

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 Fleming Blvd, Franklin, TN, 37064;
Telephone Number: 833-504-0336
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Choices to fit your lifestyle

Aflac Medicare Supplement Insurance

When it comes to Medicare Supplement insurance, selecting the right benefits is important. Aflac offers several benefit options that can 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 insurance policy is a health insurance policy (also called Medigap) sold by a private insurance company to help fill in some of those gaps.



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

Know your options

Although private insurance companies offer Medicare Supplement coverage, Medicare Supplement insurance policies 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 policy, get to know what the coverage includes. Then choose the Medicare Supplement benefits that best fit your needs.



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

Take care of yourself

A Medicare Supplement insurance policy helps you manage and budget your health care expenses with predictability and stability.

A Medicare Supplement policy helps pay some of the out-of-pocket costs for Medicare-approved services and works with Medicare to provide more coverage to you.



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

Feel good about your choices.

A Medicare Supplement policy 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.



Choose your benefit options

Aflac offers Medicare Supplement insurance with basic benefits and optional riders.

Premiums vary according to the amount of coverage provided. A household premium discount is available for eligible applicants — reference the outline of coverage for details.

Choose from these benefit options

Benefit/Rider	Basic Benefits	Optional Riders
Hospice Care coinsurance	✓	
Part B coinsurance	✓	
Skilled nursing facility coinsurance	✓	
Home Health Care (40 visits)	✓	
Part A deductible		✓
Foreign travel emergency care*		✓
Part B excess charges		✓
Part B deductible**		✓
Additional home health care		✓
Part B copayment or coinsurance***		✓

*Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. Refer to the rider and outline of coverage for details.

**Part B deductible rider is only available for people first eligible for Medicare before 2020.

***Requires \$20 copayment for office visits; \$50 copayment for emergency room visits

Copayments do not count toward the annual Part B deductible.

Covering your needs



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

- Basic benefits (including hospice care)**
- Medicare Part A deductible**
- Medicare Part B deductible**
- Medicare Part B copayment or coinsurance**
- Medicare Part B excess charges**
- Skilled nursing facility coinsurance**
- Foreign travel emergency care**
- Home Health Care**

What's great about the benefits

Aflac's Medicare Supplement insurance plans offer features and convenience to you.

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 options — benefits remain the same year after year.

What's great about the benefits

Aflac's Medicare Supplement insurance plans offer features and convenience to you.

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.

What's great about the benefits

Aflac's Medicare Supplement insurance plans offer features and convenience to you.

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.

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.

Common terms and definitions

Hospital: An institution which (1) operates pursuant to law; (2) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of duly licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick and injured persons on an inpatient basis; and (3) provides 24-hour-a-day nursing service by or under the supervision of registered graduate nurses.

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.

Common terms and definitions

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

Skilled Nursing Facility: An institution which (1) operates pursuant to law; (2) is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; (3) is primarily engaged in providing, in addition to room and board accommodations, skilled nursing care by or under the supervision of one or more duly licensed physicians; (4) provides continuous 24-hour-a day nursing service by or under the supervision of a registered graduate nurse; and (5) maintains a daily medical record for each patient.

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.

Exceptions, Reductions and Limitations of the Policy

We will not pay benefits for:

- Expenses deemed unnecessary or unreasonable by Medicare, except in the Benefit Provisions and in Optional Riders, if any;
- Expenses incurred prior to the coverage effective date;
- Drugs (other than prescription drugs furnished during a hospital or skilled nursing facility stay);
- Custodial care, dental care (except as provided in the mandated benefits) eye or ear examinations to prescribe or fit eyeglasses or hearing aids, routine immunizations, cosmetic surgery or routine foot care;
- Nursing home care costs (beyond what is covered by Medicare and the Wisconsin 30-day skilled
- Nursing mandated by Wisconsin 632.895(3);
- Home health care above the number of visits covered by Medicare and the 40-visits mandated by Wisconsin 632.895(2), unless you select the Additional Home Health Care Rider; or
- Care received outside the U.S.A.

About Aflac

Aflac is a Fortune 500 company, helping provide financial protection to millions of people worldwide. 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.



Summary of coverage

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

Presented to: _____

Agent name: _____

Agent phone: _____

Basic policy and optional riders: _____

Total premium: _____

Draft date: _____

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Telephone Number: 833-504-0336

Not connected with or endorsed by the U.S. government, or the federal Medicare program.

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Disclaimer

This is a brief product overview for individual Medicare Supplement insurance policy AFLMSP22BC-WI. Some benefits may be available to qualified consumers under age 65. This is not a contract of insurance. Benefits and/or premiums may vary based on coverage selected. The policy/riders have limitations and exclusions that may affect benefits payable. For complete details of benefits, definitions, and exclusions, please carefully read the outline of coverage and policy/rider 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. All benefits payable under the policy are based upon Medicare-eligible expenses (as applicable). This is a solicitation of insurance. Contact may be made by an insurance agent or company.

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Thank you