



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

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

## **Medicare Supplement 2025**

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.

Alliance Medicare Supplement 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.

The deductibles, coinsurance and copay amounts listed in this booklet are 2024-approved values and are subject to change in 2025.

## 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 Alliance Medicare Supplement.

**3. Scan for your age**

(as of January 1, 2025)

**4. Select male or female**

If you selected a dental and 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.

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## Extra Value.

### Fitness membership

Tivity Health **SilverSneakers Fitness program** is the nation's leading wellness program designed exclusively for Medicare beneficiaries. Eligible members receive a basic fitness membership at thousands of locations nationwide with access to amenities and fitness classes including SilverSneakers classes designed to improve muscular strength, endurance, mobility, range of motion, balance, and coordination, as well as opportunities for mental enrichment and social connection to support beneficiaries in improving and maintaining health.

The SilverSneakers program includes unlimited access to virtual engagement solutions including physical activity and wellness focused classes and workshops that can be accessed online or via the SilverSneakers mobile app. These virtual classes include memory and brain fitness content.

Alliance Medicare Supplement members should visit **[www.silversneakers.com](http://www.silversneakers.com)** for more information and to get started.

### 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 - \$49.50 additional monthly premium plan

PACKAGE 2 - \$65.90 additional monthly premium plan

PACKAGE 3 - \$58.30 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 2025.

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 terminate 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 cancel your plan by phone, by mail or by email.

To cancel by phone:

**Contact us at 800-873-7526**

To cancel by email:

**Contact us at [msweb1@hap.org](mailto:msweb1@hap.org)**

To cancel by mail:

Send a signed written request to: Alliance Health and Life Insurance Company,

**ATTN: Government Membership and Billing 1414 E. Maple Rd., Troy, MI 48083**

If you cancel your policy 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. HAP 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 and 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.

Three package options allow for different levels of dental coverage. Each option includes 1 vision exam and a \$175 allowance for vision hardware such as contact lenses, frames or glasses.

**In Packages 1 and 2**, you must use a Delta Dental participating provider in Michigan, Indiana or Ohio to maximize your benefits. Services received from a nonparticipating dentist may result in higher out-of-pocket costs. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

**Package 3** is a 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. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

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 1 of the month following the received request.

Existing members can enroll and/or change their dental and vision option during the Annual Enrollment or Open Enrollment Periods.

- A request received between October 1 and December 31 will be effective on January first of the new plan year.
- A request received from January 1 through March 31 will be effective on the first of the month following request.

Members can disenroll from the optional dental and vision benefits any time of the year, the disenrollment will be effective the first day of the following month.

