applies.

Pre-existing Condition – A condition for which medical advice or treatment was recommended by or received from a health care provider within six months before your coverage effective date.

Skilled Nursing Facility Care – Medicare pays eligible charges in a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.



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Medicare supplement insurance policies do not pay for:
- any expense incurred before your policy date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force
- expenses paid for by Medicare
- services for non-Medicare-eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

This is a brief description of Medicare Supplement Insurance. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions and limitations, please read your outline of coverage and your policy. Plans purchased after initial enrollment period are subject to eligibility requirements.

Medicare Advantage Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options. Availability of benefits and plans varies by carrier and location. Deductibles, copays and coinsurance may apply. Plans purchased after initial enrollment period are subject to eligibility requirements.

We are not affiliated with Medicare or any other government agency. By contacting us, you will be connected with a licensed insurance agent.

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