



# **Outline of Coverage for Plans A, C, D, F, G and N**

## **Medicare Supplement 2021**

This is a solicitation of HAP Alliance Medicare Supplement insurance and you may be contacted by a licensed, authorized HAP Medicare salesperson.

## Understanding Your Options.

Health Alliance Plan (HAP) offers many resources to help you make sense of important Medicare decisions.

In this booklet, you'll find important premium information, as well as details on Alliance Medicare Supplement Plans and extras you can expect when you decide on a HAP Medicare Solution.

|  |       |
|--|-------|
| Important premium and plan information . . . . . | p. 2  |
| Premium information preferred . . .              | p. 6  |
| Premium information standard. . . .              | p. 8  |
| Medicare supplement benefits . . . .             | p. 10 |
| Plan Comparison . . . . .                        | p. 12 |

## Need help choosing a plan? Call (833) 923-1797 (TTY: 711)

8 a.m. to 8 p.m. ET, seven days a week (Oct. 1 – March 31)

8 a.m. to 6 p.m. ET, Monday through Friday (April 1 – Sept. 30)

## Alliance Medicare Supplement premiums.

The following charts can help you determine your Alliance Medicare Supplement plan premium.

For Alliance Medicare Supplement plans, certain factors may affect your monthly premium.

Your premium is based on the area you live in, your age, gender and whether you use tobacco.

The deductibles, coinsurance and copay amounts listed in this booklet are based upon the 2021 CMS approved values and are subject to change in 2022.

## How to estimate your monthly premium:

Premium rates are subject to Underwriting approval. Notification of rate and approval are sent by mail within 10 business days following receipt of application.

Refer to the charts inside and follow these steps:

### 1. Select the chart for Non-smoker or Smoker

### 2. Choose your plan: A, C, D, F, G or N

(Review plan eligibility guidelines and Guarantee Issue rights at [hap.org/medigap](http://hap.org/medigap).)

To apply for Guarantee Issue for loss of coverage, please select Plan A, C, D, or F.

Guarantee Issue for loss of coverage is not offered on Plan N or G with Health Alliance Plan.

### 3. Scan for your age

(as of January 1, 2021)

### 4. Select Male or Female

### 5. Rates shown are for both Standard and Preferred for Smoker and Non-smoker.

*Standard and Preferred rates may be given outside the special election period and subject to claims experience and health status.*

### 6. Optional Dental Coverage Plans: 1) Delta MS 50 \$23.30 and 2) Delta MS 70 \$44.30 (see enclosed flyer for coverage details)

## Extra Value:

### Fitness membership

The Peerfit® Move program provides members with access to memberships at participating fitness centers at no cost.

### Dental options

These optional dental plans can be purchased with any HAP Medicare Supplement plan. Services must be provided by a Delta Dental PPO Dentist or Delta Dental Premier Dentist. You must use a Delta Dental participating provider in Michigan, Indiana or Ohio to maximize your benefits.

### Household discount

A \$10/month household discount may apply and is not included in rates shown. Household members may be eligible for a discount when they both are enrolled in a HAP Medicare Supplement Plan.

This amount will be included on the billing statement you receive in December for January 2021. The entire amount due will include your premium payment plus Michigan's state tax.

We can only raise your premium if we raise the premium for all policies like yours in this state with a 30-day written notice.

## Important things to know about Alliance Medicare Supplement.

### Policy replacement

If you are replacing another health insurance policy, do not cancel it until you have actually received your new policy and are sure you want to keep it.

### Disclosure

Use the charts in the booklet to compare benefits and premiums among policies, certificates and contracts.

### Please read your policy very carefully

This booklet is only an outline describing your policy's most important features. The policy is your insurance contract. You should read the policy itself to understand all of the rights and duties of both your insurance company and you.

### Right to return policy

**By paying your premium, you attest your rate and waive the right to appeal/cancel.** If you find that you are not satisfied with your policy, you may call us at: (800) 873-7526 or you may return the policy to:

#### **HAP Membership & Billing Government Programs**

**1414 E. Maple Road**

**Troy, MI 48083**

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### Fill out the application completely

When you fill out the application for your new policy, be sure to answer, truthfully and completely, all questions about your medical and health history. Health Alliance Plan reserves the right to cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

### Dental policy notice

This policy does not automatically include dental coverage. Failure to pay the total premium on either medical or dental will result in termination of both policies. You must pay your plan premiums to continue being a member of our plan. If you selected the optional dental benefit (Plan 1 or Plan 2), your plan premiums include the additional amount you pay each month for these extra benefits.

Enrollees that select enrollment in a dental plan on the Alliance Medicare Supplement application will have the same effective date as the Medicare Supplement plan. To add dental, request must be made within 30 days of the Medicare Supplement effective date and it will be effective 1st of the month following received request.

Members can disenroll from the optional dental benefits any time of the year, the disenrollment will be effective the 1st of the following month.

Existing members can enroll and change their dental option from October 1 through December 1 for a January 1 effective date. Please contact Customer Service at 800-873-7526 (TTY: 711) to enroll in the optional dental plan.

### Notice

This policy may not fully cover all of your medical costs. Neither Alliance Medicare Supplement nor its agents are connected with Medicare and are not connected with or endorsed by the United States government or the federal Medicare program. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the booklet "Medicare & You" for more details.