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

| Age          | Plan A<br>Non-smoker |        | Plan C<br>Non-smoker |         | Plan D<br>Non-smoker |        | Plan F<br>Non-smoker |        | Plan G<br>Non-smoker |        | Plan N<br>Non-smoker |        |
|--------------|----------------------|--------|----------------------|---------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|--------|
|              | Male                 | Female | Male                 | Female  | Male                 | Female | Male                 | Female | Male                 | Female | Male                 | Female |
| 64 and under | \$723                | \$676  | \$1,145              | \$1,063 | N/A                  | N/A    | N/A                  | N/A    | \$644                | \$595  | N/A                  | N/A    |
| 65           | \$187                | \$175  | \$297                | \$275   | \$205                | \$188  | \$259                | \$240  | \$167                | \$154  | \$145                | \$134  |
| 66           | \$196                | \$183  | \$310                | \$288   | \$214                | \$197  | \$271                | \$250  | \$174                | \$161  | \$151                | \$140  |
| 67           | \$204                | \$191  | \$323                | \$300   | \$223                | \$205  | \$282                | \$261  | \$182                | \$168  | \$158                | \$146  |
| 68           | \$212                | \$199  | \$337                | \$313   | \$232                | \$214  | \$294                | \$272  | \$189                | \$175  | \$164                | \$152  |
| 69           | \$221                | \$207  | \$350                | \$325   | \$242                | \$222  | \$306                | \$283  | \$197                | \$182  | \$171                | \$159  |
| 70           | \$229                | \$215  | \$363                | \$337   | \$251                | \$231  | \$317                | \$293  | \$204                | \$189  | \$177                | \$165  |
| 71           | \$238                | \$222  | \$377                | \$350   | \$260                | \$239  | \$329                | \$304  | \$212                | \$196  | \$184                | \$171  |
| 72           | \$246                | \$230  | \$390                | \$362   | \$269                | \$248  | \$341                | \$315  | \$219                | \$203  | \$190                | \$177  |
| 73           | \$255                | \$238  | \$403                | \$374   | \$278                | \$256  | \$352                | \$326  | \$227                | \$210  | \$197                | \$183  |
| 74           | \$263                | \$246  | \$417                | \$387   | \$288                | \$264  | \$364                | \$336  | \$234                | \$217  | \$203                | \$189  |
| 75           | \$271                | \$254  | \$430                | \$399   | \$297                | \$273  | \$375                | \$347  | \$242                | \$224  | \$210                | \$195  |
| 76           | \$280                | \$262  | \$443                | \$412   | \$306                | \$281  | \$387                | \$358  | \$249                | \$230  | \$216                | \$201  |
| 77           | \$288                | \$270  | \$457                | \$424   | \$315                | \$290  | \$399                | \$369  | \$257                | \$237  | \$223                | \$207  |
| 78           | \$297                | \$278  | \$470                | \$436   | \$324                | \$298  | \$410                | \$380  | \$264                | \$244  | \$229                | \$213  |
| 79           | \$305                | \$285  | \$483                | \$449   | \$334                | \$307  | \$422                | \$390  | \$272                | \$251  | \$236                | \$219  |
| 80           | \$313                | \$293  | \$497                | \$461   | \$343                | \$315  | \$434                | \$401  | \$279                | \$258  | \$242                | \$225  |
| 81           | \$322                | \$301  | \$510                | \$473   | \$352                | \$324  | \$445                | \$412  | \$287                | \$265  | \$249                | \$231  |
| 82           | \$330                | \$309  | \$523                | \$486   | \$361                | \$332  | \$457                | \$423  | \$294                | \$272  | \$255                | \$237  |
| 83           | \$339                | \$317  | \$537                | \$498   | \$370                | \$341  | \$469                | \$433  | \$302                | \$279  | \$262                | \$243  |
| 84           | \$347                | \$325  | \$550                | \$511   | \$380                | \$349  | \$480                | \$444  | \$309                | \$286  | \$268                | \$249  |
| 85 Plus      | \$355                | \$333  | \$563                | \$523   | \$389                | \$358  | \$492                | \$455  | \$317                | \$293  | \$275                | \$255  |

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.

