



**Alliance Medicare Supplement**  
Alliance Health and Life Insurance Company

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

## **Medicare Supplement 2022**

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.

## 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 your age, gender and whether you use tobacco.

### How to estimate your monthly premium:

Premium rates are subject to Underwriting approval. Rates shown are for both Standard and Preferred for Smoker and Non-smoker\*. 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**

To apply for Guarantee Issue for loss of coverage, please select Plan A, C, D, F or G. Guarantee Issue for loss of coverage is not offered on Plan N with Health Alliance Plan.

**3. Scan for your age**

(as of January 1, 2022)

**4. Select Male or Female**

If you selected a Dental/Vision Package, you will need to add the cost of the package selected to the medical rate.

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

## **Extra Value:**

### **Fitness membership**

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

### **Dental and Vision Package options**

These optional dental and vision packages can be purchased with any HAP Medicare Supplement plan. Dental 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. Vision services must be provided by an Eyemed Insight network provider. Please see Eyemed's online provider locator to find a Eyemed Insight network provider. Members may be required to pay the full retail cost for services received out of network.

Optional Dental and Vision Packages:

PACKAGE 1 - \$27.36 additional monthly premium plan

PACKAGE 2 - \$48.42 additional monthly premium plan

PACKAGE 3 - \$51.78 additional monthly premium plan

### **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 both are enrolled in a HAP Medicare Supplement Plan. Household discount is only available to those that apply after January 1, 2020.

This amount will be included on the billing statement you receive in December for January 2022. 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 your rights and duties as well as those of your insurance company.

### **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 all questions about your medical and health history truthfully and completely. 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 and Vision Package policy notice**

This policy does not automatically include dental/vision coverage. Failure to pay the total premium on either medical or dental and vision 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 (Package 1, 2 or 3), your plan premiums include the additional amount you pay each month for these extra benefits.

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

Members who are currently enrolled in the MS 50 dental plan will automatically move to the Dental/Vision Package Option 1 in 2022. Members who are currently enrolled in the MS 70 dental plan will automatically move to the Dental/Vision Package Option 2 in 2022. Package 3 is a new PPO narrow network plan that offers extensive dental coverage on a limited provider network. Please consult the Delta Dental Provider Directory to ensure your Provider participates in the PPO Network. Dental will no longer be sold as a standalone package, all dental and vision services are a bundled optional supplemental benefit package with an additional premium.

Members can disenroll from the optional dental and vision 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 and vision option from October 1 through December 31 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	\$492	\$455	\$698	\$648	N/A	N/A	\$663	\$615	\$468	\$428	\$404	\$375
65	\$142	\$133	\$204	\$189	\$131	\$120	\$194	\$180	\$135	\$125	\$117	\$108
66	\$147	\$137	\$211	\$195	\$134	\$124	\$201	\$186	\$140	\$130	\$121	\$113
67	\$152	\$141	\$218	\$202	\$139	\$127	\$207	\$192	\$144	\$134	\$125	\$116
68	\$157	\$145	\$225	\$209	\$143	\$133	\$214	\$199	\$148	\$138	\$128	\$120
69	\$163	\$151	\$233	\$216	\$147	\$137	\$222	\$205	\$153	\$143	\$134	\$123
70	\$170	\$157	\$243	\$225	\$154	\$144	\$230	\$214	\$161	\$149	\$139	\$129
71	\$176	\$162	\$252	\$233	\$159	\$148	\$238	\$222	\$166	\$155	\$145	\$133
72	\$181	\$168	\$259	\$240	\$164	\$152	\$246	\$228	\$172	\$159	\$149	\$138
73	\$186	\$173	\$268	\$249	\$170	\$158	\$255	\$236	\$177	\$164	\$154	\$143
74	\$194	\$179	\$277	\$257	\$176	\$163	\$264	\$244	\$184	\$171	\$159	\$148
75	\$202	\$187	\$289	\$269	\$184	\$170	\$274	\$255	\$191	\$178	\$166	\$154
76	\$208	\$192	\$299	\$277	\$189	\$176	\$284	\$263	\$198	\$183	\$172	\$159
77	\$215	\$200	\$309	\$287	\$196	\$182	\$293	\$272	\$205	\$190	\$177	\$165
78	\$223	\$206	\$319	\$296	\$203	\$188	\$304	\$281	\$211	\$196	\$184	\$170
79	\$230	\$213	\$330	\$306	\$209	\$194	\$313	\$291	\$219	\$203	\$189	\$176
80	\$240	\$223	\$345	\$320	\$219	\$203	\$326	\$303	\$229	\$211	\$198	\$183
81	\$248	\$230	\$356	\$330	\$226	\$209	\$338	\$313	\$235	\$219	\$205	\$189
82	\$256	\$238	\$368	\$341	\$234	\$215	\$350	\$324	\$244	\$226	\$211	\$195
83	\$266	\$246	\$379	\$353	\$241	\$224	\$360	\$335	\$251	\$233	\$219	\$203
84	\$273	\$254	\$392	\$364	\$250	\$230	\$373	\$346	\$261	\$241	\$226	\$209
85 Plus	\$342	\$317	\$491	\$455	\$311	\$289	\$466	\$432	\$326	\$302	\$283	\$261