## Premium information - Preferred Non-smoker and Smoker

| Age          | Plan A Non-smoker |          | Plan C Non-smoker |          | Plan D Non-smoker |          | Plan F Non-smoker |          | Plan G Non-smoker |          | Plan N Non-smoker |          |
|--------------|-------------------|----------|-------------------|----------|-------------------|----------|-------------------|----------|-------------------|----------|-------------------|----------|
|              | Male              | Female   | Male              | Female   | Male              | Female   | Male              | Female   | Male              | Female   | Male              | Female   |
| 64 and under | \$463.00          | \$428.00 | \$657.00          | \$610.00 | N/A               | N/A      | \$624.00          | \$579.00 | NA                | NA       | \$380.00          | \$353.00 |
| 65           | \$137.00          | \$128.00 | \$195.00          | \$181.00 | \$126.00          | \$116.00 | \$186.00          | \$172.00 | \$130.00          | \$121.00 | \$113.00          | \$104.00 |
| 66           | \$142.00          | \$132.00 | \$202.00          | \$187.00 | \$129.00          | \$120.00 | \$192.00          | \$178.00 | \$135.00          | \$125.00 | \$117.00          | \$109.00 |
| 67           | \$147.00          | \$136.00 | \$209.00          | \$193.00 | \$134.00          | \$123.00 | \$198.00          | \$184.00 | \$139.00          | \$129.00 | \$121.00          | \$112.00 |
| 68           | \$152.00          | \$140.00 | \$215.00          | \$200.00 | \$138.00          | \$128.00 | \$205.00          | \$190.00 | \$143.00          | \$133.00 | \$124.00          | \$116.00 |
| 69           | \$157.00          | \$146.00 | \$223.00          | \$207.00 | \$142.00          | \$132.00 | \$212.00          | \$196.00 | \$148.00          | \$138.00 | \$129.00          | \$119.00 |
| 70           | \$163.00          | \$151.00 | \$231.00          | \$214.00 | \$148.00          | \$138.00 | \$219.00          | \$204.00 | \$155.00          | \$143.00 | \$134.00          | \$124.00 |
| 71           | \$169.00          | \$156.00 | \$240.00          | \$222.00 | \$153.00          | \$142.00 | \$227.00          | \$211.00 | \$159.00          | \$149.00 | \$139.00          | \$128.00 |
| 72           | \$174.00          | \$161.00 | \$247.00          | \$229.00 | \$158.00          | \$146.00 | \$234.00          | \$217.00 | \$165.00          | \$153.00 | \$143.00          | \$133.00 |
| 73           | \$179.00          | \$166.00 | \$255.00          | \$237.00 | \$163.00          | \$152.00 | \$243.00          | \$225.00 | \$170.00          | \$158.00 | \$148.00          | \$137.00 |
| 74           | \$186.00          | \$172.00 | \$264.00          | \$245.00 | \$169.00          | \$157.00 | \$251.00          | \$232.00 | \$177.00          | \$164.00 | \$153.00          | \$142.00 |
| 75           | \$193.00          | \$179.00 | \$274.00          | \$255.00 | \$176.00          | \$163.00 | \$260.00          | \$242.00 | \$183.00          | \$170.00 | \$159.00          | \$147.00 |
| 76           | \$199.00          | \$184.00 | \$283.00          | \$263.00 | \$181.00          | \$168.00 | \$269.00          | \$249.00 | \$189.00          | \$175.00 | \$164.00          | \$152.00 |
| 77           | \$206.00          | \$191.00 | \$293.00          | \$272.00 | \$187.00          | \$174.00 | \$278.00          | \$258.00 | \$196.00          | \$182.00 | \$169.00          | \$158.00 |
| 78           | \$213.00          | \$197.00 | \$302.00          | \$281.00 | \$194.00          | \$180.00 | \$288.00          | \$266.00 | \$202.00          | \$187.00 | \$176.00          | \$163.00 |
| 79           | \$220.00          | \$204.00 | \$313.00          | \$290.00 | \$200.00          | \$185.00 | \$297.00          | \$276.00 | \$209.00          | \$194.00 | \$181.00          | \$168.00 |
| 80           | \$228.00          | \$212.00 | \$325.00          | \$302.00 | \$208.00          | \$193.00 | \$308.00          | \$286.00 | \$218.00          | \$201.00 | \$188.00          | \$174.00 |
| 81           | \$236.00          | \$219.00 | \$336.00          | \$311.00 | \$215.00          | \$199.00 | \$319.00          | \$295.00 | \$224.00          | \$208.00 | \$195.00          | \$180.00 |
| 82           | \$244.00          | \$226.00 | \$347.00          | \$322.00 | \$223.00          | \$205.00 | \$330.00          | \$306.00 | \$232.00          | \$215.00 | \$201.00          | \$186.00 |
| 83           | \$253.00          | \$234.00 | \$358.00          | \$333.00 | \$229.00          | \$213.00 | \$340.00          | \$316.00 | \$239.00          | \$222.00 | \$208.00          | \$193.00 |
| 84           | \$260.00          | \$242.00 | \$370.00          | \$343.00 | \$238.00          | \$219.00 | \$352.00          | \$326.00 | \$248.00          | \$229.00 | \$215.00          | \$199.00 |
| 85 Plus      | \$325.00          | \$302.00 | \$463.00          | \$429.00 | \$296.00          | \$275.00 | \$440.00          | \$408.00 | \$310.00          | \$287.00 | \$269.00          | \$248.00 |

Medicare beneficiaries younger than age 65 are only eligible to apply for Plan A or Plan C.

