

COMPANION
WHOLE LIFE INSURANCE
Insured by American Retirement Life Insurance Company

Application Booklet for
WHOLE LIFE *in* WISCONSIN

- APPLICATION
- ELECTRONIC FUNDS TRANSFER AGREEMENT
- MIB PRE-NOTICE
- HIPAA NOTICE
- NOTICE AND CUSTOMER INFORMATION FORM
- LIFE REPLACEMENT NOTICE

**BEING TRUE TO YOURSELF
IS THE FIRST STEP TO
BEING TRULY HEALTHY.**

GO YOU[®]



AMERICAN RETIREMENT LIFE INSURANCE COMPANY

11200 Lakeline Blvd., Suite 100, Austin, TX 78717

Mailing address: PO Box 559015, Austin, TX 78755-9015

Whole Life Insurance Application☐ NEW BUSINESS ☐ REINSTATEMENT PV Case # _____

Requested Effective Date _____ (if no Date, we will assign the approval date as the Effective Date of the Application)

SECTION I: APPLICANT INFORMATION (PLEASE PRINT)

First	Name of Applicant		Last	Age	Date of Birth			State of Birth
	MI				MM	DD	YYYY	
_____	_____	_____	_____	_____	_____	_____	_____	_____

Resident Street Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

Social Security No.	Sex M/F	Height Ft. In.	Weight Lbs.	Have you used tobacco within the last 12 months?
- -				Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION II: BILLING**Method** (select one of the following):

- ☐
- Direct Bill
-
- ☐
- Bank Draft (complete the EFT Agreement)

Mode (select one of the following):

- ☐
- Monthly (n/a with Direct Bill)
-
- ☐
- Quarterly
-
- ☐
- Semi-annually
-
- ☐
- Annually

SECTION III: WHOLE LIFE COVERAGE APPLIED FOR

Whole Life Insurance: Benefit Amount \$ _____

Primary Beneficiary	Relationship	Contingent Beneficiary	Relationship
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Owner, if other than the Proposed Insured Name	Relationship	Social Security No.
		- -

Address _____

SECTION IV: TOTAL PREMIUM WITH APPLICATIONInitial premium: ☐ Draft bank account ☐ Check enclosed (payable to **American Retirement Life Insurance Company**)

*Modal Premium includes a \$36 annual policy fee

Policy Modal Premium* \$ _____

Total Premium with Application \$ _____

SECTION V: EXISTING COVERAGE & REPLACEMENT

- 1) Do you, the Applicant, have existing individual life insurance policies or individual annuity contracts with this or any other company? YES ☐ NO ☐
- If "YES", (a) the Applicant and Agent must complete the required "Important Notice: Replacement of Life Insurance or Annuities" form; (b) the Agent must complete the Section "Agent Provided Sales Material Statement" below and sign; and (c) provide the following information (use additional sheet, if needed):

Insurance Company Name and Address	Contract or Policy Number	Is Coverage being Replaced?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant's Signature / Printed Name _____ Date _____

Agent's Signature / Printed Name _____ Date _____

- 2) **AGENT PROVIDED SALES MATERIAL STATEMENT** (MUST BE COMPLETED BY THE AGENT ONLY IF THE APPLICANT IS REPLACING EXISTING LIFE INSURANCE OR ANNUITY): I hereby certify that in connection with my presentation to the Applicant herein, I only used sales material that was previously approved by American Retirement Life Insurance Company and that I left with or provided to the Applicant a copy of the sales material used in my presentation to the Applicant.

Agent's Signature / Printed Name _____ Date _____

SECTION VI: MEDICAL QUESTIONS**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

It is important that you provide truthful and accurate answers to the questions in this section as your answers form the basis of our determination of your eligibility for this coverage. Failure to provide complete and accurate information, if it is determined to be material to our assessment, may result in future denial of benefits and/or rescission of this coverage.

PART A: MEDICAL QUESTIONS - If the answer to any question in Part A is "YES", the Applicant is not eligible for coverage.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1) Are you currently confined or scheduled for admission to a hospital, nursing facility, or assisted living facility or are you receiving home health care services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you require or receive any assistance with bathing, transferring, toileting, eating, or dressing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you currently bedridden or do you use the assistance of a wheelchair, walker, or motorized mobility aid? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Within the past two (2) years, have you: | | |
| a) been diagnosed with a terminal illness or been hospitalized more than two (2) times, received home health care services more than three (3) times, or been confined to a nursing facility for more than thirty (30) days? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) been diagnosed with or treated (other than with maintenance medication) for angina, heart attack, atrial fibrillation, cardiomyopathy, congestive heart failure, cardiac or vascular angioplasty, stent placement, peripheral vascular disease, coronary bypass, carotid artery disease, coronary artery disease, or heart disease; had heart or heart valve surgery or required the implantation of cardiac pacemaker or defibrillator? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) had a stroke or Transient Ischemic Attack (TIA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Do you have now or in the last two (2) years have you received medical advice, treatment, or been advised to have treatment, surgery, or taken medication for the following conditions: | | |
| a) hepatitis (other than hepatitis A), cirrhosis of the liver, or other liver disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) major depression, bipolar disorder, schizophrenia, or a paranoid disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) diabetes requiring more than 50 units of insulin daily to control or diabetes with any of the following: neuropathy, retinopathy, vascular disease, or hypertension requiring more than two medications to control? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) chronic kidney disease, Addison's Disease, renal insufficiency, renal failure, any kidney disease requiring dialysis, pancreatitis, or any condition requiring an organ transplant? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) internal cancer, leukemia, malignant melanoma, Hodgkin's Disease, or lymphoma? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) paralysis, hemophilia, osteoporosis with fractures, or unrepaired aneurysm? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Paget's Disease, rheumatoid or disabling arthritis, systemic lupus, or other connective tissue disorder? ... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 6) Do you have now or at any time have you received medical advice, treatment, or been advised to have treatment, surgery, or taken medication for the following conditions: | | |
| a) Parkinson's Disease, myasthenia gravis, multiple or amyotrophic lateral sclerosis (Lou Gehrig's Disease), muscular dystrophy, cerebral palsy, dementia, senility, Alzheimer's Disease, or organic brain disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Obstructive Lung Disease (COLD), or any chronic lung or respiratory disorder requiring the use of oxygen? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) amputation caused by disease or organ transplant other than corneas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have you ever been diagnosed with or received medical advice or treatment from a physician or an appropriately-licensed clinical professional acting within his/her scope for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Do you have now or in the last three (3) years have you received medical advice, treatment, or been advised to have treatment, surgery, or taken medication for anemia requiring repeated blood transfusions, or any other blood disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Has surgery been advised but not performed or is any surgery anticipated, including but not limited to joint replacement or cataract surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Have medical tests (other than mammograms, pap tests, colonoscopies, or PSA tests which were advised for routine screening purposes only), treatment, or therapy been advised but not performed? | <input type="checkbox"/> | <input type="checkbox"/> |

PART B: MEDICAL QUESTIONS - If the answer to any of the following questions is "YES", you might be eligible for coverage. Please provide complete details as requested below.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 11) Within the past two (2) years, have you been declined for Life, Health, or Supplemental Insurance?
If "YES", please provide details including the date of the declination, the type of coverage applied for, and the reason for the declination here:

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) In the past two (2) years, have you had PSA levels greater than 6.0 or been diagnosed with dysplasia of the cervix classified as a level 3.0 or higher?
If "YES", please provide details in the table below. | <input type="checkbox"/> | <input type="checkbox"/> |

Test	Results	Diagnosis

- | | | |
|--|--------------------------|--------------------------|
| 13) Within the past two (2) years, have you taken any medication for any heart or vascular disease other than hypertension?
If "YES" or if you are taking any medications, give complete details in Part C Medications. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

PART C: MEDICATIONS

- 14) Please list any prescription medications taken or prescribed in the past two (2) years.
If you are not taking any medications, please check here: ☐ I am not taking any medications.

Medication	Dates Taken	Condition Taken for

[illegible]

I hereby apply to American Retirement Life Insurance Company for coverage to be issued based upon the truth and completeness of the answers to the above questions, and understand and agree that: (1) No agent has the authority to waive the answer to any questions on the Application; (2) No insurance will be effective until a) a policy has been issued by the Company and b) the initial premium has been paid; and (3) I have received the MIB Pre-Notice.

I ☐ **grant** ☐ **do not grant** my authorization to receive information or presentation of materials describing other insurance products.

A recorded telephone interview may be used as part of the underwriting on your Application for Insurance.

Telephone Number () _____ Best time to call _____

Applicant's Printed Name _____

Signature of Applicant _____ Date _____

Do you have knowledge or reason to believe the replacement of existing insurance may be involved? YES ☐ NO ☐

If "YES", give name of Company, reason, and termination date _____

Printed Name of 1 st Licensed Agent	Signature of 1 st Licensed Agent	Writing Number	Percentage
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Printed Name of 2 nd Licensed Agent	Signature of 2 nd Licensed Agent	Writing Number	Percentage
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PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

AMERICAN RETIREMENT LIFE INSURANCE COMPANY® • PO BOX 559015 • AUSTIN, TX 78755-9015

Proposed Insured's Name		Policy Number (if available)
Financial Institution Name and Telephone Number		
Financial Institution Address		
9-digit Routing Number	Account Number	Requested Withdrawal Date (1st - 28th)

Withdraw Payment: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
Type of Account: ☐ Personal Checking Account ☐ Personal Savings Account ☐ Corporate/Business Checking
Name of Employer Group _____

Purpose for submitting this Authorization (check appropriate box(es)):

- ☐ New authorization ☐ Change in checking/savings account
☐ Change in financial institution ☐ Change in existing coverage

For Checking Account:

Please tape a VOIDED check in this box.

For Savings Account:

Please attach a letter from the bank stating the account and routing number of your savings account.

TAPE VOIDED CHECK HERE		0101
PAY TO THE ORDER OF _____		\$ _____
_____ Dollars		
The Routing number is 9 digits between the ⑆ ⑆ symbols.	The Account number is usually to the left of ⑆ . If check number is left of account number, ignore check number.	The Check number should match the upper right corner.
⑆ 123456789 ⑆	34567890 ⑆	0101

APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:

As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to American Retirement Life Insurance Company provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. I also authorize American Retirement Life Insurance Company and any financial institution it uses to initiate credit entries to my account or to provide refund of premium or association fees (if applicable). I authorize you to accept and to credit these entries to my account. In the event American Retirement Life Insurance Company mistakenly deposits funds into my account, I authorize American Retirement Life Insurance to debit my account for an amount not to exceed the original amount of credit. This authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such draft. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

APPLICANT INFORMATION FOR AMERICAN RETIREMENT LIFE INSURANCE COMPANY:

It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract and association fees (if applicable), and no other notice of premiums or association fees (if applicable) due will be given. No premium or association fee (if applicable) shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium or association fee (if applicable) payment has been received by American Retirement Life Insurance Company. The cancelled draft will constitute receipt of premium or association fee (if applicable) payment. The privilege of paying premiums and association fees (if applicable) under this Plan may be revoked by American Retirement Life Insurance Company if any draft is not paid upon presentation. The payment of premiums and association fees (if applicable) under this Plan may be terminated by the Contract Owner, Financial Institution Depositor if other than Contract Owner, or by American Retirement Life Insurance Company upon 30 days written notice.

