



2022 Medicare Supplement Insurance Plans



Lower Your Out-of-Pocket Costs

Although Medicare pays a lot of your health care expenses, you must pay deductibles, copayments and coinsurance. You might want more coverage than Medicare alone. A Medicare supplement insurance policy from Federal Life Insurance Company may help liberate you from many of those charges.

Plus you're free to:

- Select your health care providers*
- Choose the best plan for your situation
- Travel the USA confident that your health care coverage goes with you

Ask about our household premium discount, too.

Let Federal Life help release you from the high cost of health care.

*As long as the provider accepts Medicare patients.

Supplement Your Medicare Coverage

Your **Federal Life Medicare supplement insurance policy** helps pay some eligible Medicare expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and your policy pay.**

Plan Availability

According to Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Medicare supplement plans that cover the Medicare Part B deductible are not available for people who are new to Medicare. That means:

- If you become eligible for Medicare on January 1, 2020 or later, our Plan F is not available for you to purchase.
- However, if you were eligible for Medicare prior to January 1, 2020, you may still purchase our Plan F. MACRA regulations do not impact any of the other Medicare supplement plans we offer.

Medicare Part A Hospital Coverage

Deductible - Plans F, G and N pay the inpatient hospital deductible for each benefit period.

First 60 Days - After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance - Plans A, F, G and N pay Medicare's coinsurance when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, the plans pay the coinsurance for each Lifetime Reserve day used.

Extended Hospital Coverage - When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F, G and N pay the Medicare Part A eligible expenses for hospitalization, paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood - Medicare has a deductible for blood each year that is the cost of the first three pints needed. Plans A, F, G and N pay this deductible.

Skilled Nursing Facility Care

First 20 Days - Medicare pays all eligible expenses.

Coinsurance - Plans F, G and N pay the coinsurance from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care Benefit

Outpatient Prescription Drugs - Plans A, F, G and N pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care - Plans A, F, G and N pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

Medicare Part B Physician's Services & Supplies

Deductible - Plan F pays the calendar year deductible. NOTE: Plan F is not available for people who become eligible for Medicare on January 1, 2020 or later.

Coinsurance - After the Medicare Part B deductible, Plans A, F, G and N generally pay 20% of eligible expenses for physician's services and supplies, physical and speech therapy, and ambulance service. With Plan N, you pay up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood – Medicare has a deductible for blood each year that is the cost of the first three pints needed. Plans A, F, G and N pay this deductible.

Additional Benefit

Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans F, G and N pay you 80% of eligible expenses for care beginning during the first 60 days of each trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

Plan Highlights

Your policy is guaranteed renewable. It cannot be canceled. It will be renewed as long as the premiums are paid on time and the information on your application is correct.

Your Medicare supplement insurance benefits will automatically increase as Medicare deductibles and coinsurance increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium, otherwise your policy will lapse. Your policy will stay in force during this 31-day grace period.

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your Policy Date; and (b) the premium for your policy will change. Because the premium rate is based on your attained age, the premium will increase each year as you age.

Your coverage begins immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

Definitions

Medicare Part A eligible expenses for hospital/skilled nursing facility care include expenses for semiprivate room and board, general nursing and miscellaneous services and supplies.

Medicare Part B eligible expenses for medical services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy and ambulance service.

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

A benefit period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by Federal Life.

A pre-existing condition is a condition for which medical advice or treatment was recommended by or received from a health care services provider within six months before the insured's coverage effective date.

Exclusions and Limitations

Your Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force
- expense paid for by Medicare
- expense payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis
- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

Your Medicare Supplement Insurance Choices *At a Glance*

Your Plan Choices

Whether you need a little or a lot of coverage, we have a Medicare supplement insurance policy that meets your needs and budget. Please refer to the previous pages and your outline of coverage for details.

Every plan includes these basic benefits:

- Hospitalization: Medicare Part A coinsurance and coverage for 365 additional days after Medicare benefits end
- Hospice Care: Outpatient prescription drug copayment and inpatient respite care coinsurance
- Medical Expenses: Medicare Part B coinsurance (generally 20%)**
- Three pints of blood each year

		Plan A	Plan F*	Plan G	Plan N**
Medicare Supplemental Plan Benefits		✓	✓	✓	✓
Medicare Part A Hospital Coinsurance Days 61-90	\$389	✓	✓	✓	✓
Medicare Part A Hospital Coinsurance Days 91-150	\$778	✓	✓	✓	✓
Skilled Nursing Facility Care Coinsurance	\$194.50		✓	✓	✓
Medicare Part A Deductible	\$1,556		✓	✓	✓
Medicare Part B Deductible	\$233		✓		
Medicare Part B Excess			✓	✓	
Foreign Travel Emergency			✓	✓	✓

*Plan F is not available for people who become eligible for Medicare on January 1, 2020 or later.

**Plan N requires up to a \$20 copayment for an office visit and up to \$50 copayment for an emergency room visit.

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions and limitations, please read your outline of coverage and your policy.

In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.

This is a solicitation of insurance and an agent will contact you by telephone.

Neither Federal Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.

About Us

Since 1899, Federal Life Insurance Company has helped generation after generation achieve their financial goals at every age and stage of life. Today, we remain committed to providing the products and services you need to protect yourself, your family and your financial future.

We stand by the quality of what we do through our products, our service and our promise to be here when you need us.

Medicare supplement insurance is underwritten by:

Federal Life Insurance Company
 3750 W. Deerfield Road
 Riverwoods, IL 60015
 (800) 233-3750