## Premium information - Preferred 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 | \$795         | \$744  | \$1,260       | \$1,169 | N/A           | N/A    | N/A           | N/A    | \$708         | \$655  | N/A           | N/A    |
| 65           | \$206         | \$193  | \$327         | \$303   | \$226         | \$207  | \$285         | \$264  | \$184         | \$169  | \$160         | \$147  |
| 66           | \$216         | \$201  | \$341         | \$317   | \$235         | \$217  | \$298         | \$275  | \$191         | \$177  | \$166         | \$154  |
| 67           | \$224         | \$210  | \$355         | \$330   | \$245         | \$226  | \$310         | \$287  | \$200         | \$185  | \$174         | \$161  |
| 68           | \$233         | \$219  | \$371         | \$344   | \$255         | \$235  | \$323         | \$299  | \$208         | \$193  | \$180         | \$167  |
| 69           | \$243         | \$228  | \$385         | \$358   | \$266         | \$244  | \$337         | \$311  | \$217         | \$200  | \$188         | \$175  |
| 70           | \$252         | \$237  | \$399         | \$371   | \$276         | \$254  | \$349         | \$322  | \$224         | \$208  | \$195         | \$182  |
| 71           | \$262         | \$244  | \$415         | \$385   | \$286         | \$263  | \$362         | \$334  | \$233         | \$216  | \$202         | \$188  |
| 72           | \$271         | \$253  | \$429         | \$398   | \$296         | \$273  | \$375         | \$347  | \$241         | \$223  | \$209         | \$195  |
| 73           | \$281         | \$262  | \$443         | \$411   | \$306         | \$282  | \$387         | \$359  | \$250         | \$231  | \$217         | \$201  |
| 74           | \$289         | \$271  | \$459         | \$426   | \$317         | \$290  | \$400         | \$370  | \$257         | \$239  | \$223         | \$208  |
| 75           | \$298         | \$279  | \$473         | \$439   | \$327         | \$300  | \$413         | \$382  | \$266         | \$246  | \$231         | \$215  |
| 76           | \$308         | \$288  | \$487         | \$453   | \$337         | \$309  | \$426         | \$394  | \$274         | \$253  | \$238         | \$221  |
| 77           | \$317         | \$297  | \$503         | \$466   | \$347         | \$319  | \$439         | \$406  | \$283         | \$261  | \$245         | \$228  |
| 78           | \$327         | \$306  | \$517         | \$480   | \$356         | \$328  | \$451         | \$418  | \$290         | \$268  | \$252         | \$234  |
| 79           | \$336         | \$314  | \$531         | \$494   | \$367         | \$338  | \$464         | \$429  | \$299         | \$276  | \$260         | \$241  |
| 80           | \$344         | \$322  | \$547         | \$507   | \$377         | \$347  | \$477         | \$441  | \$307         | \$284  | \$266         | \$248  |
| 81           | \$354         | \$331  | \$561         | \$520   | \$387         | \$356  | \$490         | \$453  | \$316         | \$292  | \$274         | \$254  |
| 82           | \$363         | \$340  | \$575         | \$535   | \$397         | \$365  | \$503         | \$465  | \$323         | \$299  | \$281         | \$261  |
| 83           | \$373         | \$349  | \$591         | \$548   | \$407         | \$375  | \$516         | \$476  | \$332         | \$307  | \$288         | \$267  |
| 84           | \$382         | \$358  | \$605         | \$562   | \$418         | \$384  | \$528         | \$488  | \$340         | \$315  | \$295         | \$274  |
| 85 Plus      | \$391         | \$366  | \$619         | \$575   | \$428         | \$394  | \$541         | \$501  | \$349         | \$322  | \$303         | \$281  |