Name of Payor (if other than Insured)

Payor's Address

Print name of Depositor (as it appears on account)

Signature of Depositor

Date

MIB, Inc., Pre-Notice
AMERICAN RETIREMENT LIFE INSURANCE COMPANY®
PO Box 559015, Austin, Texas 78755-9015 • 866-459-4272

Information regarding your insurability will be treated as confidential. American Retirement Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

American Retirement Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

AUTHORIZATION FORM FOR DISCLOSURE OF AN APPLICANT'S PROTECTED HEALTH INFORMATION

I hereby authorize the disclosure of protected health information about me as described below.

1. The Company, as used in this authorization, shall mean American Retirement Life Insurance Company®.
2. I authorize any licensed physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager, or other medical or medically-related facility, the U. S. Veterans Administration and Selective Service System, insurance company, MIB, Inc., or any other organization, institution, or person that has any records or information available as to the diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment relating to me or my family to disclose to the Company's underwriting, new business, claims, sales agents, and premium accounting representatives any such records or information. However, MIB, Inc., information will only be shared with the Company's underwriting staff and Medical Director.
3. I authorize the Company to make a brief report of my protected health information to MIB, Inc.
4. The protected health information described above will be disclosed to the Company to determine my or my family's eligibility to obtain coverage under the policy for which I/we have applied, and to determine the rates and terms which apply to the policy.
5. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by the Company in reliance on this authorization, by sending a written revocation to the Company's Privacy Office at PO Box 26580, Austin, Texas 78755-0580.
6. I understand that the information which will be provided under this authorization is necessary for the Company to determine my eligibility for coverage under the policy and that the Company will condition its approval and issuance of the policy on my providing this authorization, and my application may be denied if I refuse to provide this authorization.
7. I understand that if the person or entity that receives my protected health information is not a health care provider or health plan covered by the federal privacy regulations, the information may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.
8. I understand that a photocopy, facsimile copy, or other electronic copy of this authorization shall be considered as effective and valid as the original. I also understand that I or my personal representative am entitled to receive a copy of this authorization upon request. This authorization will expire twenty-four (24) months from the date it is signed.
9. If you are the representative of an Applicant, describe the scope of your authority to act on the Applicant's behalf:

Applicant's Name

Name of Applicant's Personal Representative, if applicable

Applicant's Social Security Number

Relationship of Personal Representative to the Applicant

Signature of Applicant

Date

Signature of Personal Representative

Date

Signature of Company's Agent

Date

A signed copy of this form will be provided with the policy if issued and any other time upon request.

American Retirement Life Insurance Company®

PO Box 559015, Austin, TX 78755-9015 • 866-459-4272

Notice and Customer Information Form

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain all relevant customer-related information necessary to run an effective anti-money laundering program.

What this means to you: When submitting an application/order ticket/request form, we ask that the producer obtain the client's name, street address, date of birth, tax identification number, and other customer-related information that will allow us to identify the customer and fulfill our obligations under Federal law. Picture documentation, such as a driver's license or other identifying documents, will be used to verify the information given at the time of the sale.

By acknowledging receipt of this Notice and Customer Information Form, the undersigned authorizes any law enforcement agency, public or private institution, information service bureau, or other entity contacted by the Company identified above to furnish information sufficient to confirm the personal information of the undersigned as required by Federal law. This information is confidential and will not be used for any other purpose. The undersigned hereby releases all persons, agents and agencies, and entities providing confirming information from any and all liability arising out of the request for or the release of confirming information.

The owner information section must be completed in its entirety. If identification documents are not available, the customer must sign the form and the information will be verified by the Company.

The following information must be obtained for each tax identification number or social security number disclosed on the application for insurance.

I. Owner

FEIN/SSN	Owner Name	Verification of ID <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ <input type="checkbox"/> Owner is an entity; legal document(s) attached (e.g., Articles of Incorporation, Trust Agreements, etc.)	State/Country	
Date of Birth	Occupation		Number	
Employer			Date Issued	Exp. Date

Additional Owner

FEIN/SSN	Person's Name	Verification of ID <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ <input type="checkbox"/> Owner is an entity; legal document(s) attached (e.g., Articles of Incorporation, Trust Agreements, etc.)	State/Country	
Date of Birth	Occupation		Number	
Employer			Date Issued	Exp. Date

II. The source of funds for this transaction is _____

III. The purpose of this transaction is _____

Agent: I have examined and verified the customer's ID as noted above is true and correct to the best of my knowledge and belief.

Agent's Printed Name

Agent Number

Agent's Signature

Date

----- **COMPLETE THIS PORTION ONLY IF THE APPLICANT DOES NOT HAVE IDENTIFICATION DOCUMENTS** -----

Customer(s): I acknowledge the foregoing notice and certify that the foregoing information is true and correct to the best of my knowledge and belief.

Owner's Printed Name

Owner's Signature

Date

Additional Owner's Printed Name

Additional Owner's Signature

Date

American Retirement Life Insurance Company®

Home Office: 1300 East Ninth Street, Cleveland, OH 44114

Administrative Office: PO Box 559015, Austin, TX 78755-9015

Customer Service: 866-459-4272

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the Applicant and the Producer (if there is one) and a copy left with the Applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1) Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES ☐ NO ☐
- 2) Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES ☐ NO ☐

If you answered "YES" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT/POLICY NUMBER	INSURED OR ANNUITANT	REPLACED (R) / FINANCED (F)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are accurate, to the best of my knowledge:

Applicant's Signature and Printed Name

Date

Agent's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicant: initial only if you do not want the notice read aloud)

A replacement may not be in your best interest or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older – are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? on the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

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I certify that the responses herein are accurate, to the best of my knowledge:

Applicant's Signature and Printed Name

Date

Agent's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicant: initial only if you do not want the notice read aloud)

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- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

Cigna Medicare Supplement Solutions®
Insured by American Retirement Life Insurance Company

Application Booklet for
WISCONSIN

BEING TRUE TO
YOURSELF
IS THE FIRST STEP
TO BEING TRULY
HEALTHY.

Note: All Applications outside of OE/GI require a Phone Verification (PV) – Reduce delays and make the PV call at the point-of-sale. Call our PV Hotline at 866.825.4822 from 8 a.m. to 6 p.m. Central Time.

GO YOU®



APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

11200 Lakeline Blvd., Suite 100, Austin, TX 78717

Mailing address: PO Box 559015, Austin, TX 78755-9015

Application is for: ☐ New Business ☐ Underwritten ☐ Disabled (underage) ☐ OE ☐ GI ☐ Reinstatement ☐ Benefit Change

Requested Medicare Supplement Effective Date*: _____ PV Case # _____

*note: if no Effective Date is requested, we will assign the 1st day of the month following the date of this Application

SECTION I: APPLICANT INFORMATION (PLEASE PRINT)

Name of Applicant			Age	Date of Birth			State of Birth
First	MI	Last		MM	DD	YYYY	
Resident Street Address (no PO Box) _____							
City _____		State _____		Zip _____			
Mailing Address (if different from above) _____							
City _____		State _____		Zip _____			
Phone () _____		Email Address _____					
Medicare Card No. _____		Social Security No. _____		Sex M/F	Rate Class <input type="checkbox"/> Preferred <input type="checkbox"/> Standard		

SECTION II: COVERAGE APPLIED FOR

- Check Plan selected: ☐ Basic Wisconsin Medicare Supplement Plan
- Check Rider selected: ☐ Part A Deductible Rider (Form AR-PTAD-WI)
☐ Part B Deductible Rider (Form AR-PTBD-WI)
☐ Part B Excess Charge Rider (Form AR-PBEX-WI)
☐ Part B Co-payment Rider (Form AR-PBCO-WI)
☐ Foreign Travel Emergency Rider (Form AR-FTV-WI)
☐ Additional Home Health Care Rider (Form AR-AHC-WI)

SECTION III: BILLING

- | | |
|--|--|
| Method (select one of the following):
<input type="checkbox"/> Direct Bill
<input type="checkbox"/> Bank Draft (complete the Electronic Funds Transfer Agreement) | Mode (select one of the following):
<input type="checkbox"/> Monthly (not available with Direct Bill)
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-annually
<input type="checkbox"/> Annually |
|--|--|

SECTION IV: BILLING TOTALS

- ☐ Draft bank account for initial premium* ☐ Check enclosed for initial premium*
(make check payable to **American Retirement Life Insurance Company**)

*initial premium payment must include the one-time enrollment fee

Modal Premium	\$ _____
One-time Enrollment Fee	\$ <u>20</u>
Total Premium with Application	\$ _____

SECTION V: OPEN ENROLLMENT / GUARANTEED ISSUE QUESTIONS (MUST BE COMPLETED)

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS (mark YES or NO below with an "X").

To the best of your knowledge,

YES NO

- 1) a) Did you turn age 65 in the last 6 months? ☐ ☐
b) Did you enroll in Medicare Part B in the last 6 months? ☐ ☐
If "YES", what is the effective date? _____
- 2) Are you covered for medical assistance through the state Medicaid program? (Note to Applicant: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost", please answer "NO" to this question.) ☐ ☐
If "YES",
a) Will Medicaid pay your premiums for this Medicare Supplement policy? ☐ ☐
b) Do you receive any benefits from Medicaid **other than** payments toward your Medicare Part B premium? ... ☐ ☐
- 3) Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO)? ☐ ☐
If "YES",
a) Fill in your "START" and "END" dates below (if you are still covered under this plan, leave "END" date blank): START _____ END _____
b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? ☐ ☐
c) Was this your first time in this type of Medicare plan? ☐ ☐
d) Did you drop a Medicare supplement policy to enroll in the Medicare plan? ☐ ☐
- 4) a) Do you have another Medicare Supplement policy in force? ☐ ☐
b) If so, with what company and what type plan do you have? _____

c) If so, do you intend to replace your current Medicare Supplement policy with this policy? ☐ ☐
If existing Medicare Supplement coverage is not to be replaced, this policy cannot be issued.
- 5) Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)? ☐ ☐
a) If so, with what company and what kind of policy? _____

b) What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave the "END" date blank.) START _____ END _____

SECTION VI: MEDICARE

YES NO

- 1) Do you now have Medicare Parts A and B? ☐ ☐
If "YES", give effective date of Part B _____
- 2) If Medicare Parts A and B are to be effective at a future date, provide the date both Medicare Parts A and B will be effective _____

NOTE: Medicare effective date is always the 1st day of the month. Applicant must have both Medicare Parts A and B on the effective date of the policy. If not, coverage cannot be issued.

