



Let's make this easy.®



Medicare Supplement

Plans C and F are not available to applicants who are Newly Eligible to Medicare as of 1/1/2020.



Medicare Supplement

Not so surprisingly, seniors have questions about health care - especially Medicare. Even with all of the information out there you may still be wondering what medical services and expenses Medicare actually covers and which of these are not covered. But most importantly, you want to be sure that when you require medical treatment your Medicare coverage provides sufficient benefits to meet your needs. We can answer these questions and show you how a Medicare Supplement insurance policy from Combined Insurance can help fill in the gaps in your traditional Medicare coverage.


COMBINED INSURANCE HAS PROVIDED MEDICARE SUPPLEMENT COVERAGE SINCE 1988 AND HAS PAID NEARLY \$1 BILLION IN CLAIMS FOR THESE POLICYHOLDERS ALONE.⁽¹⁾

(1) Combined Insurance claim data, 2017.



YOUR COSTS OF PARTICIPATION IN MEDICARE HAVE INCREASED SINCE THE BEGINNING OF THE MEDICARE PROGRAM, INCLUDING...

deductibles and copayments • monthly premiums • uncovered expenses



As you may know, these gaps in coverage, commonly called medi-gaps, are your out-of-pocket responsibility. In fact, in 2016, Medicare beneficiaries spent on average nearly \$5,500 out of their own pockets for health care.⁽¹⁾ This, combined with ever increasing costs, can lead to a significant financial burden.

- **What Medicare covers**
- **Where the gaps exist, and**
- **How Combined Insurance can help.**

Combined Insurance offers a choice of several different standardized Medicare Supplement policies. Let's see how a Medicare Supplement plan from Combined Insurance can help fill in the "gaps" in your Medicare coverage.

(1) Medicare: How Much Do Medicare Beneficiaries Spend Out of Pocket on Health Care? Nov 2019, Kaiser Family Foundation (KFF.org)

Original Medicare Part A covers...⁽¹⁾

Medicare-eligible Hospital Expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies during each benefit period.⁽²⁾

What you pay with Medicare alone		Your out-of-pocket costs with plan:		
		A	F	G
For the first 60 days (Part A deductible)	\$_____	\$_____	\$0	\$0
From 61 st thru 90 th day	\$_____ a day	\$0	\$0	\$0
From 91 st through 150 th day (60 Lifetime Reserve Days)	\$_____ a day	\$0	\$0	\$0
For additional 365 days	All costs	\$0	\$0	\$0
Beyond additional 365 days	All costs	All costs	All costs	All costs
Blood – first three pints (not replaced)	All costs	\$0	\$0	\$0
Hospice Care copayment (for Inpatient Respite Care)	5%	\$0	\$0	\$0

Skilled Nursing Care in a Medicare-certified nursing facility, when received within 30 days of a three-day Medicare-approved hospital stay.

What you pay with Medicare alone		Your out-of-pocket costs with plan:		
		A	F	G
For the first 20 days	\$0	\$0	\$0	\$0
From the 21 st thru 100 th day	\$_____ a day	\$_____ a day	\$0	\$0
Beyond 100 days	All costs	All costs	All costs	All costs

Notes:

(1) Part A benefits current as of January 20____.

(2) “Benefit period” means a period starting on the first day of covered hospital confinement and ending on the 60th consecutive day you are not confined in a hospital (as defined by Medicare).

Original Medicare Part B covers...⁽³⁾

Medical Care for Medicare-approved physician services, in- and outpatient medical & surgical services and supplies, physical and speech therapy, diagnostic tests⁽⁴⁾, and durable medical equipment.

What you pay with Medicare alone		Your out-of-pocket costs with plan:		
		A	F	G
Part B annual deductible	\$_____	\$_____	\$0	\$_____
Remainder of Medicare-approved charges (Part B coinsurance)	20%	\$0	\$0	\$0
Part B office visit copayment ⁽⁵⁾	20%	\$0	\$0	\$0
Part B Emergency Room visit copayment ⁽⁵⁾	20%	\$0	\$0	\$0
Part B excess charges	All costs	All costs	\$0	\$0
Blood – first three pints (not replaced)	All costs	\$0	\$0	\$0

Foreign Travel for medically necessary emergency care that begins during the first 60 days of each trip outside of the U.S. for care that would have been covered by Medicare if provided in the U.S.⁽⁶⁾

What you pay with Medicare alone		Your out-of-pocket costs with plan:		
		A	F	G
First \$250 per year	All costs	All costs	\$250	\$250
Remainder of charges	All costs	All costs	20%	20%

Notes:

(3) Part B benefits current as of January 20____.