Note: You must be eligible for Medicare before 1/1/2020 to select Plan C.

The rates shown above are Preferred Non-smoker.

2021 Premium rates are listed. They may change for 2022.

| Age          | Plan A Smoker |          | Plan C Smoker |          | Plan D Smoker |          | Plan F Smoker |          | Plan G Smoker |          | Plan N Smoker |          |
|--------------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|
|              | Male          | Female   | Male          | Female   | Male          | Female   | Male          | Female   | Male          | Female   | Male          | Female   |
| 64 and under | \$509.00      | \$471.00 | \$723.00      | \$671.00 | NA            | NA       | \$686.00      | \$637.00 | NA            | NA       | \$418.00      | \$388.00 |
| 65           | \$151.00      | \$141.00 | \$215.00      | \$199.00 | \$139.00      | \$128.00 | \$205.00      | \$189.00 | \$143.00      | \$133.00 | \$124.00      | \$114.00 |
| 66           | \$156.00      | \$145.00 | \$222.00      | \$206.00 | \$142.00      | \$132.00 | \$211.00      | \$196.00 | \$149.00      | \$138.00 | \$129.00      | \$120.00 |
| 67           | \$162.00      | \$150.00 | \$230.00      | \$212.00 | \$147.00      | \$135.00 | \$218.00      | \$202.00 | \$153.00      | \$142.00 | \$133.00      | \$123.00 |
| 68           | \$167.00      | \$154.00 | \$237.00      | \$220.00 | \$152.00      | \$141.00 | \$226.00      | \$209.00 | \$157.00      | \$146.00 | \$136.00      | \$128.00 |
| 69           | \$173.00      | \$161.00 | \$245.00      | \$228.00 | \$156.00      | \$145.00 | \$233.00      | \$216.00 | \$163.00      | \$152.00 | \$142.00      | \$131.00 |
| 70           | \$179.00      | \$166.00 | \$254.00      | \$235.00 | \$163.00      | \$152.00 | \$241.00      | \$224.00 | \$171.00      | \$157.00 | \$147.00      | \$136.00 |
| 71           | \$186.00      | \$172.00 | \$264.00      | \$244.00 | \$168.00      | \$156.00 | \$250.00      | \$232.00 | \$175.00      | \$164.00 | \$153.00      | \$141.00 |
| 72           | \$191.00      | \$177.00 | \$272.00      | \$252.00 | \$174.00      | \$161.00 | \$257.00      | \$239.00 | \$182.00      | \$168.00 | \$157.00      | \$146.00 |
| 73           | \$197.00      | \$183.00 | \$281.00      | \$261.00 | \$179.00      | \$167.00 | \$267.00      | \$248.00 | \$187.00      | \$174.00 | \$163.00      | \$151.00 |
| 74           | \$205.00      | \$189.00 | \$290.00      | \$270.00 | \$186.00      | \$173.00 | \$276.00      | \$255.00 | \$195.00      | \$180.00 | \$168.00      | \$156.00 |
| 75           | \$212.00      | \$197.00 | \$301.00      | \$281.00 | \$194.00      | \$179.00 | \$286.00      | \$266.00 | \$201.00      | \$187.00 | \$175.00      | \$162.00 |
| 76           | \$219.00      | \$202.00 | \$311.00      | \$289.00 | \$199.00      | \$185.00 | \$296.00      | \$274.00 | \$208.00      | \$193.00 | \$180.00      | \$167.00 |
| 77           | \$227.00      | \$210.00 | \$322.00      | \$299.00 | \$206.00      | \$191.00 | \$306.00      | \$284.00 | \$216.00      | \$200.00 | \$186.00      | \$174.00 |
| 78           | \$234.00      | \$217.00 | \$332.00      | \$309.00 | \$213.00      | \$198.00 | \$317.00      | \$293.00 | \$222.00      | \$206.00 | \$194.00      | \$179.00 |
| 79           | \$242.00      | \$224.00 | \$344.00      | \$319.00 | \$220.00      | \$204.00 | \$327.00      | \$304.00 | \$230.00      | \$213.00 | \$199.00      | \$185.00 |
| 80           | \$251.00      | \$233.00 | \$358.00      | \$332.00 | \$229.00      | \$212.00 | \$339.00      | \$315.00 | \$240.00      | \$221.00 | \$207.00      | \$191.00 |
| 81           | \$260.00      | \$241.00 | \$370.00      | \$342.00 | \$237.00      | \$219.00 | \$351.00      | \$325.00 | \$246.00      | \$229.00 | \$215.00      | \$198.00 |
| 82           | \$268.00      | \$249.00 | \$382.00      | \$354.00 | \$245.00      | \$226.00 | \$363.00      | \$337.00 | \$255.00      | \$237.00 | \$221.00      | \$205.00 |
| 83           | \$278.00      | \$257.00 | \$394.00      | \$366.00 | \$252.00      | \$234.00 | \$374.00      | \$348.00 | \$263.00      | \$244.00 | \$229.00      | \$212.00 |
| 84           | \$286.00      | \$266.00 | \$407.00      | \$377.00 | \$262.00      | \$241.00 | \$387.00      | \$359.00 | \$273.00      | \$252.00 | \$237.00      | \$219.00 |
| 85 Plus      | \$358.00      | \$332.00 | \$509.00      | \$472.00 | \$326.00      | \$303.00 | \$484.00      | \$449.00 | \$341.00      | \$316.00 | \$296.00      | \$273.00 |

Medicare beneficiaries younger than age 65 are only eligible to apply for Plan A or Plan C.