SECTION VII: MEDICAL QUESTIONS

IF YOU ARE ELIGIBLE FOR OPEN ENROLLMENT OR GUARANTEED ISSUE (BASED ON YOUR ANSWERS IN SECTIONS V & VI), DO NOT ANSWER THE QUESTIONS IN THIS SECTION.

It is important that you provide truthful and accurate answers to the questions in this section as your answers form the basis of our determination of your eligibility for this coverage. Failure to provide complete and accurate information, if it is determined to be material to our assessment, may result in future denial of benefits and/or rescission of this coverage.

PART A: MEDICAL QUESTIONS - If the answer to any question in Part A is "YES", the Applicant is not eligible for coverage.

	YES	NO
1) Are you currently confined or scheduled for admission to a hospital, nursing facility, or assisted living facility or are you receiving home health care services?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you require or receive any assistance with bathing, transferring, toileting, eating, or dressing?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently bedridden or do you use the assistance of a wheelchair, walker, or motorized mobility aid?	<input type="checkbox"/>	<input type="checkbox"/>
4) Within the past two (2) years, have you:		
a) been diagnosed with a terminal illness or been hospitalized more than two (2) times, received home health care services more than three (3) times, or been confined to a nursing facility for more than thirty (30) days?	<input type="checkbox"/>	<input type="checkbox"/>
b) been diagnosed with or treated (other than with maintenance medication) for angina, heart attack, atrial fibrillation, cardiomyopathy, congestive heart failure, cardiac or vascular angioplasty, stent placement, peripheral vascular disease, coronary bypass, carotid artery disease, coronary artery disease, or heart disease; had heart or heart valve surgery or required the implantation of cardiac pacemaker or defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>
c) had a stroke or Transient Ischemic Attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you have now, or in the last two (2) years, have you received medical advice, treatment, or been advised to have treatment, surgery, or taken medication for the following conditions:		
a) hepatitis (other than hepatitis A), cirrhosis of the liver, or other liver disease?	<input type="checkbox"/>	<input type="checkbox"/>
b) major depression, bipolar disorder, schizophrenia, or a paranoid disorder?	<input type="checkbox"/>	<input type="checkbox"/>
c) diabetes requiring more than 50 units of insulin daily to control or diabetes with any of the following: neuropathy, retinopathy, vascular disease, or hypertension requiring more than two medications to control?	<input type="checkbox"/>	<input type="checkbox"/>
d) chronic kidney disease, Addison's Disease, renal insufficiency, renal failure, any kidney disease requiring dialysis, pancreatitis, or any condition requiring an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
e) internal cancer, leukemia, malignant melanoma, Hodgkin's Disease, or lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
f) alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
g) paralysis, hemophilia, osteoporosis with fractures, or unrepaired aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>
h) Paget's Disease, rheumatoid or disabling arthritis, systemic lupus, or other connective tissue disorder? ..	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have now, or at any time, have you received medical advice, treatment, or been advised to have treatment, surgery, or taken medication for the following conditions:		
a) Parkinson's Disease, myasthenia gravis, multiple or amyotrophic lateral sclerosis (Lou Gehrig's Disease), muscular dystrophy, cerebral palsy, dementia, senility, Alzheimer's Disease, or organic brain disorder?	<input type="checkbox"/>	<input type="checkbox"/>
b) emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Obstructive Lung Disease (COLD), or any chronic lung or respiratory disorder requiring the use of oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
c) amputation caused by disease or organ transplant other than corneas?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever been diagnosed with or received medical advice or treatment from a physician or an appropriately licensed clinical professional acting within his/her scope for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection?	<input type="checkbox"/>	<input type="checkbox"/>
8) Do you have now, or in the last three (3) years, have you received medical advice, treatment, or been advised to have treatment, surgery, or taken medication for anemia requiring repeated blood transfusions, or any other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
9) Has surgery been advised but not performed or is any surgery anticipated, including but not limited to joint replacement or cataract surgery?	<input type="checkbox"/>	<input type="checkbox"/>
10) Have medical tests (other than mammograms, pap tests, colonoscopies, or PSA tests which were advised for routine screening purposes only), treatment, or therapy been advised but not performed? ...	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII: MEDICAL QUESTIONS (CONTINUED)

PART B: MEDICAL QUESTIONS - If the answer to any of the following questions is "YES", you might be eligible for coverage. Please provide complete details as requested below.

- 11) Within the past two (2) years, have you been declined for Life, Health, or Supplemental Insurance? YES NO
If "YES", please provide details including the date of the declination, the type of coverage applied for, and the reason for the declination here: ☐ ☐

- 12) Have you used tobacco within the last twelve (12) months? ☐ ☐

- 13) Height (Ft.-In.) _____ Weight (Lbs.) _____

- 14) In the past two (2) years, have you had PSA levels greater than 6.0 or been diagnosed with dysplasia of the cervix classified as a level 3.0 or higher? ☐ ☐
If "YES", please provide details in the table below.

Test	Results	Diagnosis

- 15) Within the past two (2) years, have you taken any medication for any heart or vascular disease other than hypertension? ☐ ☐
If "YES" or if you are taking any medications, give complete details in Part C Medications.

PART C: MEDICATIONS

- 16) Please list any prescription medications taken or prescribed in the past two (2) years.
If you are not taking any medications, please check here: ☐ I am not taking any medications.

Medication	Dates Taken	Condition Taken for

AGENT NOTES - Please provide any other information that you believe may assist in our underwriting determination:

SECTION VIII: IMPORTANT STATEMENTS FOR APPLICANT TO READ

- You do not need more than one Medicare Supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-income Medicare Beneficiary (SLMB).

I hereby apply to American Retirement Life Insurance Company for coverage to be issued based upon the truth and completeness of the answers to the above questions, and understand and agree that: (1) No agent has the authority to waive the answer to any questions on the Application; (2) No insurance will be effective until a) a policy has been issued by the Company and b) the initial premium has been paid; and (3) I have received the Outline of Medicare Supplement Coverage for the policy applied for, the required *Guide to Health Insurance for People with Medicare*, and the MIB Notice.

CAUTION: Please review your answers to the questions on the Application. It is important to the issuance of this policy that all questions are answered correctly and truthfully.

I ☐ **grant** ☐ **do not grant** my authorization to receive information or presentation of materials describing other insurance products.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

A recorded telephone interview may be used as part of the underwriting on your Application for Insurance.

Telephone Number () _____ Best time to call _____

Applicant's Printed Name _____

Signature of Applicant _____ Date _____

SECTION IX: AGENTS' CERTIFICATION

Agents shall list any health insurance policies they have sold to the Applicant.

1) List policies sold which are still in force (if this does not apply, state "NONE"): _____

2) List policies sold in the past five (5) years which are no longer in force (if this does not apply, state "NONE"):

3) Have you submitted any applications or have knowledge of any applications submitted for this Applicant that have been declined?
If "YES", provide details below.

YES NO

☐ ☐

4) Have you reviewed the Application for correctness and omissions?

☐ ☐

5) I certify that I have provided the Applicant with the following documents:

- a) Application Packet (Phone Sales only) b) *A Guide to Health Insurance for People with Medicare*
c) Outline of Medicare Supplement Coverage d) MIB Notice
e) Other _____

I further certify that I have delivered the documents to the Applicant (check all that apply; must select at least one):

☐ In person _____ date _____ ☐ Mail _____ date _____

☐ Email _____ date _____ ☐ Fax _____ date _____

☐ Other (explain) _____ date _____

YES NO

6) Was the Application completed by you in the Applicant's physical presence?

☐ ☐

7) Was the Application completed by you over the phone?

☐ ☐

8) Do you have knowledge or reason to believe the replacement of existing insurance may be involved? ...

☐ ☐

If "YES", give name of Company, reason, and termination date _____

I certify that I have interviewed the Applicant, asked all of the questions as written on the Application, and I have truly and accurately recorded on the Application the information supplied to me by the Applicant.

Printed Name of 1st Licensed Agent

Signature of 1st Licensed Agent

Writing Number

Percentage

Printed Name of 2nd Licensed Agent

Signature of 2nd Licensed Agent

Writing Number

Percentage

PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

AMERICAN RETIREMENT LIFE INSURANCE COMPANY® • PO BOX 559015 • AUSTIN, TX 78755-9015

Proposed Insured's Name		Policy Number (if available)
Financial Institution Name and Telephone Number		
Financial Institution Address		
9-digit Routing Number	Account Number	Requested Withdrawal Date (1st - 28th)

Withdraw Payment: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
Type of Account: ☐ Personal Checking Account ☐ Personal Savings Account ☐ Corporate/Business Checking
Name of Employer Group _____

Purpose for submitting this Authorization (check appropriate box(es)):

- ☐ New authorization ☐ Change in checking/savings account
☐ Change in financial institution ☐ Change in existing coverage

For Checking Account:

Please tape a VOIDED check in this box.

For Savings Account:

Please attach a letter from the bank stating the account and routing number of your savings account.

TAPE VOIDED CHECK HERE		0101
PAY TO THE ORDER OF _____		\$ _____
_____ Dollars		
The Routing number is 9 digits between the ⑆ ⑆ symbols.	The Account number is usually to the left of ⑆ . If check number is left of account number, ignore check number.	The Check number should match the upper right corner.
⑆ 123456789 ⑆	34567890 ⑆	0101

APPLICANT INFORMATION FOR FINANCIAL INSTITUTIONS:

As a convenience to me, I hereby request and authorize you to pay and charge to my account, drafts drawn on my account by and payable to American Retirement Life Insurance Company provided there are sufficient funds in said account to pay the same on presentation. Such drafts will bear my printed name. I also authorize American Retirement Life Insurance Company and any financial institution it uses to initiate credit entries to my account or to provide refund of premium or association fees (if applicable). I authorize you to accept and to credit these entries to my account. In the event American Retirement Life Insurance Company mistakenly deposits funds into my account, I authorize American Retirement Life Insurance to debit my account for an amount not to exceed the original amount of credit. This authorization shall remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such draft. I agree that your rights in respect to any such draft shall be the same as if it were a check signed personally by me. I further agree that if any such draft is dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

APPLICANT INFORMATION FOR AMERICAN RETIREMENT LIFE INSURANCE COMPANY:

It is understood that the drafts will be drawn on or about the requested date each month. The presentation of such drafts to the above Financial Institution shall constitute notice of premiums being due upon the contract and association fees (if applicable), and no other notice of premiums or association fees (if applicable) due will be given. No premium or association fee (if applicable) shall be deemed to have been paid unless and until actual payment of the draft drawn for such premium or association fee (if applicable) payment has been received by American Retirement Life Insurance Company. The cancelled draft will constitute receipt of premium or association fee (if applicable) payment. The privilege of paying premiums and association fees (if applicable) under this Plan may be revoked by American Retirement Life Insurance Company if any draft is not paid upon presentation. The payment of premiums and association fees (if applicable) under this Plan may be terminated by the Contract Owner, Financial Institution Depositor if other than Contract Owner, or by American Retirement Life Insurance Company upon 30 days written notice.