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

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

The rates shown above are Preferred Non-smoker.

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	\$541	\$501	\$768	\$713	N/A	N/A	\$729	\$677	\$515	\$470	\$444	\$413
65	\$156	\$146	\$224	\$208	\$144	\$132	\$213	\$198	\$149	\$138	\$129	\$119
66	\$162	\$151	\$232	\$215	\$147	\$136	\$221	\$205	\$154	\$143	\$133	\$124
67	\$167	\$155	\$240	\$222	\$153	\$140	\$228	\$211	\$158	\$147	\$138	\$128
68	\$173	\$160	\$248	\$230	\$157	\$146	\$235	\$219	\$163	\$152	\$141	\$132
69	\$179	\$166	\$256	\$238	\$162	\$151	\$244	\$226	\$168	\$157	\$147	\$135
70	\$187	\$173	\$267	\$248	\$169	\$158	\$253	\$235	\$177	\$164	\$153	\$142
71	\$194	\$178	\$277	\$256	\$175	\$163	\$262	\$244	\$183	\$171	\$160	\$146
72	\$199	\$185	\$285	\$264	\$180	\$167	\$271	\$251	\$189	\$175	\$164	\$152
73	\$205	\$190	\$295	\$274	\$187	\$174	\$281	\$260	\$195	\$180	\$169	\$157
74	\$213	\$197	\$305	\$283	\$194	\$179	\$290	\$268	\$202	\$188	\$175	\$163
75	\$222	\$206	\$318	\$296	\$202	\$187	\$301	\$281	\$210	\$196	\$183	\$169
76	\$229	\$211	\$329	\$305	\$208	\$194	\$312	\$289	\$218	\$201	\$189	\$175
77	\$237	\$220	\$340	\$316	\$216	\$200	\$322	\$299	\$226	\$209	\$195	\$182
78	\$245	\$227	\$351	\$326	\$223	\$207	\$334	\$309	\$232	\$216	\$202	\$187
79	\$253	\$234	\$363	\$337	\$230	\$213	\$344	\$320	\$241	\$223	\$208	\$194
80	\$264	\$245	\$380	\$352	\$241	\$223	\$359	\$333	\$252	\$232	\$218	\$201
81	\$273	\$253	\$392	\$363	\$249	\$230	\$372	\$344	\$259	\$241	\$226	\$208
82	\$282	\$262	\$405	\$375	\$257	\$237	\$385	\$356	\$268	\$249	\$232	\$215
83	\$293	\$271	\$417	\$388	\$265	\$246	\$396	\$369	\$276	\$256	\$241	\$223
84	\$300	\$279	\$431	\$400	\$275	\$253	\$410	\$381	\$287	\$265	\$249	\$230
85 Plus	\$376	\$349	\$540	\$501	\$342	\$318	\$513	\$475	\$359	\$332	\$311	\$287

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown are Preferred Smoker.