Note: You must be eligible for Medicare before 1/1/2020 to select Plan C.

The rates shown are Preferred Smoker.

2021 Premium rates are listed. They may change for 2022.

## Premium information - Standard Non-smoker and Smoker

| Age          | Plan A Non-smoker |          | Plan C Non-smoker |          | Plan D Non-smoker |          | Plan F Non-smoker |          | Plan G Non-smoker |          | Plan N Non-smoker |          |
|--------------|-------------------|----------|-------------------|----------|-------------------|----------|-------------------|----------|-------------------|----------|-------------------|----------|
|              | Male              | Female   | Male              | Female   | Male              | Female   | Male              | Female   | Male              | Female   | Male              | Female   |
| 64 and under | \$579.00          | \$535.00 | \$821.00          | \$763.00 | N/A               | N/A      | \$780.00          | \$724.00 | N/A               | N/A      | \$475.00          | \$441.00 |
| 65           | \$171.00          | \$160.00 | \$244.00          | \$226.00 | \$158.00          | \$145.00 | \$233.00          | \$215.00 | \$163.00          | \$151.00 | \$141.00          | \$130.00 |
| 66           | \$178.00          | \$165.00 | \$253.00          | \$234.00 | \$161.00          | \$150.00 | \$240.00          | \$223.00 | \$169.00          | \$156.00 | \$146.00          | \$136.00 |
| 67           | \$184.00          | \$170.00 | \$261.00          | \$241.00 | \$168.00          | \$154.00 | \$248.00          | \$230.00 | \$174.00          | \$161.00 | \$151.00          | \$140.00 |
| 68           | \$190.00          | \$175.00 | \$269.00          | \$250.00 | \$173.00          | \$160.00 | \$256.00          | \$238.00 | \$179.00          | \$166.00 | \$155.00          | \$145.00 |
| 69           | \$196.00          | \$183.00 | \$279.00          | \$259.00 | \$178.00          | \$165.00 | \$265.00          | \$245.00 | \$185.00          | \$173.00 | \$161.00          | \$149.00 |
| 70           | \$204.00          | \$189.00 | \$289.00          | \$268.00 | \$185.00          | \$173.00 | \$274.00          | \$255.00 | \$194.00          | \$179.00 | \$168.00          | \$155.00 |
| 71           | \$211.00          | \$195.00 | \$300.00          | \$278.00 | \$191.00          | \$178.00 | \$284.00          | \$264.00 | \$199.00          | \$186.00 | \$174.00          | \$160.00 |
| 72           | \$218.00          | \$201.00 | \$309.00          | \$286.00 | \$198.00          | \$183.00 | \$293.00          | \$271.00 | \$206.00          | \$191.00 | \$179.00          | \$166.00 |
| 73           | \$224.00          | \$208.00 | \$319.00          | \$296.00 | \$204.00          | \$190.00 | \$304.00          | \$281.00 | \$213.00          | \$198.00 | \$185.00          | \$171.00 |
| 74           | \$233.00          | \$215.00 | \$330.00          | \$306.00 | \$211.00          | \$196.00 | \$314.00          | \$290.00 | \$221.00          | \$205.00 | \$191.00          | \$178.00 |
| 75           | \$241.00          | \$224.00 | \$343.00          | \$319.00 | \$220.00          | \$204.00 | \$325.00          | \$303.00 | \$229.00          | \$213.00 | \$199.00          | \$184.00 |
| 76           | \$249.00          | \$230.00 | \$354.00          | \$329.00 | \$226.00          | \$210.00 | \$336.00          | \$311.00 | \$236.00          | \$219.00 | \$205.00          | \$190.00 |
| 77           | \$258.00          | \$239.00 | \$366.00          | \$340.00 | \$234.00          | \$218.00 | \$348.00          | \$323.00 | \$245.00          | \$228.00 | \$211.00          | \$198.00 |
| 78           | \$266.00          | \$246.00 | \$378.00          | \$351.00 | \$243.00          | \$225.00 | \$360.00          | \$333.00 | \$253.00          | \$234.00 | \$220.00          | \$204.00 |
| 79           | \$275.00          | \$255.00 | \$391.00          | \$363.00 | \$250.00          | \$231.00 | \$371.00          | \$345.00 | \$261.00          | \$243.00 | \$226.00          | \$210.00 |
| 80           | \$285.00          | \$265.00 | \$406.00          | \$378.00 | \$260.00          | \$241.00 | \$385.00          | \$358.00 | \$273.00          | \$251.00 | \$235.00          | \$218.00 |
| 81           | \$295.00          | \$274.00 | \$420.00          | \$389.00 | \$269.00          | \$249.00 | \$399.00          | \$369.00 | \$280.00          | \$260.00 | \$244.00          | \$225.00 |
| 82           | \$305.00          | \$283.00 | \$434.00          | \$403.00 | \$279.00          | \$256.00 | \$413.00          | \$383.00 | \$290.00          | \$269.00 | \$251.00          | \$233.00 |
| 83           | \$316.00          | \$293.00 | \$448.00          | \$416.00 | \$286.00          | \$266.00 | \$425.00          | \$395.00 | \$299.00          | \$278.00 | \$260.00          | \$241.00 |
| 84           | \$325.00          | \$303.00 | \$463.00          | \$429.00 | \$298.00          | \$274.00 | \$440.00          | \$408.00 | \$310.00          | \$286.00 | \$269.00          | \$249.00 |
| 85 Plus      | \$406.00          | \$378.00 | \$579.00          | \$536.00 | \$370.00          | \$344.00 | \$550.00          | \$510.00 | \$388.00          | \$359.00 | \$336.00          | \$310.00 |

Medicare beneficiaries younger than age 65 are only eligible to apply for Plan A or Plan C.