Name of Payor (if other than Insured)

Payor's Address

Print name of Depositor (as it appears on account)

Signature of Depositor

Date

MIB, Inc., Pre-Notice
AMERICAN RETIREMENT LIFE INSURANCE COMPANY®
PO Box 559015, Austin, Texas 78755-9015 • 866-459-4272

Information regarding your insurability will be treated as confidential. American Retirement Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

American Retirement Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

AUTHORIZATION FORM FOR DISCLOSURE OF AN APPLICANT'S PROTECTED HEALTH INFORMATION

I hereby authorize the disclosure of protected health information about me as described below.

1. The Company, as used in this authorization, shall mean American Retirement Life Insurance Company®.
2. I authorize any licensed physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager, or other medical or medically-related facility, the U. S. Veterans Administration and Selective Service System, insurance company, MIB, Inc., or any other organization, institution, or person that has any records or information available as to the diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment relating to me or my family to disclose to the Company's underwriting, new business, claims, sales agents, and premium accounting representatives any such records or information. However, MIB, Inc., information will only be shared with the Company's underwriting staff and Medical Director.
3. I authorize the Company to make a brief report of my protected health information to MIB, Inc.
4. The protected health information described above will be disclosed to the Company to determine my or my family's eligibility to obtain coverage under the policy for which I/we have applied, and to determine the rates and terms which apply to the policy.
5. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by the Company in reliance on this authorization, by sending a written revocation to the Company's Privacy Office at PO Box 26580, Austin, Texas 78755-0580.
6. I understand that the information which will be provided under this authorization is necessary for the Company to determine my eligibility for coverage under the policy and that the Company will condition its approval and issuance of the policy on my providing this authorization, and my application may be denied if I refuse to provide this authorization.
7. I understand that if the person or entity that receives my protected health information is not a health care provider or health plan covered by the federal privacy regulations, the information may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.
8. I understand that a photocopy, facsimile copy, or other electronic copy of this authorization shall be considered as effective and valid as the original. I also understand that I or my personal representative am entitled to receive a copy of this authorization upon request. This authorization will expire twenty-four (24) months from the date it is signed.
9. If you are the representative of an Applicant, describe the scope of your authority to act on the Applicant's behalf:

Applicant's Name

Name of Applicant's Personal Representative, if applicable

Applicant's Social Security Number

Relationship of Personal Representative to the Applicant

Signature of Applicant

Date

Signature of Personal Representative

Date

Signature of Company's Agent

Date

A signed copy of this form will be provided with the policy if issued and any other time upon request.

AUTHORIZATION FORM FOR DISCLOSURE OF A CONSUMER'S PROTECTED HEALTH INFORMATION FOR MARKETING PURPOSES ("Authorization")

1. I hereby authorize the use and disclosure of all my health information, including but not limited to my personal and medical information contained in the Company's records ("Protected Health Information") to American Retirement Life Insurance Company®, Loyal American Life Insurance Company®, Cigna Health and Life Insurance Company, and their affiliates ("Company") as described below.
2. I authorize the Company to use the Protected Health Information contained in the Company's records, including its underwriting and claim records, to help determine whether I might be interested in or can benefit from other non-health-related insurance products offered by the Company.
3. I understand that the Company will disclose the Protected Health Information to its underwriting staff, new business staff, sales agents, or marketing management for the purpose of marketing non-health-related products to me.
4. I understand that I may revoke this Authorization at any time, except to the extent that action has been taken by the Company in reliance on this Authorization, by sending a written revocation to the Company's Privacy Steward at PO Box 26580, Austin, Texas 78755-0580.
5. I understand that the Protected Health Information which the Company will use and disclose under this Authorization is not necessary for the Company to determine my eligibility for coverage under the policy and that the Company will not condition its approval and issuance of the policy on my providing this Authorization.
6. I understand that if the person or entity that receives my Protected Health Information is not a health care provider or health plan covered by the federal privacy regulations, the information may be redisclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.
7. I understand that a photocopy, facsimile copy, or other electronic copy of this Authorization is as effective and valid as the original. I also understand that I or my personal representative am entitled to receive a copy of this Authorization. This Authorization will expire twenty-four (24) months from the date it is signed.

If you are the representative of a Consumer, describe the scope of your authority to act on the Consumer's behalf:

Consumer's Name

Name of Consumer's Personal Representative, if applicable

Signature of Consumer

Date

Relationship of Personal Representative to the Consumer

Signature of Company's Agent

Date

Signature of Personal Representative

Date

A signed copy of this form will be provided to you.

Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding the replacement of Medicare Supplement insurance. When the replacement question on the application is answered "Yes," this form must be dated, signed by the Applicant and by the Agent, and submitted to the American Retirement Life Insurance Company (ARLIC) with the application.

A copy of this form must also be left with the Applicant.

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE**

AMERICAN RETIREMENT LIFE INSURANCE COMPANY®
PO Box 559015, Austin, Texas 78755-9015 • 866-459-4272

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by ARLIC. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT, OR BROKER:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (check one):

- | | |
|--|---|
| <input type="checkbox"/> additional benefits | <input type="checkbox"/> my plan has outpatient drug coverage and I am enrolling in Part D |
| <input type="checkbox"/> no change in benefits, but lower premiums | <input type="checkbox"/> disenrollment from a Medicare Advantage Plan – please explain reason for disenrollment _____ |
| <input type="checkbox"/> fewer benefits and lower premiums | <input type="checkbox"/> other (please specify) _____ |

NOTE:

- 1) If the Issuer of the Medicare Supplement policy being applied for does not or is otherwise prohibited from imposing pre-existing condition limitations, please skip to note 2 below. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- 2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions or waiting periods in the new policy (or coverage) for similar benefits to the extent such time was satisfied under the Medicare Supplement policy.
- 3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the Application concerning your medical and health history. Failure to include all material medical information on an Application may provide a basis for the company to deny any future claims and to refund your premiums as though your policy had never been in force. After the Application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

**DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE
RECEIVED YOUR NEW POLICY AND ARE SURE YOU WANT TO KEEP IT.**

Agent's Signature

Applicant's Signature

Type or Print Name and Address of Agent/Broker

Date

Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding the replacement of Medicare Supplement insurance. When the replacement question on the application is answered "Yes," this form must be dated, signed by the Applicant and by the Agent, and submitted to the American Retirement Life Insurance Company (ARLIC) with the application.

A copy of this form must also be left with the Applicant.

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE**

AMERICAN RETIREMENT LIFE INSURANCE COMPANY®
PO Box 559015, Austin, Texas 78755-9015 • 866-459-4272

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by ARLIC. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT, OR BROKER:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (check one):

- | | |
|--|---|
| <input type="checkbox"/> additional benefits | <input type="checkbox"/> my plan has outpatient drug coverage and I am enrolling in Part D |
| <input type="checkbox"/> no change in benefits, but lower premiums | <input type="checkbox"/> disenrollment from a Medicare Advantage Plan – please explain reason for disenrollment _____ |
| <input type="checkbox"/> fewer benefits and lower premiums | <input type="checkbox"/> other (please specify) _____ |

NOTE:

- 1) If the Issuer of the Medicare Supplement policy being applied for does not or is otherwise prohibited from imposing pre-existing condition limitations, please skip to note 2 below. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- 2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions or waiting periods in the new policy (or coverage) for similar benefits to the extent such time was satisfied under the Medicare Supplement policy.
- 3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the Application concerning your medical and health history. Failure to include all material medical information on an Application may provide a basis for the company to deny any future claims and to refund your premiums as though your policy had never been in force. After the Application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

**DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE
RECEIVED YOUR NEW POLICY AND ARE SURE YOU WANT TO KEEP IT.**

Agent's Signature

Applicant's Signature

Type or Print Name and Address of Agent/Broker

Date

Wisconsin Guide to Health Insurance for People with Medicare

2014

**For more information on health insurance call:
MEDIGAP HELPLINE
1-800-242-1060**

This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.

For information on how to file insurance complaints call:

INSURANCE COMPLAINT HOTLINE

(608) 266-0103 (Madison)
or
1-800-236-8517 (Statewide)

*Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS.*

**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873**

OCI's Web Site:
oci.wi.gov

**The mission of the Office of
the Commissioner of Insurance . . .**

**Leading the way in
informing and protecting
the public
and
responding to their
insurance needs.**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law, and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

The Office of the Commissioner of Insurance (OCI) does not represent that the information in this publication is complete, accurate, or timely in all instances. All information is subject to change on a regular basis, without notice.

Printed copies of publications are updated annually unless otherwise stated. In an effort to provide more current information, [publications](#) available on OCI's Web site are updated more frequently than the hard copy versions to reflect any necessary changes. Visit OCI's Web site at oci.wi.gov.

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Introduction

This booklet briefly describes the Medicare program. It also describes the health insurance available to those on Medicare. A list of companies that offer Medicare supplement insurance to Wisconsin Medicare beneficiaries is available on the OCI Web site at oci.wi.gov/pub_list/pi-010.htm.

Our Web site also includes information and booklets regarding other types of consumer insurance policies, including long-term care insurance, life insurance, automobile, and homeowner's insurance. A list of consumer [publications](#) is also included at the back of this booklet.

If you have questions or concerns about your insurance company or agent, write to the insurance company or agent involved. Keep a copy of the letter you write. If you do not receive satisfactory answers, please contact:

**Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0103**

For information on filing a complaint with the Office of the Commissioner of Insurance, call:

Insurance Complaint Hotline
1-800-236-8517 (Statewide)
(608) 266-0103 (Madison)

or you can visit OCI's Web site at oci.wi.gov.

Deaf, hearing, or speech impaired callers may reach OCI through WI TRS.

IMPORTANT NOTICE

The state of Wisconsin has received a waiver from the federal A-N standardization regulations on Medicare supplement insurance. This means that policies sold in Wisconsin are somewhat different from those available in other states. This booklet describes only those policies that are available in Wisconsin.

What is Medicare?

Medicare is the health insurance program administered by the federal Centers for Medicare & Medicaid Services (CMS) for people 65 years of age or older, people of any age with permanent kidney failure, and some disabled individuals under age 65. Although Medicare may pay a large part of your health care expenses, it does not pay for all of your expenses. Some services and medical supplies are not fully covered. A handbook titled *Medicare & You* is available free from any Social Security office. The handbook provides a detailed explanation of Medicare.

