

Medicare Supplement Program



Medicare is very good coverage. But it doesn't pay for everything. Most people buy some form of Medicare Supplement coverage to help take care of services that Medicare does not.



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There's a lot to know about Medicare Supplement plans. This brochure will help you make sense of your options—and then find the one that fits you best.



Finding the Right Health Plan

Choose a Plan to Meet Your Needs

Most people find they want more insurance coverage than just Medicare. Which plan you choose depends on your health, finances, and preferences. The enclosed booklet, “Choosing a Medigap Policy—A Guide to Health Insurance for People with Medicare” will help you better understand Medicare’s gaps, compare plans and make the right decision.

Medicare Supplement coverage has a number of benefit options. Asuris Northwest Health offers four plan options that are sure to meet your needs and your pocketbook. Our Medicare Supplement plans include nationally approved Plans A, C, F and J.

This brochure provides a brief summary of the plans. You’ll find more detailed information in the “Outline of Medicare Supplement Coverage” that is included in this packet. Only the contract contains a complete description of the coverage.

Highlights at a Glance

With Medicare Supplement plans, you have the freedom and flexibility to choose any doctor, hospital, or other health-care provider who accepts Medicare. This means no referrals to worry about. This means peace of mind. You know you’ll be well covered wherever you seek health care.

As a simple guide, we’ve listed a few brief highlights of the Asuris Northwest Health Medicare Supplement Plans features.

- **Plan A**

This plan provides an economical basic benefit package, including coverage benefits for hospital and physician coinsurance, extended hospital days and more. Plan A benefits are also known as *core benefits* or *basic benefits* because all other Medicare Supplement plans include these basic or core benefits within their design.

- **Plan C**

Plan C adds more benefits to the basic benefit package, including full coverage for Part A and B Medicare deductibles, skilled nursing coinsurance and a foreign travel benefit. This is a favorite option among members.

- **Plan F**

Plan F and Plan J (described below) are very popular plans. Plan F includes basic benefits, skilled nursing coinsurance, full payment for Parts A and B deductibles, and foreign travel. It also features full payment for both Medicare Part A and Part B deductibles. Then, Part B excess charges are covered at 100% to round out this as a very strong benefit package (you'll appreciate this if your doctor charges more than Medicare's eligible expense).

- **Plan J**

This plan covers the basics, Part A and Part B Medicare deductibles, all coinsurance amounts (except for minimal copay for hospice care), emergency care while traveling, at home recovery, and preventive medical. In addition, if a provider does not accept Medicare, we will cover 100% of the Medicare-allowed excess charges.

The Asuris Value

At Asuris, we're committed to helping you make the most of your health care dollar. That's why we provide programs that are designed not only to help you when you need care, but also to support you in improving your overall health and wellness. These programs and tools include an interactive Web site—**myAsuris.com**—which provides advice and assistance in navigating the health care system. We are also pleased to offer you access to a number of health-related discounts. **These are not insurance, but are offered in addition to your medical plan to help you take charge of your health** (we reserve the right to change these services at any time). Visit our Web site at **www.asuris.com/needCoverage/medicare** for a complete list and more information.





Information to Help You Enroll

Eligibility

To be eligible for Medicare Supplement coverage with Asuris Northwest Health, you need to:

- Be enrolled in Medicare Parts A and B
- Live in the Asuris Northwest Health coverage area*
- Not be covered by any other plan or entitled to Medicaid coverage, except in certain situations, which are described in the enclosed booklet, *Choosing a Medigap Policy*

* Adams, Asotin, Benton, Chelan, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens and Whitman Counties in Washington.

How to Apply

The packet accompanying this brochure contains all of the forms you need to enroll on one of our Medicare Supplement plans. Once you have decided which plan is right for you, please complete the forms and return them to our office in the enclosed postage-paid envelope. A relative, your legal guardian, your physician or your broker can help you complete the forms.

Mail the forms directly to us, or return them to your broker or agent.

Do not send payment at this time. You will be billed after your application is processed.

Applying During Medicare Supplement Open Enrollment*

The open enrollment period is the six-month period after you turn age 65 or when you enroll in Medicare Part B.

During the open enrollment period you may apply for any Medicare Supplement plan without having to complete the health statement. Just complete and return the application.

Applying After Open Enrollment

If you are applying for coverage for the first time and are past your open enrollment period, you will need to:

- Complete the application form
- Complete the health statement

*The open enrollment period applies only to those 65 or older.



Transferring from Another Medicare Supplement Plan

If you are transferring from another Medicare supplement plan, you will need to complete the application form.

Depending on the plan from which you are transferring, the health statement part of the application may not be required.

A health statement is **not** required if any of the following situations apply:

Transferring from:	To:
Plan A	Asuris Northwest Health Plans A
Plan J	Asuris Northwest Health Plans A, C, F, J
Plans B, C, D, E, F, G, H, I, K, L, or more comprehensive coverage	Asuris Northwest Health Plans A, C, F

If your situation is different from those outlined above, please complete the health statement part of the application.

Transferring from a Group Plan

If you are transferring from one of our group plans and want to avoid a break in coverage, be sure to apply within 31 days of your previous plan's termination date.

Final Steps

Electronic Funds Transfer

For your convenience, we offer the option of electronic funds transfer so your plan premiums can be automatically withdrawn from your bank account and paid to Asuris Northwest Health.

