Coverage you can count on

Aflac Medicare Supplement Insurance

Coverage is underwritten by Tier One Insurance Company, a subsidiary of Aflac Incorporated.

Choices to fit your lifestyle

When it comes to Medicare Supplement insurance, selecting the right plan is important. Aflac offers several plan options that help fill some of the gaps in Medicare coverage. 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.

A Medicare Supplement insurance policy helps you manage your health care expenses.

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.

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 costs for Medicare-approved services and works with Medicare to provide more coverage to you.

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.

Know your options

Although private insurance companies offer 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.

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** is available for people first eligible for Medicare before 2020 only.

****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.

Covering your needs

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

- ◯ **Basic benefits (including hospice care)**
- ◯ **Medicare Part A deductible**
- ◯ **Medicare Part B deductible**
- ◯ **Medicare Part B coinsurance**
- ◯ **Medicare Part B excess charges**
- ◯ **Skilled nursing facility coinsurance**
- ◯ **Foreign travel emergency care**

What's great about the plans

30-day free look

Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.

Go directly to your doctors

No pre-certification or pre-authorization is needed for care. You may visit any provider that accepts Medicare. A physician referral may be required for specialist, diagnostic, laboratory, or other facility care.

Benefits stay the same

You always know what your benefits are with these standardized plans — plan benefits remain the same year after year.

Portable coverage

You are not restricted to the use of a network of health care providers. If you move or travel, your coverage goes with you.

12-month rate guarantee

No rate increases for the first 12 months.

Guaranteed renewable

No worries of reduced benefits or canceled coverage for the life of the policy, as long as the premiums are paid. On each anniversary of your effective date, premiums will increase due to the increase in your age. The renewal premium for the policy will be the renewal premium then in effect for your attained age. We expect premiums to increase as Medicare benefits change and as health care costs increase. Premiums also depend on your place of residence. We will not change your premium due to changes in your health or due to any claims on this contract. Any change in premium will apply to all covered persons in your same class based on the issue state of your policy. Premiums will not increase during the initial 12 months of coverage and will not increase more than once in any 6-month period following the initial 12-month period.

Common terms and definitions

Benefit period: Starts the day you are admitted to a hospital or skilled nursing facility as an inpatient and ends when you have not received hospital or skilled nursing facility care for 60 consecutive days.

Coinsurance: The portion of charges covered but not reimbursed by Medicare, excluding the Medicare deductibles, for which you are responsible.

Copay: A fixed fee amount that subscribers to a medical plan must pay when using specific services covered by an insurance plan.

Deductible: Amount that you must pay for Medicare-approved expenses before Medicare begins to pay.

Emergency care: Immediate medical care needed because of an injury or an illness of sudden and unexpected onset.

Excess charges: The difference between what a health care provider is permitted to charge and the Medicare-approved amount.

Hospice care: A program of care and support for someone who is terminally ill. This helps them live out the time they have remaining to the fullest extent possible.

Hospital: A legally operated hospital. Hospital does not include a nursing home, convalescent home or extended care facility.

Loss: The incurring of Medicare eligible expenses while the policy is in force.

Medically necessary: The service or supply that is recognized by Medicare as necessary to diagnose or treat an injury or sickness and must: (1) be prescribed by a physician; (2) be consistent with the diagnosis and treatment of such injury or sickness; (3) be in accordance with the generally accepted standards of medical practice; and (4) not be solely for the convenience of the insured or the physician.

Medicare-approved amount: In original Medicare, the amount that a physician who accepts assignment can be paid, including what Medicare pays and any other deductibles, coinsurance or copayments.

Medicare eligible expenses: Health care expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Premium: The periodic payment to Medicare, an insurance company or a health care plan for coverage.

Exclusions

We will not pay for:

- Loss incurred while your policy is not in force, except as provided in the Extension of Benefits section of your policy;
- Hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while the policy is not in force;
- That portion of any loss incurred which is paid for by Medicare;
- Services for non-Medicare eligible expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- Services for which a charge is not normally made in the absence of insurance;
- Loss that is payable under any other Medicare supplement insurance policy or certificate; or
- Loss that is payable under any other insurance which paid benefits for the same loss on an expense incurred basis.

About Aflac

Aflac is a Fortune 500 company, helping provide financial protection to millions of policyholders and customers through its subsidiaries in the U.S and Japan. Our customers choose Aflac because of our commitment to providing them with the confidence that comes from knowing they have assistance in being prepared for whatever life may bring. Aflac's Medicare Supplement insurance policy is just another way we can be there for you when you need us most.

This is a brochure for individual Medicare Supplement insurance policies AFLMSP22A, AFLMSP22F, AFLMSP22G and AFLMSP22N. Some plans may be available to qualified consumers under age 65. Plans not available in all states. This is not a contract of insurance. Benefits and/or premiums may vary based on coverage selected. The plans have limitations and exclusions that may affect benefits payable. For complete details of benefits, definitions, and exclusions, please read your policy and outline of coverage carefully, and refer to the "Guide to Health Insurance for People with Medicare".

Coverage is underwritten by Tier One Insurance Company, a subsidiary of Aflac Incorporated, and is administered by Aetna Life Insurance Company.

Summary of coverage

(To be completed by insurance agent/producer at the time of application)

Presented to: _____

Agent name: _____

Agent phone: _____

Plan name: _____

Total premium: _____

Draft date: _____

Aflac Administrative Office: 1021 Reams Fleming Blvd, Franklin, TN, 37064
Telephone Number: 833-504-0336

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/producer or company.

Aflac