

FAMILY LIFE
INSURANCE COMPANY



Medicare Supplement Insurance Plans

*“Insuring your tomorrow
With star treatment today.”*

Family Life Medicare Supplements

Protection from the Bills

Medicare Doesn't Pay

Medicare was never meant to cover all of your doctor and hospital bills. Many people do not realize this and expect them to pay all. Reliance on Medicare in this situation can mean financial difficulty with out-of-pocket expenses.

Family Life Offers 8 Standardized Insurance Plans

Family Life insurance plans are designed to give you choices. Choices you need to help cover health care costs today! Our plans allow you to choose a Medicare Supplement to suit your life's situation, budget and needs. All plans may not be available in all states.



Initial Hospital Deductible

Medicare Part A hospital deductibles have risen \$1060 since 1968 - just 42 years!

\$ 40
1 9 6 8

\$1100

2 0 1 0

All Medicare Supplement Plans Offer These Benefits:

Part A Co-Insurance pays if you are confined to a hospital. Should you require more than 60 continuous days hospitalization, Family Life will pay the co-insurance amounts up to the 150th day of confinement and also for the first 3 pints of blood each year. Additionally, if you use your lifetime reserve days, Family Life will provide coverage for up to an additional 365 days.

Part B Co-Insurance pays the Medicare Part B coinsurance amount, reducing your out-of-pocket expenses when you require medical services. Plan N requires a copayment of up to \$20 for an office visit, and up to \$50 copayment for the emergency room.

Your Family Life Benefits

Medicare Part A Hospital Coverage

Deductible - Family Life Plans B, C, D, F, G and N all pay the \$1100 inpatient hospital deductible for each benefit period. Plan M pays 50% of the Part A Deductible.

First 60 Days - After the 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 - All Family Life Plans pay up to \$275 a day when you're hospitalized from the 61st through the 90th day. And when you're in the hospital from the 91st through 150th day, Family Life Plans pay you up to \$550 a day for each Lifetime Reserve day used.

Extended Hospital Coverage - When you're in the hospital longer than 150 days during a Benefit Period, and you've exhausted your 60 Medicare Lifetime Reserve days, all Family Life Plans pay the Part A Medicare eligible expenses for hospitalization, paid at the Prospective Payment System (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood - Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. All Family Life Plans pay this deductible.

Skilled Nursing Facility Care

First 20 Days - Medicare pays all eligible expenses.

Coinsurance - Family Life Plans C, D, F, G, M and N pay up to \$137.50 a day 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 - After you meet Medicare's requirements, including a doctor's certification of terminal illness, Medicare pays all but very limited co-payment or coinsurance for outpatient drugs and inpatient respite care. Family Life Plans pay the Medicare co-payment or coinsurance.



Medicare Part B

Physician's Services and Supplies

Deductible - Family Life Plans C and F pay the \$155.00 calendar year deductible.

Coinsurance - After the Part B deductible, All Family Life Plans generally pay 20% of Medicare Eligible Expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service. Plan N requires the insured to pay a portion of Part B coinsurance or co-payments: up to \$20 copayment for each covered office visit, including specialists, and up to \$50 copayment for each covered Emergency Room visit. Emergency Room co-payment will be waived if admitted to any Hospital and the ER visit is covered as a Part A Expense.

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

Benefit for Blood - Medicare has one calendar year deductible for blood that is the cost of the first three pints needed. All Family Life Plans pay this deductible.

Additional Benefits

Emergency Care Received Outside the U.S.

- After you pay a \$250 calendar-year deductible, Family Life Plans C, D, F, G, M and N pay you 80% of eligible expenses incurred during the first 60 days for emergency care received outside the U.S. up to a lifetime maximum of \$50,000. Benefits are payable for emergency health care you need immediately because of a covered injury or illness of sudden and unexpected onset.

Your Plan; The Facts

Family Life helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and Family Life pay.**

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare, 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 Medicare Eligible Expense you have to pay. It does not include Part A and B deductible amounts not paid by Medicare.

As Medicare deductibles and coinsurance increase, your Family Life benefits will automatically increase. Family Life benefits will not duplicate benefits 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. Your policy will stay in force during this 31 day grace period.