If you would like to use our automatic bank withdrawal service to pay your premium:

- Complete the enclosed Electronic Funds Transfer form. Please note: it may take two to three months to process the electronic funds transfer information through your bank. Until then, please continue to submit your premium payment directly to Asuris Northwest Health.

After You Join

After we notify you that your application has been accepted and you send the first payment, you will receive an identification card, contract certificate, and your contract.

You have 30 days from the time you receive these items to decline coverage and return them for a full refund, less any benefits that may have been paid.





When Your Coverage Begins

If you would like your Medicare Supplement coverage to begin at the same time your Medicare coverage goes into effect, please be sure to apply before your Medicare Parts A and B begin. If you apply after becoming eligible for Medicare or if you are transferring from another plan, your coverage will begin the first day of the month after your application for coverage is received.

Exclusions

These plans do not cover any services, supplies, conditions or providers excluded under the Medicare Act, except where specifically provided, or any amounts paid by Medicare.

This brochure serves as a general description of our plans and is not legally binding. For a list of items and services not covered by Medicare, please refer to the enclosed booklet, *Choosing a Medigap Policy*.

This plan is underwritten by Asuris Northwest Health.

How to Reach Us

When you have questions or need to talk through your options, there are many resources available. Asuris staffs highly trained and experienced Medicare Supplement customer service specialists who are easy to reach and talk to.

Asuris Northwest Health

Call us Monday through Friday, between 8 a.m. and 5 p.m., Pacific Time:

Toll-free: 1 (888) 734-3623

TTY: 711

We also have many resources available online:

Product details and forms for all our Medicare Supplement plans:

www.asuris.com/needCoverage/medicare



Understanding Your Medicare Supplement Plan Benefits

Medicare Supplement Plan A is the basic (or core) benefit package. All of our Base Medicare Supplement Plans include the basic benefits. Then, a variety of distinctive benefit combinations are offered by Plans C, F and J.

Basic Benefits

These benefits help pay for Medicare eligible hospital and physician expenses. Basic (or core) benefits pay the following:

- your Medicare Part A expense (your coinsurance) for hospital care, plus coverage for 365 additional days after Medicare benefits end
- your Medicare Part B coinsurance for physician care
- the first three pints of blood each year

Skilled Nursing Facility Coinsurance

You share a portion of expenses with Medicare to pay for skilled nursing facility care; this is called coinsurance. With the exception of Plan A, all of our Medicare Supplement plans pay skilled nursing facility coinsurance for all stays of 100 days or less. The skilled nursing facility benefit is for special, short-term treatment or care after being in the hospital. This is not for routine nursing home care. None of our Medicare Supplement plans pay for nursing home or long-term care.

Part A Deductible

When hospitalized, you're required to pay a Medicare Part A deductible before Medicare begins to pay for any covered services. The deductible is imposed one time per benefit period. With the exception of Plan A, all of our Medicare Supplement plans pay this deductible for you.

Part B Deductible

Medicare Part B pays for many physician services and other medical care. However, each year before Medicare begins to pay for services, you have to pay a Medicare Part B deductible. Medicare Supplement Plans C, F and J pay your Part B deductible.

Part B Excess Physician Charges

Sometimes you may receive Medicare Part B services from a doctor or provider who does not accept Medicare Assignment. This means the doctor may charge more for medical services than Medicare will pay. Medicare Supplement Plans F and J pay 100% of the difference between what Medicare pays and the maximum amount the doctor or provider can charge Medicare patients for covered services.

Foreign Travel Emergency

In most cases, Medicare does not pay for care provided outside the United States. During a trip to a foreign country, you may need emergency hospital, physician, or medical care. With the exception of Plan A, Medicare Supplement plans help you with these expenses. With these plans, if you receive medically necessary emergency care for an illness or injury that begins during the first 60 days of a trip, and your care is not covered by Medicare, then you pay the first \$250 for Medicare eligible expenses each calendar year. Once you have paid this amount, we pay 80% of the billed charges for Medicare eligible expenses up to a lifetime maximum of \$50,000.

At-Home Recovery

If you are ill, injured, or recovering from surgery, you may be able to receive care at home through Medicare-approved home health care. During your recovery at home, you may also need someone to help you with various activities, such as bathing, dressing, personal hygiene, and eating. Medicare usually does not cover these services. However, Plan J will pay for some of this care if it's part of a Medicare approved Home Care Treatment Plan and certified by your doctor.



A vertical light green bar on the left side of the page contains several semi-transparent green circles of various sizes, scattered throughout. The largest circle is near the top left, and another large one is near the bottom left. There are also several smaller circles of varying sizes interspersed between the larger ones.

Preventive Care

Regular checks toward keeping healthy are important components to your overall health coverage. Medicare Supplement Plan J pays up to \$120 each calendar year for preventive medical care such as routine yearly check-ups, serum cholesterol screening, hearing tests, diabetes screening, and thyroid function tests.

In recent years, Medicare added a number of new preventive screenings. Some examples of Medicare-covered preventive benefits are bone mass measurements, vaccinations, and screenings for colorectal cancer, glaucoma, prostate cancer, mammograms, and pap test and pelvic examinations. These preventive benefits are covered under your Medicare Part B benefits, apart from any Medicare Supplement coverage you may have.



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www.asuris.com/needCoverage/medicare

Call toll-free
1 (888) 734-3623
8 a.m. to 5 p.m., Pacific time,
Monday through Friday,
TTY users should call 711