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

| Age          | Plan A<br>Non-smoker |        | Plan C<br>Non-smoker |         | Plan D<br>Non-smoker |        | Plan F<br>Non-smoker |        | Plan G<br>Non-smoker |        | Plan N<br>Non-smoker |        |
|--------------|----------------------|--------|----------------------|---------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|--------|
|              | Male                 | Female | Male                 | Female  | Male                 | Female | Male                 | Female | Male                 | Female | Male                 | Female |
| 64 and under | \$904                | \$845  | \$1,431              | \$1,329 | N/A                  | N/A    | N/A                  | N/A    | \$805                | \$744  | N/A                  | N/A    |
| 65           | \$234                | \$219  | \$371                | \$344   | \$256                | \$235  | \$324                | \$300  | \$209                | \$193  | \$181                | \$168  |
| 66           | \$245                | \$229  | \$388                | \$360   | \$268                | \$246  | \$339                | \$313  | \$218                | \$201  | \$189                | \$175  |
| 67           | \$255                | \$239  | \$404                | \$375   | \$279                | \$256  | \$353                | \$326  | \$228                | \$210  | \$198                | \$183  |
| 68           | \$265                | \$249  | \$421                | \$391   | \$290                | \$268  | \$368                | \$340  | \$236                | \$219  | \$205                | \$190  |
| 69           | \$276                | \$259  | \$438                | \$406   | \$303                | \$278  | \$383                | \$354  | \$246                | \$228  | \$214                | \$199  |
| 70           | \$286                | \$269  | \$454                | \$421   | \$314                | \$289  | \$396                | \$366  | \$255                | \$236  | \$221                | \$206  |
| 71           | \$298                | \$278  | \$471                | \$438   | \$325                | \$299  | \$411                | \$380  | \$265                | \$245  | \$230                | \$214  |
| 72           | \$308                | \$288  | \$488                | \$453   | \$336                | \$310  | \$426                | \$394  | \$274                | \$254  | \$238                | \$221  |
| 73           | \$319                | \$298  | \$504                | \$468   | \$348                | \$320  | \$440                | \$408  | \$284                | \$263  | \$246                | \$229  |
| 74           | \$329                | \$308  | \$521                | \$484   | \$360                | \$330  | \$455                | \$420  | \$293                | \$271  | \$254                | \$236  |
| 75           | \$339                | \$318  | \$538                | \$499   | \$371                | \$341  | \$469                | \$434  | \$303                | \$280  | \$263                | \$244  |
| 76           | \$350                | \$328  | \$554                | \$515   | \$383                | \$351  | \$484                | \$448  | \$311                | \$288  | \$270                | \$251  |
| 77           | \$360                | \$338  | \$571                | \$530   | \$394                | \$363  | \$499                | \$461  | \$321                | \$296  | \$279                | \$259  |
| 78           | \$371                | \$348  | \$588                | \$545   | \$405                | \$373  | \$513                | \$475  | \$330                | \$305  | \$286                | \$266  |
| 79           | \$381                | \$356  | \$604                | \$561   | \$418                | \$384  | \$528                | \$488  | \$340                | \$314  | \$295                | \$274  |
| 80           | \$391                | \$366  | \$621                | \$576   | \$429                | \$394  | \$543                | \$501  | \$349                | \$323  | \$303                | \$281  |
| 81           | \$403                | \$376  | \$638                | \$591   | \$440                | \$405  | \$556                | \$515  | \$359                | \$331  | \$311                | \$289  |
| 82           | \$413                | \$386  | \$654                | \$608   | \$451                | \$415  | \$571                | \$529  | \$368                | \$340  | \$319                | \$296  |
| 83           | \$424                | \$396  | \$671                | \$623   | \$463                | \$426  | \$586                | \$541  | \$378                | \$349  | \$328                | \$304  |
| 84           | \$434                | \$406  | \$688                | \$639   | \$475                | \$436  | \$600                | \$555  | \$386                | \$358  | \$335                | \$311  |
| 85 Plus      | \$444                | \$416  | \$704                | \$654   | \$486                | \$448  | \$615                | \$569  | \$396                | \$366  | \$344                | \$319  |

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.