(4) Diagnostic laboratory work for Medicare-approved blood tests is paid in full by Medicare.

(5) Copayment amounts apply after the Part B deductible has been met.

(6) The Foreign Travel benefit is subject to a Lifetime Maximum of \$50,000.



Choosing a Medicare Supplement policy from Combined Insurance is an easy choice.

SERVICE

Unlike many other companies, Combined Insurance provides in-home service by trained professionals. Our agents work with you to understand your needs and make choosing the appropriate coverage easy. And you generally don't need to fill out claim forms. Combined Insurance works with your hospital, doctor's office or other healthcare provider to help get the forms completed for you. Our agents are happy to visit with you, whenever possible, to answer any questions you may have and to help you better understand your insurance. Combined Insurance also has a dedicated customer service phone number for all Medicare Supplement policyholders so they can speak with someone well versed in their coverage.

Combined Insurance's Medicare Supplement policies are an outstanding value.

Your Medicare Supplement coverage can be purchased to go into effect the moment you qualify for Medicare Part B. And if you are moving your coverage from another company to Combined Insurance, we will work with you so that you do not have a break in coverage.

- Pre-existing conditions are covered immediately and there is no waiting period or reduction in benefits.
- You are not locked into any network, so you can choose your own doctors, hospitals or other healthcare providers that accept Medicare, anywhere in the country.





EXCLUSIONS

Combined Insurance's Medicare Supplement policies do not cover or pay for:

- (1) Services rendered by or covered by any agency of a state government (except Medicaid), when you have no obligation to pay for such services; or
- (2) Expenses covered and payable under Medicare.

MEDICARE DEDUCTIBLE AND COPAYMENT CHANGES

If Medicare changes its deductible and copayment amounts, the policy benefits will also change. When this happens, your renewal premium may increase. Premiums are based on attained age rating which means your renewal premiums will increase as your age increases.

RENEWABILITY

Combined Insurance guarantees it will renew this policy for your lifetime (so long as the required premium is paid). Combined Insurance reserves the right to change the premium. Any change in premium will be made on all policies of the same class.

30-DAY TRIAL

If you are not satisfied with the policy for any reason, you may cancel your policy within 30 days of the effective date and still receive a full refund.

DEFINITIONS

"Hospital" means an institution which is defined as such by Medicare. It does not include any facility not covered by Medicare.

"Excess Charges" (only available under Plans F and G) is the difference between the Medicare Part B-approved expense and the amount charged by the attending physician, which can be no more than the limiting charge allowed by Medicare.

NOTE: This brochure contains a brief description of policy benefits for the following policy form numbers:

Plan A: Series 14903-A;
Plan F: Series 14905-F; and
Plan G: Series 14980-G.

See the policy for complete details of policy benefits and exclusions and definitions.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Combined Insurance Company of America is not connected with or endorsed by the United States government or the federal Medicare program.

This is a solicitation for insurance and an agent may contact you.

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The ACE Group of Companies

5 ways a Medicare Supplement plan can help you get the care you need.

1. NO PRE-EXISTING CONDITION LIMITATIONS OR WAITING PERIODS:

Pre-existing conditions are covered immediately.

2. CHOOSE YOUR OWN DOCTORS AND OTHER HEALTH CARE PROVIDERS:

Benefits are paid directly to them. There is no “gatekeeper.”

3. NO CLAIM FORM IS REQUIRED:

The Explanation of Medicare Benefits (EOMB) and the policy number are all that is needed, in most cases.

4. A CHOICE OF PLAN OPTIONS:

You can find the right plan to fit your needs.

5. CONVENIENT CUSTOMER SERVICE:

Through a dedicated customer service representative, toll-free; or, when possible, in-home by trained, licensed professionals who will answer your questions.



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