

**MISSOURI**



**Companion Life  
Insurance Company**

*CompanionLife.com*

# Medicare Supplement





# *Options to Fill the Gaps*

# Why a Medicare Supplement?

Not so surprisingly, seniors have questions about health care - especially Medicare. Even with all of the information out there you may still be wondering what medical services and expenses Medicare actually covers and which of these are not covered. But most importantly, you want to be sure that when you require medical treatment your Medicare coverage provides sufficient benefits to meet your needs. We can answer these questions and show you how a Medicare Supplement insurance policy from Companion Life can help fill in the gaps in your traditional Medicare coverage.



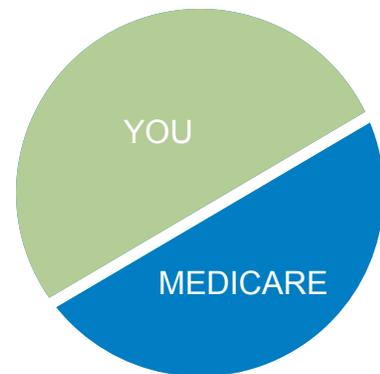
# Out-of-Pocket Costs Have Increased



Your costs of participation in Medicare have increased since the beginning of the Medicare Program, including...

- Deductibles and copayments
- Monthly premiums
- Non-covered expenses

As you may know, these gaps in coverage, commonly called medi-gaps, are your out-of-pocket responsibility. In fact, in 2006 Medicare paid less than half of total Medicare expenses per beneficiary, on average.<sup>(1)</sup> This, combined with ever increasing costs, can lead to a significant financial burden.



- **What Medicare covers**
- **Where the gaps exist, and**
- **How Companion Life can help.**

Companion Life offers a choice of two different standardized Medicare Supplement policies. Let's see how a Medicare Supplement plan from Companion Life can help fill in the "gaps" in your Medicare coverage.

(1) Medicare: Medicare Spending and Financing. The Henry J. Kaiser Family Foundation. August 2010.

# Original Medicare Part A covers...<sup>(1)</sup>

**Medicare-eligible Hospital Expenses** for semiprivate room and board, general nursing, and miscellaneous services and supplies during each benefit period.<sup>(2)</sup>

Services and Supplies	What you pay with Medicare alone	Your out-of-pocket costs with plan:	
		A	F
For the first 60 days (Part A deductible)	\$1288	\$1288	\$0
From 61 <sup>st</sup> thru 90 <sup>th</sup> day	\$322 a day	\$0	\$0
From 91 <sup>st</sup> through 150 <sup>th</sup> day (60 Lifetime Reserve Days)	\$644 a day	\$0	\$0
For additional 365 days	All costs	\$0	\$0
Beyond additional 365 days	All costs	All costs	All costs
Blood – first three pints (not replaced)	All costs	\$0	\$0
Hospice Care copayment (for Inpatient Respite Care)	5%	\$0	\$0

**Skilled Nursing Care** in a Medicare-certified nursing facility, when received within 30 days of a three-day Medicare-approved hospital stay.

Services and Supplies	What you pay with Medicare alone	Your out-of-pocket costs with plan:	
		A	F
For the first 20 days	\$0	\$0	\$0
From the 21 <sup>st</sup> thru 100 <sup>th</sup> day	\$161 a day	\$161 a day	\$0
Beyond 100 days	All costs	All costs	All costs

Notes:

(1) Part A benefits current as of January 2016.

(2) "Benefit period" means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or Skilled Nursing Facility for 60 days in a row.

# Original Medicare Part B covers...<sup>(3)</sup>

**Medical Care** for Medicare-approved physician services, in- and outpatient medical & surgical services and supplies, physical and speech therapy, diagnostic tests<sup>(4)</sup>, and durable medical equipment.

Services and Supplies	What you pay with Medicare alone	Your out-of-pocket costs with plan:	
		A	F
Part B annual deductible	\$166	\$166	\$0
Remainder of Medicare-approved charges (Part B coinsurance)	20%	\$0	\$0
Part B office visit copayment <sup>(5)</sup>	20%	\$0	\$0
Part B Emergency Room visit copayment <sup>(5)</sup>	20%	\$0	\$0
Part B excess charges	All costs	All costs	\$0
Blood – first three pints (not replaced)	All costs	\$0	\$0

**Foreign Travel** for medically necessary emergency care that begins during the first 60 days of each trip outside of the U.S. for care that would have been covered by Medicare if provided in the U.S.<sup>(6)</sup>

Services and Supplies	What you pay with Medicare alone	Your out-of-pocket costs with plan:	
		A	F
First \$250 per year	All costs	All costs	\$250
Remainder of charges	All costs	All costs	20%

Notes:

(3) Part B benefits current as of January 2016.