## 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	\$615	\$569	\$873	\$810	N/A	N/A	\$829	\$769	\$585	\$535	\$505	\$469
65	\$178	\$166	\$255	\$236	\$164	\$150	\$243	\$225	\$169	\$156	\$146	\$135
66	\$184	\$171	\$264	\$244	\$168	\$155	\$251	\$233	\$175	\$163	\$151	\$141
67	\$190	\$176	\$273	\$253	\$174	\$159	\$259	\$240	\$180	\$168	\$156	\$145
68	\$196	\$181	\$281	\$261	\$179	\$166	\$268	\$249	\$185	\$173	\$160	\$150
69	\$204	\$189	\$291	\$270	\$184	\$171	\$278	\$256	\$191	\$179	\$168	\$154
70	\$213	\$196	\$304	\$281	\$193	\$180	\$288	\$268	\$201	\$186	\$174	\$161
71	\$220	\$203	\$315	\$291	\$199	\$185	\$298	\$278	\$208	\$194	\$181	\$166
72	\$226	\$210	\$324	\$300	\$205	\$190	\$308	\$285	\$215	\$199	\$186	\$173
73	\$233	\$216	\$335	\$311	\$213	\$198	\$319	\$295	\$221	\$205	\$193	\$179
74	\$243	\$224	\$346	\$321	\$220	\$204	\$330	\$305	\$230	\$214	\$199	\$185
75	\$253	\$234	\$361	\$336	\$230	\$213	\$343	\$319	\$239	\$223	\$208	\$193
76	\$260	\$240	\$374	\$346	\$236	\$220	\$355	\$329	\$248	\$229	\$215	\$199
77	\$269	\$250	\$386	\$359	\$245	\$228	\$366	\$340	\$256	\$238	\$221	\$206
78	\$279	\$258	\$399	\$370	\$254	\$235	\$380	\$351	\$264	\$245	\$230	\$213
79	\$288	\$266	\$413	\$383	\$261	\$243	\$391	\$364	\$274	\$254	\$236	\$220
80	\$300	\$279	\$431	\$400	\$274	\$254	\$408	\$379	\$286	\$264	\$248	\$229
81	\$310	\$288	\$445	\$413	\$283	\$261	\$423	\$391	\$294	\$274	\$256	\$236
82	\$320	\$298	\$460	\$426	\$293	\$269	\$438	\$405	\$305	\$283	\$264	\$244
83	\$333	\$308	\$474	\$441	\$301	\$280	\$450	\$419	\$314	\$291	\$274	\$254
84	\$341	\$318	\$490	\$455	\$313	\$288	\$466	\$433	\$326	\$301	\$283	\$261
85 Plus	\$428	\$396	\$614	\$569	\$389	\$361	\$583	\$540	\$408	\$378	\$354	\$326

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown above are Standard Nonsmoker.