Note: You must be eligible for Medicare before 1/1/2020 to select Plan C.

The rates shown above are Standard Nonsmoker.

2021 Premium rates are listed. They may change for 2022.

| Age          | Plan A Smoker |          | Plan C Smoker |          | Plan D Smoker |          | Plan F Smoker |          | Plan G Smoker |          | Plan N Smoker |          |
|--------------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|----------|
|              | Male          | Female   | Male          | Female   | Male          | Female   | Male          | Female   | Male          | Female   | Male          | Female   |
| 64 and under | \$636.00      | \$589.00 | \$904.00      | \$839.00 | N/A           | N/A      | \$858.00      | \$796.00 | NA            | NA       | \$523.00      | \$485.00 |
| 65           | \$189.00      | \$176.00 | \$269.00      | \$249.00 | \$174.00      | \$160.00 | \$256.00      | \$236.00 | \$179.00      | \$166.00 | \$155.00      | \$143.00 |
| 66           | \$195.00      | \$181.00 | \$278.00      | \$258.00 | \$178.00      | \$165.00 | \$264.00      | \$245.00 | \$186.00      | \$173.00 | \$161.00      | \$150.00 |
| 67           | \$203.00      | \$188.00 | \$288.00      | \$265.00 | \$184.00      | \$169.00 | \$273.00      | \$253.00 | \$191.00      | \$178.00 | \$166.00      | \$154.00 |
| 68           | \$209.00      | \$193.00 | \$296.00      | \$275.00 | \$190.00      | \$176.00 | \$283.00      | \$261.00 | \$196.00      | \$183.00 | \$170.00      | \$160.00 |
| 69           | \$216.00      | \$201.00 | \$306.00      | \$285.00 | \$195.00      | \$181.00 | \$291.00      | \$270.00 | \$204.00      | \$190.00 | \$178.00      | \$164.00 |
| 70           | \$224.00      | \$208.00 | \$318.00      | \$294.00 | \$204.00      | \$190.00 | \$301.00      | \$280.00 | \$214.00      | \$196.00 | \$184.00      | \$170.00 |
| 71           | \$233.00      | \$215.00 | \$330.00      | \$305.00 | \$210.00      | \$195.00 | \$313.00      | \$290.00 | \$219.00      | \$205.00 | \$191.00      | \$176.00 |
| 72           | \$239.00      | \$221.00 | \$340.00      | \$315.00 | \$218.00      | \$201.00 | \$321.00      | \$299.00 | \$228.00      | \$210.00 | \$196.00      | \$183.00 |
| 73           | \$246.00      | \$229.00 | \$351.00      | \$326.00 | \$224.00      | \$209.00 | \$334.00      | \$310.00 | \$234.00      | \$218.00 | \$204.00      | \$189.00 |
| 74           | \$256.00      | \$236.00 | \$363.00      | \$338.00 | \$233.00      | \$216.00 | \$345.00      | \$319.00 | \$244.00      | \$225.00 | \$210.00      | \$195.00 |
| 75           | \$265.00      | \$246.00 | \$376.00      | \$351.00 | \$243.00      | \$224.00 | \$358.00      | \$333.00 | \$251.00      | \$234.00 | \$219.00      | \$203.00 |
| 76           | \$274.00      | \$253.00 | \$389.00      | \$361.00 | \$249.00      | \$231.00 | \$370.00      | \$343.00 | \$260.00      | \$241.00 | \$225.00      | \$209.00 |
| 77           | \$284.00      | \$263.00 | \$403.00      | \$374.00 | \$258.00      | \$239.00 | \$383.00      | \$355.00 | \$270.00      | \$250.00 | \$233.00      | \$218.00 |
| 78           | \$293.00      | \$271.00 | \$415.00      | \$386.00 | \$266.00      | \$248.00 | \$396.00      | \$366.00 | \$278.00      | \$258.00 | \$243.00      | \$224.00 |
| 79           | \$303.00      | \$280.00 | \$430.00      | \$399.00 | \$275.00      | \$255.00 | \$409.00      | \$380.00 | \$288.00      | \$266.00 | \$249.00      | \$231.00 |
| 80           | \$314.00      | \$291.00 | \$448.00      | \$415.00 | \$286.00      | \$265.00 | \$424.00      | \$394.00 | \$300.00      | \$276.00 | \$259.00      | \$239.00 |
| 81           | \$325.00      | \$301.00 | \$463.00      | \$428.00 | \$296.00      | \$274.00 | \$439.00      | \$406.00 | \$308.00      | \$286.00 | \$269.00      | \$248.00 |
| 82           | \$335.00      | \$311.00 | \$478.00      | \$443.00 | \$306.00      | \$283.00 | \$454.00      | \$421.00 | \$319.00      | \$296.00 | \$276.00      | \$256.00 |
| 83           | \$348.00      | \$321.00 | \$493.00      | \$458.00 | \$315.00      | \$293.00 | \$468.00      | \$435.00 | \$329.00      | \$305.00 | \$286.00      | \$265.00 |
| 84           | \$358.00      | \$333.00 | \$509.00      | \$471.00 | \$328.00      | \$301.00 | \$484.00      | \$449.00 | \$341.00      | \$315.00 | \$296.00      | \$274.00 |
| 85 Plus      | \$448.00      | \$415.00 | \$636.00      | \$590.00 | \$408.00      | \$379.00 | \$605.00      | \$561.00 | \$426.00      | \$395.00 | \$370.00      | \$341.00 |

Medicare beneficiaries younger than age 65 are only eligible to apply for Plan A or Plan C.