Your policy is guaranteed renewable. Your policy cannot be cancelled. It will be renewed as long as the premiums are paid on time.

Rates are based on your age and your premiums will increase automatically on each policy anniversary date, based on the age you attain. Premium rate adjustments may also be made based on current health care cost experience for benefits paid. Family Life reserves the right to establish new premium rates for all insureds based on a class basis, but only after giving you advance notice. **However, we will not increase premiums based on your own claims.**

You're covered immediately. There is no waiting period for pre-existing conditions. Benefits will be paid from the time your policy is in force.

Family Life Medicare Supplements will not pay for:

- Expenses incurred while the policy is not in force except as provided in the Extension of Benefits section;
- 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 expense incurred which is paid for by Medicare;
- Services for non-Medicare Eligible Expenses unless specifically covered in the policy, 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 or expense that is payable under any other Medicare Supplement insurance policy or certificate.

THIS IS A BRIEF DESCRIPTION of your coverage. For complete information on benefits, exceptions and limitations, **PLEASE READ YOUR ACCOMPANYING OUTLINE OF COVERAGE.**

Neither Family Life nor its agents are connected in any way with the Federal or state Government or Medicare.

A Plan to Meet Your Every Need

	Medicare Pays	Plan A Pays	Plan B Pays	Plan C Pays	Plan D Pays	Plan F Pays	Plan G Pays	Plan M Pays	Plan N Pays
Medicare Part A Hospital Coverage									
Deductible	All but \$1100	-	\$1100	\$1100	\$1100	\$1100	\$1100	50% of Deductible	\$1100
First 60 days	100%	-	-	-	-	-	-	-	-
Coinsurance 61-90 days	All but \$275	Up to \$275	Up to \$275	Up to \$275	Up to \$275	Up to \$275	Up to \$275	Up to \$275	Up to \$275
Coinsurance 91-150 days	All but \$550	Up to \$550	Up to \$550	Up to \$550	Up to \$550	Up to \$550	Up to \$550	Up to \$550	Up to \$550
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	-	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood First Three Pints	\$0	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints
Addtl. Amounts	100%	-	-	-	-	-	-	-	-
Hospice Care	All but very limited co-payment / coinsurance for outpatient drugs & inpatient respite care	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance	Medicare Co-payment / coinsurance
Skilled Nursing Facility Care									
First 20 days	100%	-	-	-	-	-	-	-	-
Coinsurance 21-100 days	All but \$137.50 A day	-	-	Up to \$137.50 A day	Up to \$137.50 A day	Up to \$137.50 A day	Up to \$137.50 A day	Up to \$137.50 A day	Up to \$137.50 A day
Medicare Part B Physician's Services and Supplies									
Deductible	-	-	-	\$155	-	\$155	-	-	-
Coinsurance	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	- Up to \$20 copayment for office visit -Up to \$50 copayment for ER
Excess Benefits	-	-	-	-	-	100% up to Medicare's Limit	100% up to Medicare's Limit	-	-
Benefit for Blood First Three Pints	\$0	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints
Addtl. Amounts	100%	-	-	-	-	-	-	-	-
Additional Benefits									
Emergency Care Received Outside The U.S.	-	-	-	Up to \$50,000	Up to \$50,000	Up to \$50,000	Up to \$50,000	Up to \$50,000	Up to \$50,000

**FOR CLAIMS, PLEASE CALL:
1-800-877-7703**

This brochure is an illustration, not a contract. Consult your outline of coverage for a complete description of benefits available to you.

RECEIPT

Received of _____

this _____ day of _____ the sum of \$ _____

being the payment of _____ Premium.

This insurance applied for shall not take effect until the effective date of the policy and the payment of the first premium. In the event the application is declined, any payments made by the Applicant will be returned.

Agent's Signature

Underwritten by:
Family Life
Insurance Company
10700 Northwest Freeway
Houston, Texas 77092
1-800-877-7703

Make checks payable to Family Life Insurance Company.
Do not make payable to agent or leave payee blank.