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	\$677	\$626	\$960	\$891	N/A	N/A	\$912	\$846	\$643	\$588	\$556	\$516
65	\$195	\$183	\$281	\$260	\$180	\$165	\$267	\$248	\$186	\$172	\$161	\$149
66	\$202	\$188	\$290	\$268	\$184	\$171	\$276	\$256	\$193	\$179	\$166	\$155
67	\$209	\$194	\$300	\$278	\$191	\$175	\$285	\$264	\$198	\$184	\$172	\$160
68	\$216	\$199	\$309	\$287	\$197	\$183	\$294	\$274	\$204	\$190	\$176	\$165
69	\$224	\$208	\$320	\$297	\$202	\$188	\$305	\$282	\$210	\$197	\$184	\$169
70	\$234	\$216	\$334	\$309	\$212	\$198	\$316	\$294	\$221	\$205	\$191	\$177
71	\$242	\$223	\$347	\$320	\$219	\$204	\$327	\$305	\$228	\$213	\$199	\$183
72	\$249	\$231	\$356	\$330	\$226	\$209	\$338	\$314	\$237	\$219	\$205	\$190
73	\$256	\$238	\$369	\$342	\$234	\$217	\$351	\$325	\$243	\$226	\$212	\$197
74	\$267	\$246	\$381	\$353	\$242	\$224	\$363	\$336	\$253	\$235	\$219	\$204
75	\$278	\$257	\$397	\$370	\$253	\$234	\$377	\$351	\$263	\$245	\$228	\$212
76	\$286	\$264	\$411	\$381	\$260	\$242	\$391	\$362	\$272	\$252	\$237	\$219
77	\$296	\$275	\$425	\$395	\$270	\$250	\$403	\$374	\$282	\$261	\$243	\$227
78	\$307	\$283	\$439	\$407	\$279	\$259	\$418	\$386	\$290	\$270	\$253	\$234
79	\$316	\$293	\$454	\$421	\$287	\$267	\$430	\$400	\$301	\$279	\$260	\$242
80	\$330	\$307	\$474	\$440	\$301	\$279	\$448	\$417	\$315	\$290	\$272	\$252
81	\$341	\$316	\$490	\$454	\$311	\$287	\$465	\$430	\$323	\$301	\$282	\$260
82	\$352	\$327	\$506	\$469	\$322	\$296	\$481	\$446	\$336	\$311	\$290	\$268
83	\$366	\$338	\$521	\$485	\$331	\$308	\$495	\$461	\$345	\$320	\$301	\$279
84	\$375	\$349	\$539	\$501	\$344	\$316	\$513	\$476	\$359	\$331	\$311	\$287
85 Plus	\$470	\$436	\$675	\$626	\$428	\$397	\$641	\$594	\$448	\$415	\$389	\$359

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown are Standard Smoker.

## Benefits included in all Medicare Supplement plans.

Benefits	Plans									
	A	B	C	D	F*	G*	K**	L**	M	N
<b>Inpatient hospital services</b> Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end	•	•	•	•	•	•	•	•	•	•
<b>Hospice care</b> Medicare Part A coinsurance and copayments	•	•	•	•	•	•	50%	75%	•	•
<b>Medicare preventive care</b> Medicare Part B coinsurance when applicable	•	•	•	•	•	•	•	•	•	•
<b>Medicare expenses</b> Medicare Part B coinsurance	•	•	•	•	•	•	50%	75%	•	\$20 office visit copayment and up to a \$50 emergency visit copayment
<b>Blood</b> First 3 pints under Medicare Parts A and B	•	•	•	•	•	•	50%	75%	•	•
<b>Skilled nursing facility care</b> 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> Emergency services			80%	80%	80%	80%			80%	80%
<b>Out-of-pocket annual limit</b>							\$6,620	\$3,310		

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 \$2,490 in 2022 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> <ul style="list-style-type: none"> <li>• <b>Basic benefits</b> (see the list at the left)</li> </ul>	<b>Plan C covers:</b> <ul style="list-style-type: none"> <li>• <b>Basic benefits, plus:</b></li> <li>• Skilled nursing facility copay</li> <li>• Part A deductible</li> <li>• Part B deductible</li> <li>• Worldwide emergency coverage***</li> </ul>	<b>Plan D covers:</b> <ul style="list-style-type: none"> <li>• <b>Basic benefits, plus:</b></li> <li>• Skilled nursing facility copay</li> <li>• Part A deductible</li> <li>• Worldwide emergency coverage***</li> </ul>	<b>Plan F covers:</b> <ul style="list-style-type: none"> <li>• <b>Basic benefits, plus:</b></li> <li>• Skilled nursing facility copay</li> <li>• Part A deductible</li> <li>• Part B deductible</li> <li>• Worldwide emergency coverage***</li> <li>• Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount)</li> </ul>	<b>Plan G covers:</b> <ul style="list-style-type: none"> <li>• <b>Basic benefits, plus:</b></li> <li>• Skilled nursing facility copay</li> <li>• Part A deductible</li> <li>• Worldwide emergency coverage***</li> <li>• Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount)</li> </ul>	<b>Plan N covers:</b> <ul style="list-style-type: none"> <li>• <b>Basic benefits, plus:</b></li> <li>• Skilled nursing facility copay</li> <li>• Part A deductible</li> <li>• Worldwide emergency coverage***</li> </ul>