Note: You must be eligible for Medicare before 1/1/2020 to select Plan C.

The rates shown are Standard Smoker.

2021 Premium rates are listed. They may change for 2022.

## Benefits included in all Medicare Supplement plans.

| Benefits   | Plans |   |     |     |     |     |         |         |     |  |
|--|-------|---|-----|-----|-----|-----|---------|---------|-----|--|
|  | A     | B | C   | D   | F*  | G*  | K**     | L**     | M   | N  |
| <b>Inpatient hospital services</b><br>Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end | •     | • | •   | •   | •   | •   | •       | •       | •   | •  |
| <b>Hospice care</b><br>Medicare Part A coinsurance and copayments  | •     | • | •   | •   | •   | •   | 50%     | 75%     | •   | •  |
| <b>Medicare preventive care</b><br>Medicare Part B coinsurance when applicable   | •     | • | •   | •   | •   | •   | •       | •       | •   | •  |
| <b>Medicare expenses</b><br>Medicare Part B coinsurance  | •     | • | •   | •   | •   | •   | 50%     | 75%     | •   | 100% except up to a \$20 office visit copayment and up to a \$50 emergency visit copayment |
| <b>Blood</b><br>First 3 pints under Medicare Parts A and B   | •     | • | •   | •   | •   | •   | 50%     | 75%     | •   | •  |
| <b>Skilled nursing facility care</b><br>Medicare Part A daily copayments   |       |   | •   | •   | •   | •   | 50%     | 75%     | •   | •  |
| <b>Medicare Part A deductible</b>  |       | • | •   | •   | •   | •   | 50%     | 75%     | 50% | •  |
| <b>Medicare Part B deductible</b>  |       |   | •   |     | •   |     |         |         |     |  |
| <b>Medicare Part B excess charges</b>  |       |   |     |     | •   | •   |         |         |     |  |
| <b>Foreign travel</b><br>Emergency services  |       |   | 80% | 80% | 80% | 80% |         |         | 80% | 80%  |
| <b>Out-of-pocket annual limit</b>  |       |   |     |     |     |     | \$5,880 | \$2,940 |     |  |

2021 Medicare values are listed. They may change for 2022.

All benefits listed are covered at 100% unless the chart indicates otherwise. The Medicare Supplement plan covers copayments/coinsurances only after the deductible is met unless the plan covers the deductible.

\* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,340 in 2021 before your policy pays anything. (Plans C and F aren't available to people who are newly eligible for Medicare on or after January 1, 2020.)

\*\* For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medicare Supplement pays 100% of covered services for the rest of the calendar year.

## Alliance Medicare Supplement

| Plan A  | Plan C <sup>1</sup>  | Plan D  | Plan F <sup>1</sup>   | Plan G*  | Plan N**  |
|---|--|---|---|--|---|
| Plan A is the most basic Medicare Supplement plan. It helps fill some of the gaps in Medicare's coverage. | Plan C provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.   | Plan D provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.                          | Plan F may be a good choice if some of your doctors do not accept Medicare's approved amount as payment in full.  | Plan G may also be a good choice if some of your doctors do not accept Medicare's approved amount as payment in full.  | Plan N has a low monthly premium and copays for visits to the doctor's office and the emergency room.   |
| <b>Plan A covers:</b><br>• <b>Basic benefits</b> (see the list at the left)                               | <b>Plan C covers:</b><br>• <b>Basic benefits, plus:</b><br>• Skilled nursing facility copay<br>• Part A deductible<br>• Part B deductible<br>• Worldwide emergency coverage*** | <b>Plan D covers:</b><br>• <b>Basic benefits, plus:</b><br>• Skilled nursing facility copay<br>• Part A deductible<br>• Worldwide emergency coverage*** | <b>Plan F covers:</b><br>• <b>Basic benefits, plus:</b><br>• Skilled nursing facility copay<br>• Part A deductible<br>• Part B deductible<br>• Worldwide emergency coverage***<br>• Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount) | <b>Plan G covers:</b><br>• <b>Basic benefits, plus:</b><br>• Skilled nursing facility copay<br>• Part A deductible<br>• Worldwide emergency coverage***<br>• Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount) | <b>Plan N covers:</b><br>• <b>Basic benefits, plus:</b><br>• Skilled nursing facility copay<br>• Part A deductible<br>• Worldwide emergency coverage*** |

<sup>1</sup> Plans C and F aren't available to people who are newly eligible for Medicare on or after January 1, 2020.

\* Plan G pays 100 percent of Part B services except the Part B deductible.

\*\* Plan N pays 100 percent of Part B services except the Part B deductible. Member pays up to \$20 copay for doctor's office visits and up to \$50 for emergency room visits.

\*\*\* \$250 deductible each year. Lifetime maximum of \$50,000. Subscriber pays all amounts over \$50,000.

