Choices to fit your lifestyle

When it comes to Medicare Supplement insurance, selecting the right plan is important. Aflac offers several plan options that can help fill some of the gaps in Medicare coverage and help you manage your health care expenses. You also have the freedom to choose any provider that accepts Medicare, at a convenient location that best meets your needs.

Aflac has been helping provide peace of mind and financial security for more than 65 years. We'll keep our promise to be here for you when you need us most.

Fill the gaps

Medicare provides beneficial coverage for health-related expenses, but it does not cover all health care expenses. There are a number of gaps in Medicare coverage that you need to pay for out-of-pocket or with private insurance. A Medicare Supplement plan is a health insurance policy (also called Medigap) sold by a private insurance company to help fill in some of those gaps.

Feel good about your choices

A Medicare Supplement plan has no restrictive networks. You can visit the providers of your choice including primary care physicians, specialists, and hospitals that accept Medicare patients. Most providers are paid automatically so you won't have to worry about filing a claim.

Take care of yourself

A Medicare Supplement plan helps you manage and budget your health care expenses with predictability and stability. A Medicare Supplement plan helps pay some of the out-of-pocket for Medicare-approved services and works with Medicare to provide more coverage to you.

Know your options

Although private insurance companies provide Medicare Supplement coverage, Medicare Supplement insurance plans are strictly regulated by both federal and state government.

It's important to make an informed decision about what's right for you. Before you apply for a plan, get to know what the coverage includes. Then choose a Medicare Supplement plan that best fits your needs.



Coverage you can count on

Aflac Medicare Supplement Insurance



Aflac Medicare Supplement insurance coverage is underwritten by Tier One Insurance Company, a subsidiary of Aflac Incorporated, and is administered by Aetna Life Insurance Company.

1021 Reams Blvd, Franklin, TN, 37064; Telephone Number: 833-504-0336

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This is a brief product overview for Aflac Medicare Supplement insurance policy series AFLMS. Some plans may be available to qualified consumers under age 65. Plans not available in all states. Benefits/premium rates will vary based on coverage selected. For complete details of benefits, definitions, and exclusions, please carefully read the outline of coverage and policy forms, and refer to the "Guide to Health Insurance for People with Medicare." Aflac Medicare supplement insurance is not connected with or endorsed by the U.S. government or the federal Medicare program. This is a solicitation of insurance. Contact may be made by an insurance agent or company.

Choose from these plans

Aflac offers Medicare Supplement plans A, F, G and N with varying amounts of coverage — Plan A providing basic benefits and Plan F offering more comprehensive coverage.

Premiums also vary according to the amount of coverage provided by each plan. A household premium discount is available for eligible applicants — reference the outline of coverage for details. Here are benefits that are included in each plan:

Covered Benefits	Plan A	Plan F*	Plan G	Plan N
Basic benefits (including hospice care)	•	•	•	•
Part B coinsurance	•	•	•	•**
Part A deductible		•	•	•
Skilled nursing facility coinsurance		•	•	•
Foreign travel emergency care (up to plan limits)***		•	•	•
Part B excess charges		•	•	
Part B deductible		•		

*Plan F available for people first eligible for Medicare before 2020 only.

Foreign travel emergency care

Covering your needs

Use this checklist as a starting point to help you decide what you'd like your Medicare Supplement plan to help cover.

O Basic benefits (including hospice care)	Medicare Part B coinsurance
Medicare Part A deductible	Medicare Part B excess charges
Medicare Part B deductible	 Skilled nursing facility coinsurance

^{**}Plan N requires \$20 copayment for office visits; \$50 copayment for emergency room visits. Copayments do not count toward the annual Part B deductible.

^{***}Benefit is defined as medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. Refer to the plan and outline of coverage for details.