<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

		Hospital Services - per benefit period <sup>1</sup> – Semi-private room and board, general nursing and miscellaneous services and supplies				
		First 60 days	61st thru 90th day	91st day and after (while using 60 lifetime reserve days)	Once lifetime reserve days are used; additional 365 days	Beyond the additional 365 days
<b>Medicare</b>	<b>Medicare Pays</b>	Nothing	All but \$389 a day	All but \$778 a day	Nothing	Nothing
<b>Plan A</b>	<b>Plan Pays</b>	Nothing	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	<b>Subscriber Pays</b>	\$1,556 (Part A deductible)	Nothing	Nothing	Nothing <sup>2</sup>	All costs
<b>Plan C</b>	<b>Plan Pays</b>	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing	Nothing <sup>2</sup>	All costs
<b>Plan D</b>	<b>Plan Pays</b>	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing	Nothing <sup>2</sup>	All costs
<b>Plan F</b>	<b>Plan Pays</b>	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing	Nothing <sup>2</sup>	All costs
<b>Plan G</b>	<b>Plan Pays</b>	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing	Nothing <sup>2</sup>	All costs
<b>Plan N</b>	<b>Plan Pays</b>	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing	Nothing <sup>2</sup>	All costs

continued ►

## Alliance Medicare Supplement Plan Comparison (continued)

		Skilled Nursing Facility Care - per benefit period <sup>1,3</sup>		
		First 20 days	21st thru 100th day	101st day and after
<b>Medicare</b>	<b>Medicare Pays</b>	100%	All but \$194.50 a day	Nothing
<b>Plan A</b>	<b>Plan Pays</b>	Nothing	Nothing	Nothing
	<b>Subscriber Pays</b>	Nothing	Up to \$194.50 a day	All costs
<b>Plan C</b>	<b>Plan Pays</b>	Nothing	Up to \$194.50 a day	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	All costs
<b>Plan D</b>	<b>Plan Pays</b>	Nothing	Up to \$194.50 a day	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	All costs
<b>Plan F</b>	<b>Plan Pays</b>	Nothing	Up to \$194.50 a day	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	All costs
<b>Plan G</b>	<b>Plan Pays</b>	Nothing	Up to \$194.50 a day	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	All costs
<b>Plan N</b>	<b>Plan Pays</b>	Nothing	Up to \$194.50 a day	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	All costs

continued ►

## Alliance Medicare Supplement Plan Comparison (continued)

		Part A Blood††		Hospice Care <sup>4</sup> services
		First three pints	Additional Amounts	Hospice Care
<b>Medicare</b>	<b>Medicare Pays</b>	Nothing	100%	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care
<b>Plan A</b>	<b>Plan Pays</b>	All costs	Nothing	Medicare copayment/coinsurance
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan C</b>	<b>Plan Pays</b>	All costs	Nothing	Medicare copayment/coinsurance
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan D</b>	<b>Plan Pays</b>	All costs	Nothing	Medicare copayment/coinsurance
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan F</b>	<b>Plan Pays</b>	All costs	Nothing	Medicare copayment/coinsurance
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan G</b>	<b>Plan Pays</b>	All costs	Nothing	Medicare copayment/coinsurance
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan N</b>	<b>Plan Pays</b>	All costs	Nothing	Medicare copayment/coinsurance
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing

continued ►

## Alliance Medicare Supplement Plan Comparison (continued)

		Medicare (Part B) – Medical Services, per calendar year <sup>5</sup>		
		First \$233 of Medicare approved amounts	Remainder of Medicare approved amounts	Part B Excess Charges (above Medicare approved amounts)
<b>Medicare</b>	<b>Medicare Pays</b>	Nothing	80%	Nothing
<b>Plan A</b>	<b>Plan Pays</b>	Nothing	20%	Nothing
	<b>Subscriber Pays</b>	\$233 (Part B deductible)	Nothing	All costs
<b>Plan C</b>	<b>Plan Pays</b>	\$233 (Part B deductible)	20%	Nothing
	<b>Subscriber Pays</b>	Nothing	Nothing	All costs
<b>Plan D</b>	<b>Plan Pays</b>	Nothing	20%	Nothing
	<b>Subscriber Pays</b>	\$233 (Part B deductible)	Nothing	All costs
<b>Plan F</b>	<b>Plan Pays</b>	\$233 (Part B deductible)	20%	100%
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan G</b>	<b>Plan Pays</b>	Nothing	20%	100%
	<b>Subscriber Pays</b>	\$233 (Part B deductible)	Nothing	Nothing
<b>Plan N</b>	<b>Plan Pays</b>	Nothing	20%†	Nothing
	<b>Subscriber Pays</b>	\$233 (Part B deductible)	Nothing	All costs