# Alliance Medicare Supplement Plan Comparison

|  | Medicare   | Plan A                             |                             | Plan C                             |                      | Plan D                             | Plan F               |                                    | Plan G               |                                    | Plan N               |                                    |                      |
|--|--|------------------------------------|-----------------------------|------------------------------------|----------------------|------------------------------------|----------------------|------------------------------------|----------------------|------------------------------------|----------------------|------------------------------------|----------------------|
|  | Medicare Pays  | Plan Pays                          | Subscriber Pays             | Plan Pays                          | Subscriber Pays      | Plan Pays                          | Subscriber Pays      | Plan Pays                          | Subscriber Pays      | Plan Pays                          | Subscriber Pays      | Plan Pays                          | Subscriber Pays      |
| <b>Hospital Services - per benefit period<sup>1</sup> – Semi-private room and board, general nursing and miscellaneous services and supplies</b> |  |                                    |                             |                                    |                      |                                    |                      |                                    |                      |                                    |                      |                                    |                      |
| First 60 days  | Nothing  | Nothing                            | \$1,484 (Part A deductible) | \$1,484 (Part A deductible)        | Nothing              | \$1,484 (Part A deductible)        | Nothing              | \$1,484 (Part A deductible)        | Nothing              | \$1,484 (Part A deductible)        | Nothing              | \$1,484 (Part A deductible)        | Nothing              |
| 61st thru 90th day   | All but \$371 a day  | \$371 a day                        | Nothing                     | \$371 a day                        | Nothing              | \$371 a day                        | Nothing              | \$371 a day                        | Nothing              | \$371 a day                        | Nothing              | \$371 a day                        | Nothing              |
| 91st day and after (while using 60 lifetime reserve days)  | All but \$742 a day  | \$742 a day                        | Nothing                     | \$742 a day                        | Nothing              | \$742 a day                        | Nothing              | \$742 a day                        | Nothing              | \$742 a day                        | Nothing              | \$742 a day                        | Nothing              |
| Once lifetime reserve days are used; additional 365 days   | Nothing  | 100% of Medicare-eligible expenses | Nothing <sup>2</sup>        | 100% of Medicare-eligible expenses | Nothing <sup>2</sup> | 100% of Medicare-eligible expenses | Nothing <sup>2</sup> | 100% of Medicare-eligible expenses | Nothing <sup>2</sup> | 100% of Medicare-eligible expenses | Nothing <sup>2</sup> | 100% of Medicare-eligible expenses | Nothing <sup>2</sup> |
| Beyond the additional 365 days   | Nothing  | Nothing                            | All costs                   | Nothing                            | All costs            | Nothing                            | All costs            | Nothing                            | All costs            | Nothing                            | All costs            | Nothing                            | All costs            |
| <b>Skilled Nursing Facility Care - per benefit period<sup>1,3</sup></b>  |  |                                    |                             |                                    |                      |                                    |                      |                                    |                      |                                    |                      |                                    |                      |
| First 20 days  | 100%   | Nothing                            | Nothing                     | Nothing                            | Nothing              | Nothing                            | Nothing              | Nothing                            | Nothing              | Nothing                            | Nothing              | Nothing                            | Nothing              |
| 21st thru 100th day  | All but \$185.50 a day   | Nothing                            | Up to \$185.50 a day        | Up to \$185.50 a day               | Nothing              | Up to \$185.50 a day               | Nothing              | Up to \$185.50 a day               | Nothing              | Up to \$185.50 a day               | Nothing              | Up to \$185.50 a day               | Nothing              |
| 101st day and after  | Nothing  | Nothing                            | All costs                   | Nothing                            | All costs            | Nothing                            | All costs            | Nothing                            | All costs            | Nothing                            | All costs            | Nothing                            | All costs            |
| <b>Part A Blood††</b>  |  |                                    |                             |                                    |                      |                                    |                      |                                    |                      |                                    |                      |                                    |                      |
| First three pints  | Nothing  | All costs                          | Nothing                     | All costs                          | Nothing              | All costs                          | Nothing              | All costs                          | Nothing              | All costs                          | Nothing              | All costs                          | Nothing              |
| Additional Amounts   | 100%   | Nothing                            | Nothing                     | Nothing                            | Nothing              | Nothing                            | Nothing              | Nothing                            | Nothing              | Nothing                            | Nothing              | Nothing                            | Nothing              |
| <b>Hospice Care<sup>4</sup></b>  |  |                                    |                             |                                    |                      |                                    |                      |                                    |                      |                                    |                      |                                    |                      |
| Hospice Care   | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | Nothing                     | Medicare copayment/coinsurance     | Nothing              | Medicare copayment/coinsurance     | Nothing              | Medicare copayment/coinsurance     | Nothing              | Medicare copayment/coinsurance     | Nothing              | Medicare copayment/coinsurance     | Nothing              |