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## Premium information - Standard 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 | \$994         | \$930  | \$1,574       | \$1,462 | N/A           | N/A    | N/A           | N/A    | \$886         | \$818  | N/A           | N/A    |
| 65           | \$257         | \$241  | \$408         | \$378   | \$282         | \$259  | \$356         | \$330  | \$230         | \$212  | \$199         | \$184  |
| 66           | \$270         | \$252  | \$426         | \$396   | \$294         | \$271  | \$373         | \$344  | \$239         | \$221  | \$208         | \$193  |
| 67           | \$281         | \$263  | \$444         | \$413   | \$307         | \$282  | \$388         | \$359  | \$250         | \$231  | \$217         | \$201  |
| 68           | \$292         | \$274  | \$463         | \$430   | \$319         | \$294  | \$404         | \$374  | \$260         | \$241  | \$226         | \$209  |
| 69           | \$304         | \$285  | \$481         | \$447   | \$333         | \$305  | \$421         | \$389  | \$271         | \$250  | \$235         | \$219  |
| 70           | \$315         | \$296  | \$499         | \$463   | \$345         | \$318  | \$436         | \$403  | \$281         | \$260  | \$243         | \$227  |
| 71           | \$327         | \$305  | \$518         | \$481   | \$358         | \$329  | \$452         | \$418  | \$292         | \$270  | \$253         | \$235  |
| 72           | \$338         | \$316  | \$536         | \$498   | \$370         | \$341  | \$469         | \$433  | \$301         | \$279  | \$261         | \$243  |
| 73           | \$351         | \$327  | \$554         | \$514   | \$382         | \$352  | \$484         | \$448  | \$312         | \$289  | \$271         | \$252  |
| 74           | \$362         | \$338  | \$573         | \$532   | \$396         | \$363  | \$501         | \$462  | \$322         | \$298  | \$279         | \$260  |
| 75           | \$373         | \$349  | \$591         | \$549   | \$408         | \$375  | \$516         | \$477  | \$333         | \$308  | \$289         | \$268  |
| 76           | \$385         | \$360  | \$609         | \$567   | \$421         | \$386  | \$532         | \$492  | \$342         | \$316  | \$297         | \$276  |
| 77           | \$396         | \$371  | \$628         | \$583   | \$433         | \$399  | \$549         | \$507  | \$353         | \$326  | \$307         | \$285  |
| 78           | \$408         | \$382  | \$646         | \$600   | \$446         | \$410  | \$564         | \$523  | \$363         | \$336  | \$315         | \$293  |
| 79           | \$419         | \$392  | \$664         | \$617   | \$459         | \$422  | \$580         | \$536  | \$374         | \$345  | \$325         | \$301  |
| 80           | \$430         | \$403  | \$683         | \$634   | \$472         | \$433  | \$597         | \$551  | \$384         | \$355  | \$333         | \$309  |
| 81           | \$443         | \$414  | \$701         | \$650   | \$484         | \$446  | \$612         | \$567  | \$395         | \$364  | \$342         | \$318  |
| 82           | \$454         | \$425  | \$719         | \$668   | \$496         | \$457  | \$628         | \$582  | \$404         | \$374  | \$351         | \$326  |
| 83           | \$466         | \$436  | \$738         | \$685   | \$509         | \$469  | \$645         | \$595  | \$415         | \$384  | \$360         | \$334  |
| 84           | \$477         | \$447  | \$756         | \$703   | \$523         | \$480  | \$660         | \$611  | \$425         | \$393  | \$369         | \$342  |
| 85 Plus      | \$488         | \$458  | \$774         | \$719   | \$535         | \$492  | \$677         | \$626  | \$436         | \$403  | \$378         | \$351  |

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.

# Nationwide Medicare Supplement Plans.

Compare benefits of each Medicare Supplement Insurance Plan available in your state.

Alliance Medicare Supplement doesn't offer plans B, K, L, and M (highlighted in gray below).

A checkmark (✓) means 100% of this benefit is paid. If a box is left blank, the chosen plan does not cover the item. Otherwise, the plan pays the percentage shown.

| 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%     | ✓   | \$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>  |       |   |     |     |     |     | \$7,060 | \$3,530 |     |  |

\* Some states may offer Plan F and G as a high-deductible plan. With this option, you must pay Medicare-covered costs up to the deductible amount \$2,800<sup>†</sup> in 2024 before the plan 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.

† 2024 Deductible rates are listed. They may change for 2025.

2025 MED SUPP Outline of Coverage Approved 10/14/2024

## Alliance Medicare Supplement Plans Offered

| 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 \$408 a day | All but \$816 a day                                       | Nothing  | Nothing                        |
| <b>Plan A</b>   | <b>Plan Pays</b>       | Nothing  | \$408 a day         | \$816 a day   | 100% of Medicare-eligible expenses                       | Nothing                        |
|                 | <b>Subscriber Pays</b> | \$1,632 (Part A deductible)  | Nothing             | Nothing   | Nothing <sup>2</sup>                                     | All costs                      |
| <b>Plan C</b>   | <b>Plan Pays</b>       | \$1,632 (Part A deductible)  | \$408 a day         | \$816 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>       | \$1,632 (Part A deductible)  | \$408 a day         | \$816 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>       | \$1,632 (Part A deductible)  | \$408 a day         | \$816 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>       | \$1,632 (Part A deductible)  | \$408 a day         | \$816 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>       | \$1,632 (Part A deductible)  | \$408 a day         | \$816 a day   | 100% of Medicare-eligible expenses                       | Nothing                        |
|                 | <b>Subscriber Pays</b> | Nothing  | Nothing             | Nothing   | Nothing <sup>2</sup>                                     | All costs                      |

2024 Medicare values are listed. They may change for 2025.

<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> 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.