Medicare is divided into four types of coverage, Part A, Part B, Part C, and Part D.

Medicare Part A

Medicare Part A is commonly known as hospitalization insurance. For most people, Part A is premium-free, meaning that you do not have a monthly payment for the coverage. It pays your hospital bills and certain skilled nursing facility expenses. It also provides very limited coverage for skilled nursing care after hospitalization, rehabilitative services, home health care, and hospice care for the terminally ill. It does not pay for personal (custodial) care, such as help with eating, dressing, or moving around. Under Medicare Part A, a period of hospitalization is called a benefit period. A benefit period begins the day you are admitted into a hospital. It ends when you have been out of the hospital or a nursing facility for 60 consecutive days. If you are re-admitted within that 60 days, you are still in the same benefit period and would not pay another deductible. If you are admitted to a hospital after that benefit period ends, an entirely new benefit period begins and a new deductible must be paid.

If you do not automatically get premium-free Medicare Part A, you may be able to buy it. For more information, visit www.ssa.gov or call Social Security at 1-800-772-1213.

Medicare Part B

Medicare Part B is commonly known as medical insurance. It helps pay your doctors' bills and certain other charges, such as surgical care, diagnostic tests and procedures, some hospital outpatient services, laboratory services, physical and occupational therapy, and durable medical equipment. It does not cover prescription drugs, dental care, physicals, or other services not related to treatment of illness or injury. The premium is automatically taken out of your Social Security check each month.

Medicare Part C/Medicare Advantage

Medicare Part C is the Medicare program more commonly known as Medicare Advantage that provides Medicare coverage through private insurance plans. Medicare Advantage plans provide the same coverage as Medicare and also provide supplemental health insurance coverage. You do not need to purchase a Medicare supplement policy if you enroll in a Medicare Advantage plan. However, Medicare Advantage plans may include deductibles and copayment and/or coinsurance amounts (out-of-pocket expenses) that do not apply to Wisconsin standardized Medicare supplement policies. You may also have to see doctors that belong to the plan or go to certain hospitals to get services. Additional information regarding these plans is available in our booklet, [Medicare Advantage in Wisconsin](#).

Medicare Part D/Prescription Drug

Medicare Part D is the Medicare program to provide assistance for Medicare beneficiaries to pay for outpatient prescription drug costs. It is an optional program available to Medicare beneficiaries eligible for Medicare Part A and/or enrolled in Medicare Part B. Additional information about Medicare Part D is included on pages 8-10 of this booklet.

What Are Specific Limitations Under Medicare?

Medicare was not designed to pay all your health care expenses. It does not cover long-term care expenses. Medicare provides limited coverage for skilled nursing care and for home health care. Medicare does not pay for personal care, such as eating, bathing, dressing, or getting into or out of bed. Most nursing home care is not covered by Medicare.

Skilled Nursing Care Limitations

Medicare pays limited benefits in a skilled nursing facility approved by Medicare if you need skilled nursing care as defined by Medicare. For more information, contact the Office of the Commissioner of Insurance and ask for the [Guide to Long-Term Care](#).

Home Health Limitations

Medicare pays limited benefits for home health care services that are considered “medically necessary” by Medicare. For more information, contact the Office of the Commissioner of Insurance and ask for the [Guide to Long-Term Care](#).

What Preventive Care Is Covered Under Medicare?

Medicare helps cover some preventive care services to help maintain your health and to keep certain illnesses from getting worse. **You may be required to pay a portion of the costs for these services.** Your Medicare handbook provides more details regarding these costs. Information regarding Medicare preventive services is available in your *Medicare & You* booklet.

What Is Meant by Out-of-Pocket Expenses?

Out-of-pocket refers to costs, bills, fees, or expenses you will have to pay yourself. Out-of-pocket expenses occur when you receive a service not covered by Medicare. There are three types of out-of-pocket expenses. First, you will have to pay out-of-pocket expenses to cover the Medicare deductibles and copayments. In other cases, you will have out-of-pocket expenses when you receive a service only partially covered by Medicare or when you choose a provider whose fees exceed Medicare approved amounts. Finally, you may receive services not covered by Medicare; in those cases you will have to pay the entire cost of the services. There are insurance policies you can purchase that will cover some out-of-pocket expenses not covered by Medicare called supplement policies. Medicare supplement policies are described in the Individual Policy Options of this guide.

What Does Accepting Assignment Mean?

Sometimes a doctor or other provider accepts “assignment.” This means that the doctor or provider is paid directly by Medicare and accepts the “Medicare-approved” amount.

A doctor or other provider who does not accept assignment can charge 15% over Medicare’s approved amount. In this case, you are responsible not only for the usual cost-sharing of 20% of the approved charge for the service but also for 100% of the excess charges, which is the portion of the fee that exceeds the approved amount.

What is Medicare Part D?

Medicare Part D is the program created by the federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 to provide some assistance for Medicare beneficiaries to pay for outpatient prescription drug costs. It is an optional program available to Medicare beneficiaries eligible for Medicare Part A and/or enrolled in Part B.

Enrollment

Medicare Part D includes an annual open enrollment period of October 15 through December 7, during which you can enroll or choose to change to another Prescription Drug Plan (PDP). Your coverage will begin on January 1 of the following year. Individuals not yet on Medicare will be able to join a PDP whenever they become eligible for Medicare.

Enrollment in Medicare Part D is voluntary, and you are not required to participate. However, you may have to pay a penalty if you decide to sign up after your eligible enrollment period ends. Currently, the late enrollment penalty is equal to one percent of the base premium for every month that you waited to join. This penalty amount changes every year and you will have to pay it as long as you have Medicare prescription drug coverage.

Medicare Part D coverage is offered by approved PDPs. The PDP benefits are administered by private companies, some of which may be insurance companies. There are two types of Medicare prescription drug plans. One is a stand-alone prescription drug plan (PDP) which offers only prescription drug coverage. The other is a Medicare Advantage plan with prescription drugs (MA-PD) which provides all your Medicare-covered services and includes prescription drug coverage.

The cost of your Medicare Part D coverage will vary based on the PDP that you choose. PDP plans may have deductible, coinsurance and copayment amounts (out-of-pocket expenses) that must be met before the PDP pays for your outpatient prescription drug costs.

You should review your drug coverage during every annual open enrollment period to make sure you still have the best plan for your prescription drug needs.

Premiums

The cost of your Medicare Part D coverage will vary based on the PDP that you choose. If you are not eligible for low-income assistance (referred to as Limited

Income Subsidy), you will pay a monthly premium, an annual deductible, and a percentage of your drug costs. Your PDP will pay for your outpatient prescription drug expenses after you have met deductible and coinsurance amounts. Deductible and coinsurance amounts are those expenses you must pay out of pocket before Medicare Part D will pay any money for your outpatient prescription drugs.

Coverage

The prescription drugs covered by your PDP will vary based on the plan that you choose. If you enroll in a Medicare Part D prescription drug plan, it is important that you understand that your PDP will pay for only those prescriptions in the PDP's formulary. A formulary is a list of specific drugs a Medicare PDP will cover. Only the cost of drugs covered by your PDP will count toward the deductible and out-of-pocket limits. Outpatient prescription drug expenses not covered by the PDP or drugs covered by a drug discount card that you have will not count toward the out-of-pocket expense requirement of your PDP.

The Donut Hole

Medicare Part D PDPs have a coverage gap or “donut hole.” A coverage gap means that after you and your plan have spent a certain amount of money for covered drugs, you have to pay out-of-pocket all costs for your drugs while you are in the gap.

If you reach the “donut hole” gap, you may get a 50% discount on brand name prescription drugs when you buy them. There will be additional savings in the “donut hole” gap each year through 2020 when the “donut hole” is closed completely.

Out-of-Pocket Limit

Once you have reached your plan's out-of-pocket limit, you will have catastrophic coverage. Catastrophic coverage assures that once you have reached your plan's out-of-pocket limit for covered drugs, you pay a smaller coinsurance amount or smaller copayment for the drug for the rest of the year.

Extra Help for People with Limited Income and Resources

If your income is low, you may qualify for Extra Help, also called Low Income Subsidy or LIS. This is a federal program that helps you pay for most of the costs of Medicare prescription drug coverage. If your income is below \$17,235 (\$23,265 for couples) and your resources are less than \$13,300 (\$26,580 for couples), you may qualify for Extra Help. The amount of assistance you qualify for will depend on your income.

You can apply for Extra Help to assist in paying for your Medicare prescription drug coverage through the Social Security Administration (SSA) by means of paper or online application. You can contact the SSA at www.ssa.gov or by phone at 1-800-772-1213. You also can apply for Extra Help at your local Medicaid office.

Tips to Remember

- Participation in the Medicare Part D program is voluntary. However, if you do not enroll in a Part D plan when you are first eligible and you decide to join later, you may have to pay a late enrollment penalty unless you have had creditable drug coverage.
- You do not have to pay an enrollment fee or pay for assistance to enroll in Medicare Part D.
- You will have to pay for Medicare Part D coverage, which may include monthly premiums, and cost-sharing such as annual deductibles, coinsurance and copayments.
- You may be eligible for help to pay for your Medicare Part D prescription drug coverage based on your income.
- You do not have to enroll in Medicare Part D in order to keep your Medicare Part A and Part B coverage.
- You do not have to buy any additional insurance products to be eligible to enroll in Medicare Part D and should be wary of any individual who uses a Part D sales pitch to sell other insurance products.

Contacts

Information regarding Medicare Part D can be obtained by contacting a prescription drug helpline listed on [page 48](#) of this booklet.

Coverage Options Available When You Are Eligible for Medicare

Finding the right coverage at an affordable price may be difficult as no one policy is right for everyone. Coverage options include:

- Group insurance, including
 - Employer group plans
 - Association group plans
- Individual Medicare supplement policies
- Individual Medicare cost-sharing policies
- Individual managed care Medicare supplement policies, including
 - Medicare select policies
 - Medicare cost policies
- Medicare Advantage (formerly called Medicare+Choice plans), including
 - Medicare managed care plans
 - Medicare preferred provider organization plans (PPO)
 - Medicare private fee-for-service plans (PFFS)

There are many options available under employer groups, retirement groups, and voluntary association plans. This booklet focuses on the coverage options available under individual Medicare supplement insurance policies, Medicare select insurance policies, Medicare cost insurance policies, Medicare cost-sharing policies, and Medicare Advantage plans.

Before you decide to purchase a policy to help fill Medicare gaps, you need to familiarize yourself with Medicare options, benefits, and rules.

The Centers for Medicare and Medicaid Services (CMS), which administers the Medicare Program, produces several guides, all of which are free and can be obtained by writing to CMS or contacting 1-800-MEDICARE (1-800-633-4227) or www.medicare.gov.