continued ►

## Alliance Medicare Supplement Plan Comparison (continued)

		Part B Blood <sup>††</sup>		
		First three pints	Next \$233 of Medicare approved amounts <sup>††</sup>	Remainder of Medicare approved amounts
<b>Medicare</b>	<b>Medicare Pays</b>	Nothing	Nothing	80%
<b>Plan A</b>	<b>Plan Pays</b>	All costs	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing
<b>Plan C</b>	<b>Plan Pays</b>	All costs	\$233 (Part B deductible)	20%
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan D</b>	<b>Plan Pays</b>	All costs	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing
<b>Plan F</b>	<b>Plan Pays</b>	All costs	\$233 (Part B deductible)	20%
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan G</b>	<b>Plan Pays</b>	All costs	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing
<b>Plan N</b>	<b>Plan Pays</b>	All costs	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing

continued ►



## Alliance Medicare Supplement Plan Comparison (continued)

		Clinical Laboratory Services	Parts A & B Home Health Care – Medicare approved services	
		Tests for diagnostic lab services	Medically necessary skilled care services and medical supplies/ durable medical equipment (First \$233 of Medicare approved amounts)	Remainder of Medicare approved amounts
<b>Medicare</b>	<b>Medicare Pays</b>	100%	Nothing	80%
<b>Plan A</b>	<b>Plan Pays</b>	Nothing	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing
<b>Plan C</b>	<b>Plan Pays</b>	Nothing	\$233 (Part B deductible)	20%
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan D</b>	<b>Plan Pays</b>	Nothing	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing
<b>Plan F</b>	<b>Plan Pays</b>	Nothing	\$233 (Part B deductible)	20%
	<b>Subscriber Pays</b>	Nothing	Nothing	Nothing
<b>Plan G</b>	<b>Plan Pays</b>	Nothing	Nothing	20%
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing
<b>Plan N</b>	<b>Plan Pays</b>	Nothing	Nothing	20%†
	<b>Subscriber Pays</b>	Nothing	\$233 (Part B deductible)	Nothing

continued ►

## Alliance Medicare Supplement Plan Comparison (continued)

		Other Benefits – Not covered by Medicare
		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
Medicare	Medicare Pays	Nothing (except under limited circumstances)
<b>Plan A</b>	<b>Plan Pays</b>	Nothing
	<b>Subscriber Pays</b>	Nothing
<b>Plan C</b>	<b>Plan Pays</b>	\$0/80% to a lifetime maximum of \$50,000
	<b>Subscriber Pays</b>	\$250/20% and amounts over the \$50,000 lifetime maximum
<b>Plan D</b>	<b>Plan Pays</b>	\$0/80% to a lifetime maximum of \$50,000
	<b>Subscriber Pays</b>	\$250/20% and amounts over the \$50,000 lifetime maximum
<b>Plan F</b>	<b>Plan Pays</b>	\$0/80% to a lifetime maximum of \$50,000
	<b>Subscriber Pays</b>	\$250/20% and amounts over the \$50,000 lifetime maximum
<b>Plan G</b>	<b>Plan Pays</b>	\$0/80% to a lifetime maximum of \$50,000
	<b>Subscriber Pays</b>	\$250/20% and amounts over the \$50,000 lifetime maximum
<b>Plan N</b>	<b>Plan Pays</b>	\$0/80% to a lifetime maximum of \$50,000
	<b>Subscriber Pays</b>	\$250/20% and amounts over the \$50,000 lifetime maximum

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<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 \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



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