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 \$204 a day | Nothing             |
| <b>Plan A</b>   | <b>Plan Pays</b>       | Nothing   | Nothing             | Nothing             |
|                 | <b>Subscriber Pays</b> | Nothing   | Up to \$204 a day   | All costs           |
| <b>Plan C</b>   | <b>Plan Pays</b>       | Nothing   | Up to \$204 a day   | Nothing             |
|                 | <b>Subscriber Pays</b> | Nothing   | Nothing             | All costs           |
| <b>Plan D</b>   | <b>Plan Pays</b>       | Nothing   | Up to \$204 a day   | Nothing             |
|                 | <b>Subscriber Pays</b> | Nothing   | Nothing             | All costs           |
| <b>Plan F</b>   | <b>Plan Pays</b>       | Nothing   | Up to \$204 a day   | Nothing             |
|                 | <b>Subscriber Pays</b> | Nothing   | Nothing             | All costs           |
| <b>Plan G</b>   | <b>Plan Pays</b>       | Nothing   | Up to \$204 a day   | Nothing             |
|                 | <b>Subscriber Pays</b> | Nothing   | Nothing             | All costs           |
| <b>Plan N</b>   | <b>Plan Pays</b>       | Nothing   | Up to \$204 a day   | Nothing             |
|                 | <b>Subscriber Pays</b> | Nothing   | Nothing             | All costs           |

2024 Medicare values are listed. They may change for 2025.

<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>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.

continued ►

## Alliance Medicare Supplement Plan Comparison (continued)

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

2024 Medicare values are listed. They may change for 2025.

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

## Alliance Medicare Supplement Plan Comparison (continued)

|                 |                        | Medicare (Part B) – Medical Services, per calendar year <sup>5</sup> |  |   |
|-----------------|------------------------|--|--|---|
|                 |                        | First \$240 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> | \$240 (Part B deductible)  | Nothing                                | All costs   |
| <b>Plan C</b>   | <b>Plan Pays</b>       | \$240 (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> | \$240 (Part B deductible)  | Nothing                                | All costs   |
| <b>Plan F</b>   | <b>Plan Pays</b>       | \$240 (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> | \$240 (Part B deductible)  | Nothing                                | Nothing   |
| <b>Plan N</b>   | <b>Plan Pays</b>       | Nothing  | 20%†                                   | Nothing   |
|                 | <b>Subscriber Pays</b> | \$240 (Part B deductible)  | Nothing                                | All costs   |

2024 Medicare values are listed. They may change for 2025.

<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.

## Alliance Medicare Supplement Plan Comparison (continued)

|                 |                        | Part B Blood <sup>††</sup> |   |  |
|-----------------|------------------------|----------------------------|---|--|
|                 |                        | First three pints          | Next \$240 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                    | \$240 (Part B deductible)                             | Nothing                                |
| <b>Plan C</b>   | <b>Plan Pays</b>       | All costs                  | \$240 (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                    | \$240 (Part B deductible)                             | Nothing                                |
| <b>Plan F</b>   | <b>Plan Pays</b>       | All costs                  | \$240 (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                    | \$240 (Part B deductible)                             | Nothing                                |
| <b>Plan N</b>   | <b>Plan Pays</b>       | All costs                  | Nothing   | 20%                                    |
|                 | <b>Subscriber Pays</b> | Nothing                    | \$240 (Part B deductible)                             | Nothing                                |

2024 Medicare values are listed. They may change for 2025.

†† Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



## 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 \$240 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                           | \$240 (Part B deductible)  | Nothing                                |
| <b>Plan C</b>   | <b>Plan Pays</b>       | Nothing                           | \$240 (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                           | \$240 (Part B deductible)  | Nothing                                |
| <b>Plan F</b>   | <b>Plan Pays</b>       | Nothing                           | \$240 (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                           | \$240 (Part B deductible)  | Nothing                                |
| <b>Plan N</b>   | <b>Plan Pays</b>       | Nothing                           | Nothing  | 20%†                                   |
|                 | <b>Subscriber Pays</b> | Nothing                           | \$240 (Part B deductible)  | Nothing                                |

2024 Medicare values are listed. They may change for 2025.

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

## 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.<br>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   |

2024 Medicare values are listed. They may change for 2025.

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