What Are Wisconsin Mandated Benefits?

Wisconsin insurance law requires that individual Medicare supplement policies, Medicare select policies, and some Medicare cost policies contain the following “mandated” benefits. These benefits are available even when Medicare does not cover these expenses. **Medicare Advantage plans are NOT required to provide these benefits.**

Skilled Nursing Facilities—Medicare supplement and Medicare select policies cover 30 days of skilled nursing care in a skilled nursing facility. The facility does not need to be certified by Medicare and the stay does not have to meet Medicare’s definition of skilled care. No prior hospitalization may be required. The facility must be a licensed skilled care nursing facility. The care also must meet the insurance company’s standards as medically necessary.

Home Health Care—Medicare supplement and Medicare select policies cover up to 40 home care visits per year in addition to those provided by Medicare **if you qualify**. Your doctor must certify that you would need to be in the hospital or a skilled nursing home if the home care was not available to you. Home nursing and medically necessary home health aide services are covered on a part-time or intermittent basis, along with physical, respiratory, occupational, or speech therapy.

Medicare supplement insurance companies are required to offer coverage for 365 home health care visits in a policy year. Insurance companies may charge an additional premium for the additional coverage. Medicare provides coverage for all medically necessary home health visits. However, “medically necessary” is defined quite narrowly, and you must meet certain other criteria.

Kidney Disease—Medicare supplement and Medicare select policies cover inpatient and outpatient expense for dialysis, transplantation, or donor-related services of kidney disease up to \$30,000 in any calendar year. Policies are not required to duplicate Medicare payments for kidney disease treatment.

Diabetes Treatment—Medicare supplement and Medicare select policies cover the usual and customary expenses incurred for the installation and use of an insulin infusion pump or other equipment or non-prescription supplies for the treatment of diabetes. Self-management services are also considered a covered expense. This benefit is available even if Medicare does not cover the claim.

Medicare supplement and Medicare select policies issued prior to January 1, 2006, for individuals who do not enroll in Medicare Part D cover prescription medication,

insulin, and supplies associated with the injection of insulin. Prescription drug expenses are subject to the \$6,250 deductible for drug charges. This deductible does not apply to insulin.

Medicare supplement and Medicare select policies **issued beginning January 1, 2006**, do not cover prescription medication, insulin, and supplies associated with the injection of insulin as policies are prohibited from duplicating coverage available under the Medicare Part D.

Chiropractic Care—Medigap policies cover the usual and customary expense for services provided by a chiropractor under the scope of the chiropractor's license. This benefit is available even if Medicare does not cover the claim.

Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care—Medicare supplement and Medicare select policies cover hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care for an individual with a chronic disability or an individual with a medical condition that requires hospitalization or general anesthesia for dental care.

Breast Reconstruction—Medicare supplement and Medicare select policies cover breast reconstruction of the affected tissue incident to a mastectomy.

Colorectal Cancer Screening—Medicare supplement and Medicare select policies issued or renewed after December 1, 2010, cover colorectal cancer examinations and laboratory tests. Coverage is subject to any cost-sharing provisions, limitations, or exclusions that apply to other coverage under the policy.

Coverage of Certain Health Care Costs in Cancer Clinical Trials—Medicare supplement and Medicare select policies issued or renewed beginning November 1, 2006, cover certain services, items, or drugs administered in cancer clinical trials in certain situations. The coverage is subject to all terms, conditions, and restrictions that apply to other coverage under the policy, including the treatment under the policy of services performed by participating and nonparticipating providers.

Catastrophic Prescription Drugs—Medicare supplement and Medicare select policies issued prior to January 1, 2006, to Medicare beneficiaries who do not enroll in Medicare Part D cover at least 80% of the charges for outpatient prescription drugs after a drug deductible of no more than \$6,250 per calendar year. Medigap policies issued beginning January 1, 2006, and after will not include catastrophic prescription drug coverage as these policies are not allowed to duplicate benefits available under Medicare Part D. This coverage does not qualify as Medicare Part D creditable coverage.

Individual Policy Options

Many insurance companies offer to individuals eligible for Medicare individual policies that supplement the benefits available under Medicare. These policies are referred to as Medicare supplement or Medigap policies. Common names for these policies include Medicare select or supplemental and Medigap policies.

The federal government has expanded the options available to include managed care plans that require that you see only network providers to receive optimum benefits, and plans whereby the insurance company agrees to provide all Medicare benefits.

What are Medicare Supplement Policies?

Medicare supplement policies provide coverage for some of the costs not covered by Medicare Part A and Medicare Part B.

Medicare was never intended to pay 100% of your medical bills but instead was created to offset your most pressing medical expenses by providing a basic foundation of benefits. Thus, while it will pay a significant portion of your medical bills, Medicare does not cover all services that you might need. Even those services that are covered are not covered in full. Medicare requires that you pay deductibles and pays many Part B expenses at 80% of the Medicare-approved amount. Insurance companies sell policies that pay some of these expenses if you are enrolled in both Part A and Part B of Medicare. These policies are referred to as “Medicare supplement” or “Medigap” policies and provide a way to fill the coverage gaps left by Medicare. You are automatically eligible for individual Medigap coverage for six months starting with the first day you are enrolled in Medicare Part B, regardless of your health history.

Outline of Coverage

The Outline of Coverage is a summary of benefits for Medicare Parts A and B and the benefits provided by the Medigap policy. The outline includes a chart showing the expenses that are both covered and not covered by either Medicare or the Medigap policy. An agent or insurance company must give you an Outline of Coverage when selling you a new policy or replacing one you already own.

Medicare Supplement Policies

Individual Medicare supplement policies are designed to supplement the benefits available under the original Medicare program. Medicare supplement policies pay the 20% of Medicare-approved charges that Medicare does not pay. These Medicare

supplement policies do not restrict your ability to receive services from the doctor of your choice. However, these policies may require that you submit your claim to the insurance company for payment.

Individual Medicare supplement policies include a basic core of benefits. In addition to the basic benefits, Medicare supplement insurance companies offer specified optional benefits. Each of the options that an insurance company offers must be priced and sold separately from the basic policy.

Some insurance companies offer Medicare supplement or Medicare select cost-sharing policies. These plans require that you pay a portion of the costs for Medicare-covered services until you reach an out-of-pocket limit. For 2014, the out-of-pocket limit for 25% cost-sharing plans is \$2,470, and the out-of-pocket limit for 50% cost-sharing plans is \$4,940. The out-of-pocket limits for Medicare supplement or Medicare select cost-sharing policies are updated each year and are based on estimates of the United States Per Capita Costs (USPCC) of the Medicare program published by CMS.

Medicare Select Policies

Medicare select policies are supplemental policies that pay benefits only if covered services are obtained through network medical providers selected by the insurance company or health maintenance organization (HMO). Each insurance company that offers a Medicare select policy contracts with its own network of doctors or other providers to provide services. Each of these insurance companies has a provider directory that lists the doctors and other providers with whom they have contracts.

If you buy a Medicare select policy, each time you receive covered services from a plan provider, Medicare pays its share of the approved charges and the insurance company pays the full supplemental benefits provided for in the policy. Medicare select insurers must pay supplemental benefits for emergency health care furnished by providers outside the plan provider network.

In general, Medicare select policies will deny payment or pay less than the full benefit if you go outside the network for nonemergency services. However, this will not impact Medicare payments. Medicare still pays its share of approved charges if the services you receive outside the network are services covered by Medicare.

Medicare Cost Policies

Medicare cost policies are offered by certain HMOs that have entered into a special arrangement with the federal Centers for Medicare & Medicaid Services (CMS). Insurers that market Medicare cost policies offer both basic Medicare cost policies and enhanced Medicare cost policies. The basic Medicare cost policies supplement only those benefits covered by Medicare and do not provide the benefits mandated under Wisconsin insurance law.

You must live in the plan's geographic service area to apply for Medicare cost insurance. The HMO plan doctors or other providers are selected by the HMO. The HMOs agree to provide Medicare benefits and may provide additional benefits at additional cost. Medicare cost insurance will only pay full supplemental benefits if covered services are obtained through HMO plan doctors or other providers, called the plan's "network."

If you purchase a Medicare cost policy, Medicare pays its share of approved charges if you receive services from outside the plan's network area. **If you go to a doctor or other provider who does not belong to your HMO without a referral from your HMO doctor, you will pay for all Medicare deductibles and copayments. The HMO will not provide supplemental benefits.**

Medicare Advantage Plans (Medicare Part C)

Medicare Advantage plans (formerly known as Medicare+Choice plans) are offered by certain HMOs and insurance companies that have entered into special arrangements with the federal Centers for Medicare & Medicaid Services (CMS). Under these arrangements the federal government pays the HMO or insurance company a set amount for each Medicare enrollee. The HMO or insurance company agrees to provide Medicare benefits and may provide some additional benefits, which may be at an additional cost.

It is important to note that your Medicare Advantage plan can terminate at the end of the contract year if either the plan or CMS decides to terminate their agreement.

Medicare Advantage plans may include deductibles and copayment/coinsurance amounts (out-of-pocket expenses) that do not apply to Wisconsin standardized Medicare supplement policies.

Medicare Advantage plans are not regulated by the state of Wisconsin Office of the Commissioner of Insurance. Therefore, these plans are **NOT** required to cover Wisconsin mandated benefits, nor are the plans guaranteed renewable for life like

Medicare supplement policies. Information regarding benefits mandated by Wisconsin insurance laws is available on [pages 12-13](#) of this booklet or by contacting OCI at oci.wi.gov or the phone numbers listed on [page 47](#) of this booklet.

You can obtain more information by requesting a copy of OCI's booklet *Medicare Advantage in Wisconsin*. You may also call CMS at 1-800-MEDICARE (1-800-633-4227) or (312) 353-7180 for information.

Medicare Advantage Health Maintenance Organization Plans

If you enroll in a Medicare Advantage plan through a health maintenance organization (HMO) that has contracted with CMS, you are required to seek care from plan providers. This means that, except for emergency or urgent care situations away from home, you must receive all services from HMO-contracted medical providers. If you go to a doctor or other provider who does not have a contract with your HMO without a referral from your doctor, you will be responsible for the entire cost of the services you receive, **including Medicare costs.** To be eligible for a Medicare Advantage plan through an HMO, you must live in the HMO's geographic service area.

Medicare Advantage Preferred Provider Organization Plans

If you enroll in a Medicare Advantage plan through a preferred provider organization plan (PPO), in order to receive full coverage under the PPO option, you must receive all services, except for emergency or urgent care situations away from home, from plan providers. You may also enroll in a Medicare Advantage plan through an insurance company with a preferred provider organization plan that has entered into a contract with CMS. However, you may receive services from providers outside the plan at an additional cost.