continued ▶

## Alliance Medicare Supplement Plan Comparison (continued)

|   | Medicare      | Plan A    |                           | Plan C                    |                 | Plan D    | Plan F                    |                           | Plan G          |           | Plan N                    |           |                           |
|---|---------------|-----------|---------------------------|---------------------------|-----------------|-----------|---------------------------|---------------------------|-----------------|-----------|---------------------------|-----------|---------------------------|
|   | Medicare Pays | Plan Pays | Subscriber Pays           | Plan Pays                 | Subscriber Pays | Plan Pays | Subscriber Pays           | Plan Pays                 | Subscriber Pays | Plan Pays | Subscriber Pays           | Plan Pays | Subscriber Pays           |
| <b>Medicare (Part B) – Medical Services, per calendar year<sup>5</sup></b>  |               |           |                           |                           |                 |           |                           |                           |                 |           |                           |           |                           |
| First \$203 of Medicare approved amounts  | Nothing       | Nothing   | \$203 (Part B deductible) | \$203 (Part B deductible) | Nothing         | Nothing   | \$203 (Part B deductible) | \$203 (Part B deductible) | Nothing         | Nothing   | \$203 (Part B deductible) | Nothing   | \$203 (Part B deductible) |
| Remainder of Medicare approved amounts  | 80%           | 20%       | Nothing                   | 20%                       | Nothing         | 20%       | Nothing                   | 20%                       | Nothing         | 20%       | Nothing                   | 20%†      | \$20 MD/\$50 ER           |
| Part B Excess Charges (above Medicare approved amounts)   | Nothing       | Nothing   | All costs                 | Nothing                   | All costs       | Nothing   | All costs                 | 100%                      | Nothing         | 100%      | Nothing                   | Nothing   | All costs                 |
| <b>Part B Blood††</b>   |               |           |                           |                           |                 |           |                           |                           |                 |           |                           |           |                           |
| First three pints   | Nothing       | All costs | Nothing                   | All costs                 | Nothing         | All costs | Nothing                   | All costs                 | Nothing         | All costs | Nothing                   | All costs | Nothing                   |
| Next \$203 of Medicare approved amounts††   | Nothing       | Nothing   | \$203 (Part B deductible) | \$203 (Part B deductible) | Nothing         | Nothing   | \$203 (Part B deductible) | \$203 (Part B deductible) | Nothing         | Nothing   | \$203 (Part B deductible) | Nothing   | \$203 (Part B deductible) |
| Remainder of Medicare approved amounts  | 80%           | 20%       | Nothing                   | 20%                       | Nothing         | 20%       | Nothing                   | 20%                       | Nothing         | 20%       | Nothing                   | 20%       | Nothing                   |
| <b>Clinical Laboratory Services</b>   |               |           |                           |                           |                 |           |                           |                           |                 |           |                           |           |                           |
| Tests for diagnostic lab services   | 100%          | Nothing   | Nothing                   | Nothing                   | Nothing         | Nothing   | Nothing                   | Nothing                   | Nothing         | Nothing   | Nothing                   | Nothing   | Nothing                   |
| <b>Parts A &amp; B Home Health Care – Medicare approved services</b>  |               |           |                           |                           |                 |           |                           |                           |                 |           |                           |           |                           |
| Medically necessary skilled care services and medical supplies/durable medical equipment (First \$203 of Medicare approved amounts) | Nothing       | Nothing   | \$203 (Part B deductible) | \$203 (Part B deductible) | Nothing         | Nothing   | \$203 (Part B deductible) | \$203 (Part B deductible) | Nothing         | Nothing   | \$203 (Part B deductible) | Nothing   | \$203 (Part B deductible) |
| Remainder of Medicare approved amounts  | 80%           | 20%       | Nothing                   | 20%                       | Nothing         | 20%       | Nothing                   | 20%                       | Nothing         | 20%       | Nothing                   | 20%†      | Nothing                   |

continued ►



## Alliance Medicare Supplement Plan Comparison (continued)

|   | Medicare                                     | Plan A    |                 | Plan C                                    |  | Plan D                                    | Plan F   |   | Plan G   |   | Plan N   |   |  |
|---|--|-----------|-----------------|---|--|---|--|---|--|---|--|---|--|
|   | Medicare Pays                                | Plan Pays | Subscriber Pays | Plan Pays                                 | Subscriber Pays  | Plan Pays                                 | Subscriber Pays  | Plan Pays                                 | Subscriber Pays  | Plan Pays                                 | Subscriber Pays  | Plan Pays                                 | Subscriber Pays  |
| <b>Other Benefits – Not covered by Medicare</b>   |  |           |                 |   |  |   |  |   |  |   |  |   |  |
| Foreign Travel – Not covered by Medicare, medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First \$250 each year/Remainder of charges | Nothing (except under limited circumstances) | Nothing   | Nothing         | \$0/80% to a lifetime maximum of \$50,000 | \$250/20% and amounts over the \$50,000 lifetime maximum | \$0/80% to a lifetime maximum of \$50,000 | \$250/20% and amounts over the \$50,000 lifetime maximum | \$0/80% to a lifetime maximum of \$50,000 | \$250/20% and amounts over the \$50,000 lifetime maximum | \$0/80% to a lifetime maximum of \$50,000 | \$250/20% and amounts over the \$50,000 lifetime maximum | \$0/80% to a lifetime maximum of \$50,000 | \$250/20% and amounts over the \$50,000 lifetime maximum |

<sup>1</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facilities for 60 days in a row.

<sup>2</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, HAP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

<sup>3</sup> You must meet Medicare's requirements, including having been in a hospital for at least three days, and enter a Medicare-approved facility within 30 days after leaving the hospital.

<sup>4</sup> You must meet Medicare's requirements including a doctor's certification of terminal illness.

<sup>5</sup> Medical expenses – In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical services and surgical services, physical and speech therapy, diagnostic tests, durable medical equipment.

† 20% except up to a \$20 office visit and up to a \$50 emergency visit copay.

†† Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



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