(4) Diagnostic laboratory work for Medicare-approved blood tests is paid in full by Medicare.

(5) Copayment amounts apply after the Part B deductible has been met.

(6) The Foreign Travel benefit is subject to a Lifetime Maximum of \$50,000.

# In-home Service

Unlike many other companies, Companion Life provides in-home service by trained professionals. Our agents work with you to understand your needs and make choosing the appropriate coverage easy. And you generally don't need to fill out claim forms. Companion Life works with your hospital, doctor's office or other healthcare provider to help get the forms completed for you. Our agents are happy to visit with you, whenever possible, to answer any questions you may have and to help you better understand your insurance. Companion Life also has a dedicated customer service phone number for all Medicare Supplement policyholders so they can speak with someone well versed in their coverage.



*Choosing a Medicare Supplement policy  
from Companion Life is an easy choice.*

# Companion Life's Medicare Supplement

Your Medicare Supplement coverage can be purchased to go into effect the moment you qualify for Medicare Part B. And if you are moving your coverage from another company to Companion Life, we will work with you so that you do not have a break in coverage.

- Pre-existing conditions are covered immediately and there is no waiting period or reduction in benefits.
- You are not locked into any network, so you can choose your own doctors, hospitals or other healthcare providers that accept Medicare, anywhere in the country.

## Exclusions

Companion Life's Medicare Supplement policies do not cover or pay for:

- (a) expense incurred while the policy is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while the policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.



# policies are an outstanding value.



## Medicare Deductible & Copayment Changes

If Medicare changes its deductible and copayment amounts, the policy benefits will also change. When this happens, your renewal premium may increase. Premiums increase each year, however any increase will not be based on your age.

## Renewability

Companion Life guarantees it will renew this policy for your lifetime (so long as the required premium is paid). Companion Life reserves the right to change the premium. Any change in premium will be made on all policies of the same class.

## 30-Day Trial

If you are not satisfied with the policy for any reason, you may cancel your policy within 30 days of the date of receipt and still receive a full refund.

## Definitions

“Benefit Period” means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or Skilled Nursing Facility for 60 days in a row.

“Excess Charges” (only available under Plan F) is the difference between the Medicare Part B-approved expense and the amount charged by the attending physician, which can be no more than the limiting charge allowed by Medicare.

“Hospital” means a legally constituted institution (or an institution which operates pursuant to law) having organized facilities for the care and treatment of sick and injured persons on a resident or Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one (1) or more licensed Physicians and which provides twenty-four (24)-hour nursing service by registered nurses on duty or call. It does not mean convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, drug addict or alcoholic, even though the facilities are operated as a separate institution by a hospital.

NOTE: This brochure contains a brief description of policy benefits for the following policy form numbers:

Plan A: MSP-900-A-MO 12/15;

Plan F: MSP-900-F-MO 12/15.

See the policy for complete details of policy benefits and exclusions and definitions.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Companion Life is not connected with or endorsed by the United States government or the federal Medicare program.

This is a solicitation for insurance and an agent may contact you.

Companion Life Insurance Company  
Administrative Office: PO Box 14158, Clearwater, FL 33766-4158

**5 ways a Medicare Supplement plan can help you get the care you need.**

**1. NO PRE-EXISTING CONDITION LIMITATIONS OR WAITING PERIODS:**

Pre-existing conditions are covered immediately.

**2. CHOOSE YOUR OWN DOCTORS AND OTHER HEALTH CARE PROVIDERS:**

Benefits are paid directly to them. There is no “gatekeeper.”

**3. NO CLAIM FORM IS REQUIRED:**

The Explanation of Medicare Benefits (EOMB) and the policy number are all that is needed, in most cases.

**4. A CHOICE OF PLAN OPTIONS:**

You can find the right plan to fit your needs.

**5. CONVENIENT CUSTOMER SERVICE:**

Through a dedicated customer service representative, toll-free; or, when possible, in-home by trained, licensed professionals who will answer your questions.



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