Medicare Advantage Private Fee-For-Service Plans

Medicare Advantage private fee-for-service (PFFS) plans differ from Medicare Advantage HMO and PPO plans because they allow you to go to any doctor, hospital, or health care provider that agrees to accept the PFFS plan's terms of payment. PFFS plans do not have contracts with doctors, hospitals, or health care providers. You do not have to obtain a referral from the plan to go to a doctor, hospital, or specialist of your choice. **However, it is your responsibility to verify that the doctor or other provider is willing to accept the PFFS plan's payment terms.** Doctors and other providers can stop accepting the Medicare Advantage PFFS plan's terms and reimbursement rates at any time they choose.

Group Insurance Options

If you are covered under an employer group plan, you may still be eligible for coverage after you reach age 65 either as an active employee or as a retiree. You may also be eligible to purchase coverage through a voluntary association.

Employer Group Plans

If you are currently covered under an employer's group insurance plan, you should determine whether you have the option of continuing coverage or converting to suitable coverage to supplement Medicare before you decide to retire, become eligible for Medicare, or reach age 65. State and federal laws require many employers to offer continued health insurance benefits for a limited period of time if your group coverage ends because of divorce, death of a spouse, or termination of employment for reasons other than discharge for misconduct. You should check with your employer for more information. You should submit a written request to your insurance company regarding the benefits you will have under the group insurance policy after you or your spouse become eligible for Medicare.

If either you or your spouse plan to continue working after age 65, you need to take extra care in making insurance decisions. Your group insurance plan may not provide the same coverage you received prior to your 65th birthday.

Employer Plans

Federal law determines when Medicare is the primary payer and when it is the secondary payer. This determination is based on whether you are defined as the employee or dependent under the group insurance policy and on whether the group insurance policy is offered by an employer with 20 or more employees. In some cases, your employer may offer a supplement to Medicare through a group retiree plan.

Employers With 20 or More Employees

If you continue to work past age 65 and your employer has at least 20 employees, your group plan will be the primary payer over Medicare. If you are 65, retired, covered under your employed spouse's group plan, and your spouse's employer has at least 20 employees, the group plan will be the primary payer.

Employers With Less Than 20 Employees

If you continue to work past age 65 but your employer has fewer than 20 employees, Medicare is the primary payer and your group policy is the secondary payer. If you don't enroll in Medicare Part B, your group policy may pay only the 20% and you will be responsible for paying the 80%. This is because your group policy may calculate its benefit payment as if you were covered by Medicare regardless of whether you sign up for Medicare part B. If your spouse is covered under your employer's plan and becomes eligible for Medicare because of disability or retirement, your group policy may change to paying only 20% because Medicare is primary as soon as your spouse becomes eligible for Medicare.

You should contact your local Social Security office for information on *Medicare and Other Health Benefits: Your Guide to Who Pays First*. You may view this publication online at www.medicare.gov and key in the title of the publication.

Remember: Employer group coverage is often available regardless of your health and usually does not include any waiting periods for preexisting conditions.

COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the law that allows some people to keep their group health coverage for a limited period of time after they leave their employment. However, there are important time frames that affect COBRA coverage when you are eligible for Medicare and Medicare supplement policies.

Special Enrollment

If you didn't take Medicare Part B when you were first eligible because you or your spouse were working and had group health plan coverage through your or your spouse's employer or union, you can sign up for Medicare Part B during a Special Enrollment Period. You can sign up anytime you are still covered by the employer or union group health plan through your or your spouse's current or active employment, or during the 8 months following the month the employer or union group health plan coverage ends, or when the employment ends (whichever is first).

If you are age 65 or older and are covered under COBRA, your employer group health plan may require you to sign up for Medicare Part B. The best time to sign up for Medicare Part B is before your employment ends or you lose your employer's coverage. If you wait to sign up for Medicare Part B during the eight months after your employment or coverage ends, your employer may make you pay for services that Medicare would have paid for if you had signed up earlier.

If you have COBRA coverage when you first enroll in Medicare, your COBRA coverage may end. Your employer has the option of canceling your COBRA coverage if your first Medicare enrollment is after the date you elected COBRA coverage.

Additional information regarding COBRA coverage and Medicare Part B is available in the booklet *Medicare & You*, available at your Social Security office or go to the Medicare Web site www.medicare.gov.

Voluntary Association Plans

If you do not have adequate group insurance, you may want to apply for a voluntary association plan. Many associations offer group health insurance coverage to their members. Association plans are not necessarily less expensive than comparable coverage under an individual policy. Be sure you understand the benefits included and then compare prices. Association groups that offer Medicare supplement insurance must comply with the same rules that apply to other Medicare supplement policies.

Basic Benefits Included in Medicare Supplement Policies

- **Inpatient Hospital Care:** Covers the Medicare Part A coinsurance.
- **Medical Costs:** Covers the Medicare Part B coinsurance (generally 20% of the Medicare-approved payment amount).
- **Blood:** Covers the first three pints of blood each year.

Medigap Benefits	Basic Plan	Optional Riders
Basic Benefits	√	<p>Insurance companies are allowed to offer these seven riders to a Medicare supplement policy.</p> <ul style="list-style-type: none"> • Medicare Part A Deductible • Medicare 50% Part A Deductible • Additional Home Health Care (365 visits including those paid by Medicare) • Medicare Part B Deductible • Medicare Part B Copayment or Coinsurance • Medicare Part B Excess Charges • Foreign Travel Emergency
Medicare Part A: Skilled Nursing Facility Coinsurance	√	
Inpatient Mental Health Coverage	175 days per lifetime in addition to Medicare	
Home Health Care	40 visits in addition to those paid by Medicare	
Medicare Part B: Coinsurance	√	
Outpatient Mental Health	√	
Other Wisconsin Mandated Benefits	√	

Basic Benefits Included in Medicare Select Policies

- **Inpatient Hospital Care:** Covers the Medicare Part A coinsurance.
- **Medical Costs:** Covers the Medicare Part B coinsurance (generally 20% of the Medicare-approved payment amount).
- **Blood:** Covers the first three pints of blood each year.

Medigap Benefits	Basic Plan
Basic Benefits	√
Medicare Part A Deductible	√
Medicare Part A: Skilled Nursing Facility Coinsurance	√
Inpatient Mental Health Coverage	175 days per life-time in addition to Medicare
Home Health Care	365 visits in including those paid by Medicare
Medicare Part B: Deductible	√
Medicare Part B: Coinsurance	√
Other Wisconsin Mandated Benefits	√
Outpatient Mental Health	√
Foreign Travel Emergency	√

Policy Description

The charts on [pages 24 - 29](#) provide a brief description of benefits of Medicare supplement and Medicare select policies offered in Wisconsin. Check the Outline of Coverage that you receive from the company and the policy itself for details. A booklet entitled *Medicare & You* is available free from your Social Security office and explains Medicare benefits in detail.

For information on Medicare supplement insurance policies approved by the Office of the Commissioner of Insurance (OCI), visit our Web site or contact OCI and request a copy of the booklet [Medicare Supplement Insurance Approved Policies](#). The booklet includes only policies offered by companies that have agreed to be listed in the booklet.

Medicare supplement insurance companies can only sell standardized Medicare supplement policies. Each standardized Medicare supplement policy must offer the same basic benefits, no matter which insurance company sells it. The optional benefits and cost are the major difference among the Medicare supplement policies sold by different insurance companies.

POLICY BENEFITS—TRADITIONAL INSURERS

All **Medicare supplement** policies offered by traditional insurance companies provide the following benefits:

Basic Benefits

1. Copayment for 61st to 90th day of hospitalization **(\$304 a day)**
2. Copayment for 91st to 150th day of hospitalization **(\$608 a day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$152 a day)**
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
5. First 3 pints of blood
6. 40 home health care visits in addition to Medicare
7. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments
8. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Part A deductible **(\$1,216)**
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$147)**
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less
5. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
6. Medicare 50% Part A deductible
7. Part B copayment or coinsurance rider

POLICY BENEFITS—TRADITIONAL INSURERS COST-SHARING 50% AND 25%

Medicare supplement cost-sharing policies provide benefits after you have met your out-of-pocket limit and your calendar year Part B deductible. The out-of-pocket limits for 2014 are \$4,940 or \$2,470 for 50% or 75% cost-sharing policies, and the 2014 Part B deductible is \$147.

All **Medicare supplement cost-sharing** policies offered by traditional insurance companies provide the following benefits:

Basic Benefits

1. Copayment for 61st to 90th day of hospitalization **(\$304 a day)**
2. Copayment for 91st to 150th day of hospitalization **(\$608 a day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$152 a day)** (50% or 75%)
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
5. First 3 pints of blood (50% or 75%)
6. 40 home health care visits in addition to Medicare
7. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments
8. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Part A deductible **(\$1,216)** (50% or 75%)
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$147)**
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less

5. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.

POLICY BENEFITS—MEDICARE SELECT

All **Medicare select** policies provide the following benefits:

Basic Benefits

1. Part A deductible **(\$1,216)**
2. Copayment for 61st to 90th day of hospitalization **(\$304 a day)**
3. Copayment for 91st to 150th day of hospitalization **(\$608 a day)** - full coverage after Medicare days are exhausted
4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$152 a day)**
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood
7. Part B deductible **(\$147)**
8. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
9. 365 home health care visits including those paid by Medicare
10. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
11. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
12. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Medicare 50% Part A deductible
2. Part B copayment or coinsurance rider

POLICY BENEFITS—MEDICARE SELECT COST-SHARING 50% AND 25%

Medicare select cost-sharing policies provide benefits after you have met your out-of-pocket limit and your calendar year Part B deductible. The out-of-pocket limits for 2014 are \$4,940 or \$2,470 for 50% or 75% cost-sharing policies, and the 2014 Part B deductible is \$147.

All **Medicare select cost-sharing** policies provide the following benefits:

1. Part A deductible **(\$1,216)** (50% or 75%)
2. Copayment for 61st to 90th day of hospitalization **(\$304 a day)**
3. Copayment for 91st to 150th day of hospitalization **(\$608 a day)** - full coverage after Medicare days are exhausted
4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$152 a day)** (50% or 75%)
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood (50% or 75%)
7. Part B deductible **(\$147)**
8. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
9. 365 home health care visits including those paid by Medicare
10. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
11. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
12. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

POLICY BENEFITS—COST INSURANCE - BASIC AND ENHANCED

Basic Plan

1. Copayment for 61st to 90th day of hospitalization **(\$304 a day)**
2. Copayment for 91st to 150th day of hospitalization **(\$608 a day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$152 a day)**
4. First 3 pints of blood
5. 40 home health care visits in addition to Medicare

6. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Enhanced Plan

Insurance companies may offer additional benefits for an additional premium:

1. Part A deductible **(\$1,216)**
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$147)**
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
7. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
8. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

POLICY BENEFITS—HIGH-DEDUCTIBLE PLAN

High-deductible Medicare supplement plans offer benefits after you have paid a calendar year deductible of \$2,140. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible of \$250.

