



# 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

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When it comes to Medicare Supplement insurance, selecting the right Medicare Supplement insurance plan is important. Aflac offers several Medicare Supplement insurance 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 with many insurance products 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 insurance 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 insurance plan helps you manage and budget your health care expenses with predictability and stability. A Medicare Supplement insurance 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 insurance 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 Medicare Supplement insurance plan, get to know what the coverage includes. Then choose a Medicare Supplement insurance plan that best fits your needs.

# Choose from these Medicare Supplement insurance plans

Aflac offers Medicare Supplement insurance 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 Medicare Supplement insurance plan:

Covered Benefits	Plan A*	Plan F**	Plan G	Plan N
<b>Basic benefits</b> (including hospice care)	●	●	●	●
<b>Part B coinsurance</b>	●	●	●	●***
<b>Part A deductible</b>		●	●	●
<b>Skilled nursing facility coinsurance</b>		●	●	●
<b>Foreign travel emergency care</b> (up to plan limits)****		●	●	●
<b>Part B excess charges</b> (Please note: amount of excess charges may not exceed any charge limitations established by Medicare)		●	●	
<b>Part B deductible</b>		●		

\***Plan A** is available to qualified consumers under age 65.

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

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

\*\*\*\***Medically Necessary Emergency Care in a Foreign Country:** coverage to the extent not covered by Medicare for 80 percent of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000.

## Covering your needs

Use this checklist as a starting point to help you decide what you'd like your Medicare Supplement insurance 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 Medicare Supplement insurance plans



## 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 Medicare Supplement insurance plans — 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. The premium may also change for other reasons. Any change in premium will apply to all covered persons in your same class based on the issue state of your policy. Any premium increase will become effective on the next policy anniversary date and only after filing and approval by the Texas Department of Insurance.

## 30-day free look

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

# 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:** The level of service or amount of health care reimbursement recognized and approved for a particular medical or health care service or procedure by Medicare.

**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. Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium. Open enrollment is the six month period beginning on the first day of the month in which you are enrolled in Medicare Part B. If you are on Medicare under age 65, you will also have a six month open enrollment period when you reach age 65.

# Exclusions

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## 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 charges incurred prior to the effective date of coverage;
- 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; 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-TX, AFLMSP22F-TX, AFLMSP22G-TX and AFLMSP22N-TX. 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: \_\_\_\_\_



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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.