

## Did you know Medicare pays first?

See how our Medicare Supplement Plans High Deductible G, Innovative G, High Deductible F and Innovative F work with Medicare.

With each of these plans, you have a plan deductible of \$2,340 (in 2020), which must be met prior to the plan paying any (non-preventive) benefits. Medicare will still pay benefits the same as always, so the **plan deductible works more like an out-of-pocket maximum** in conjunction with Medicare and, typically, you do not pay the entire bill.

If you have no Medicare Part A charges (hospitalization, skilled nursing facility care) and only Medicare Part B charges (doctor, lab, etc.) during a year, Medicare will pay 80% of all approved charges after you've paid the Part B deductible of \$198 (in 2020). You could have \$10,000 of Medicare-approved Part B charges and still not reach your plan deductible of \$2,340. See below.

Approved Medicare Part B Charges	Medicare Pays	You Pay (the first \$198 and 20% thereafter)
\$ 500.00	\$ 241.60	\$ 258.40
\$ 1,000.00	\$ 641.60	\$ 358.40
\$ 2,000.00	\$1,441.60	\$ 558.40
\$ 3,000.00	\$2,241.60	\$ 758.40
\$ 4,000.00	\$3,041.60	\$ 958.40
\$ 5,000.00	\$3,841.60	\$1,158.40
\$ 6,000.00	\$4,641.60	\$1,358.40
\$ 7,000.00	\$5,441.60	\$1,558.40
\$ 8,000.00	\$6,241.60	\$1,758.40
\$ 9,000.00	\$7,041.60	\$1,958.40
\$10,000.00	\$7,841.60	\$2,158.40

If you have hospitalization or skilled nursing facility (Medicare Part A) charges, this will increase your out-of-pocket costs more quickly and you can reach your plan deductible of \$2,340 sooner.

The Part A deductible for hospitalization is \$1,408 (in 2020). But \$2,340 is still the most you would have to pay in a year for all approved Medicare charges.

Either of these plans – High Deductible Plan G, Innovative Plan G, High Deductible Plan F or Innovative Plan F – could be a good option for you if you want to save more on your premiums.

We are not connected with, nor endorsed by, the U.S. Government or the Federal Program. This is a solicitation of insurance. If you respond, a producer will contact you.

Insurance policy limitations: We will not pay for: a) confinement that begins or expenses incurred while your policy is not in force, b) services of the type not covered by Medicare, unless specifically provided by the policy. Preventive Benefits are subject to the following exclusions: 1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes; 2. Chiropractic services, acupuncture and acupressure services; 3. Weight loss treatment of any type; 4. Prescription drugs or over-the-counter drugs or supplements; 5. All vision services; 6. Experimental preventive services; 7. Any test, screening or procedure to determine the likelihood of developing or passing on to children any disease or disorder, including but not limited to genetic testing.

Insurance Policy/Rider Form Number: L035, L036, L037, L038, F001, F002.

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