Benefits

1. Part A deductible included
2. Copayment for 61st to 90th day of hospitalization **(\$304 a day)**
3. Copayment for 91st to 150th day of hospitalization **(\$608 a day)** - full coverage after Medicare days are exhausted

4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$152 a day)**
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood
7. Part B deductible included
8. Part B excess charges up to the actual charge or the limiting charge, whichever is less, included
9. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
10. 365 home health care visits including those paid by Medicare
11. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
12. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
13. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

Basic Facts About Medicare Supplement Policies

Open Enrollment

Medicare supplement and Medicare select insurance companies must make coverage available to you, regardless of your age, for six months beginning with the date you enroll in Medicare Part B. This six-month period is called the **open enrollment period**. Insurance companies may not deny or condition the issuance of a policy on your health status, claims experience, receipt of health care, or medical condition. The policy may still have waiting periods before preexisting health conditions are covered. In addition, if you are under age 65 and enrolled in Medicare due to disability or end stage renal disease, you are entitled to another six-month open enrollment period upon reaching age 65.

Medicare cost and Medicare Advantage insurance plans accept applicants who live in the plan's geographic service area, have Medicare Part A and Part B, and do not have permanent kidney failure.

Guaranteed Issue

In addition to the open enrollment period, in some situations you have the right to enroll in a Medicare supplement or Medicare select policy regardless of your health status if your other health coverage terminates. The insurance company must offer you one of these Medigap policies if:

- Your Medicare Advantage or Medicare cost plan stops participating in Medicare or providing care in your service area; or
- You move outside the plan's geographic service area; or
- You leave the health plan because it failed to meet its contract obligations to you; or
- Your employer group health plan ends some or all of your coverage; or
- You terminate your employer group plan to join a Medicare Advantage plan but leave the Medicare Advantage plan within 12 months of enrollment; or
- Your Medicare supplement insurance company ends your Medigap or Medicare select policy and you're not at fault (for example, the company goes bankrupt); or

- You drop your Medigap policy to join a Medicare Advantage plan, a Medicare cost plan, or buy a Medicare select policy for the first time, and then leave the plan or policy within one year after joining. However, you may only return to the policy under which you were originally covered, if available; or
- You join a Medicare Advantage plan or a Medicare cost plan when you first become eligible for Medicare Parts A and B at age 65 and within one year of joining you decide to leave the health plan; or
- You have Medicare Parts A and B and are covered under Medical Assistance and lose eligibility in Medical Assistance; or
- Your employer group plan increases your cost from one 12-month period to the next by more than 25% and the new payment for the employer-sponsored coverage is greater than the premium charged under the Medicare supplement plan the individual is applying for.

If you qualify for a guaranteed issue plan, you must apply for your new Medigap policy no later than 63 calendar days after your health plan or policy ends, the Medigap insurance company:

- Cannot deny you insurance coverage or place conditions on the policy (such as a waiting period),
- Must cover you for all preexisting conditions, and
- Cannot charge you more for a policy because of past or present health problems.

If your policy was terminated, the insurance company must provide a notification that explains individual rights to guaranteed issue of Medigap policies. You must submit a copy of this notice (creditable coverage) or other evidence of termination with the application for the new policy.

Suspension of Medigap Policy

Medicare supplement and Medicare select policies must allow Medicare beneficiaries with coverage due to disability the right to suspend their Medigap coverage when they have employer group health plan coverage. This option was created by federal law and is referred to as a Ticket to Work provision. If you are an under age 65 Medicare beneficiary with Medigap coverage and you want to suspend your Medigap policy, you can do so by calling your Medigap insurance company. If you later lose

your employer group health plan coverage, you can contact the Medigap insurance company within 90 days of losing your employer coverage and get your Medigap policy back.

30-day Free Look

All Medicare supplement and Medicare select insurance policies sold in Wisconsin have a 30-day free-look period. If you are dissatisfied with a policy, you may return it to the insurance company within 30 days and get a full refund if no claims have been made. You should use the time to make sure the policy offers the benefits you expected. Check your application for accuracy and check the policy for any limitations, exclusions, or waiting periods.

Renewability

All Medicare supplement and Medicare select policies sold today must be guaranteed renewable for life. This means that you can keep the policy as long as you pay the premium. **It does not mean that the insurance company cannot raise the premium.** Policies that are guaranteed renewable offer added protection. Be sure to ask the insurance agent or company about the renewability of the policy.

Medicare Advantage plans are not guaranteed renewable. Medicare Advantage plans are a special arrangement between federal CMS and certain HMOs or insurance companies. CMS, HMOs, or insurance companies may choose to terminate plans at the end of any calendar year.

Midterm Cancellation

All Medicare supplement and Medicare select policies include the right to a prorated refund of premium if you want to cancel a policy before the end of a term. All you need to do is to send your Medicare supplement or Medicare select policy to the insurance company with a letter requesting cancellation. The right to midterm cancellation does not apply to Medicare cost or Medicare Advantage plans.

Waiting Periods, Limitations, and Exclusions

Many Medicare supplement insurance policies have waiting periods before coverage begins. If your policy excludes coverage for preexisting conditions for a limited time, it must provide this information on the first page of the policy. The waiting period for preexisting conditions may not be longer than **six months**, and only conditions treated during the six months before the effective date of the policy may be excluded.

Insurance companies are required to waive any waiting periods for preexisting conditions if you buy a Medicare supplement policy during the open enrollment period and have been continuously covered with creditable coverage for at least six months prior to applying for the Medicare supplement policy. Insurance companies are also required to waive any waiting periods for preexisting conditions when one Medicare supplement policy is replaced with another.

Creditable Coverage

Health Creditable Coverage

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health insurance issuers, group health plans and/or employers issue a HIPAA certificate of creditable coverage when your health coverage ends. The certificate indicates the date on which your coverage ends and how long you had the coverage. You should retain this document for your records because the certificate provides evidence of your prior coverage. If certain conditions are met, evidence of prior coverage may entitle you to a reduction or total elimination of a preexisting condition exclusion period under subsequent health benefits coverage you may obtain. CMS does not request or require a copy of this HIPAA certificate of creditable coverage. Therefore, you should not be instructed to send the certificate to CMS. For more information on HIPAA, go to www.cms.hhs.gov/HealthInsReformforConsumer/.

Prescription Drug Creditable Coverage

The Medicare Modernization Act (MMA) imposes a late enrollment penalty if you do not maintain creditable drug coverage (coverage that is at least as good as Part D coverage) for a period of 63 days or longer following your initial enrollment period for the Medicare prescription drug benefit. MMA mandates that certain entities offering prescription drug coverage disclose to all Medicare-eligible individuals with prescription drug coverage whether such coverage is creditable. You should retain this document for your records. CMS does not request or require a copy of this creditable coverage documentation. Therefore, you should not be instructed to send the certificate to CMS. For more information on creditable coverage as it relates to Part D, go to www.cms.hhs.gov/CreditableCoverage/01_Overview.asp.

Common Exclusions

No insurance policy will cover everything that is not covered by Medicare. Medicare excludes certain types of medical expenses. So do many Medicare supplement, Medicare select, Medicare cost policies, and Medicare Advantage plans.

Some services that are frequently excluded under these policies are:

- custodial care in nursing homes,
- private duty nursing,
- routine check-ups,
- eye glasses,
- hearing aids,
- dental work,
- cosmetic surgery, and
- prescription drugs.

Medigap policies include two other exclusions that are frequently misunderstood:

1. **Approved Charges**—Medicare pays only for charges that are considered reasonable and services that are considered necessary. Medicare’s determination of a reasonable or “approved” charge may be much less than the actual charge for a covered service. For example:

Doctor’s bill	\$115
Medicare-approved	100
Medicare pays (80% coinsurance)	80

In the example above, Medicare pays 80% of the approved charge (\$80). Medicare supplement policies pay only the 20% difference between what Medicare approves and what Medicare pays (\$20). If your doctor accepts assignment, you will not be charged the difference between what Medicare approves and the doctor’s bill. Otherwise, you will be responsible for that portion of the bill. If you have the Medicare Part B Excess Charges Rider, the policy will pay the difference between what Medicare approves and the doctor’s charge.

Medicare select and Medicare cost policies cover the entire charge for covered services if you use doctors and hospitals connected to the plan. Medicare Advantage plans may charge a copayment for doctor office and emergency room visits.

2. **Custodial Care**—Medicare pays for skilled nursing care in a skilled nursing facility approved by Medicare **if your doctor certifies that it is necessary and you meet certain other criteria**. There are **no** benefits for custodial care. In general, Medicare supplement, Medicare select, Medicare cost, and Medicare Advantage plans cover only skilled care and do not cover custodial or intermediate care. Skilled nursing care is quite narrowly defined.

Your Grievance and Appeal Rights

Grievance Procedure

If you have a complaint or question, you may wish to first contact your insurance company. Many complaints can be resolved quickly and require no further action. However, you do not have to file a complaint with your insurance company before you file a complaint with the appropriate state agency.

Medigap insurance companies are required to have an internal grievance procedure to resolve issues involving Wisconsin mandated benefits. If you are not satisfied with the service you receive, your insurance company must provide you with complete and understandable information about how to use the grievance procedure. You have the right to participate in the grievance committee's meeting and present additional information.

Insurance companies are required to have a separate expedited grievance procedure for situations where your medical condition might require immediate medical attention.

Medigap insurance companies are required to file a report with OCI listing the number of grievances they had in the previous year.

Benefit Appeal

If you are not satisfied with the denial of a benefit by your Medigap insurance company, you may appeal the decision. The insurance company must offer you the opportunity to submit a written request that the insurance company review the denial of benefits. Your policy or group insurance certificate and Outline of Coverage describe the benefit appeal procedure. If the insurance company denies any benefit under your Medigap policy, the insurance company must, at the time of denial, provide you with a written description of its appeal process.

Independent Review

For Wisconsin mandated benefits under Medicare supplement policies, if you are not satisfied with the outcome of a grievance and the grievance involves a dispute regarding medical necessity or experimental treatment, you or your authorized representative may request that an independent review organization (IRO) review your insurance company's decision. The independent review process provides you

with an opportunity to have medical professionals who have no connection to the insurance company review the dispute. The IRO has the authority to determine whether the treatment should be covered by the insurance company.

Your insurance company will provide you with information on the availability of this process whenever it makes a determination that is eligible for the independent review process. Information regarding the IRO process is also available on OCI's Web site at oci.wi.gov/company/iro.htm.

Prescription Drug Discount Options

In Wisconsin, Medicare beneficiaries have access to discounted drugs through the SeniorCare program and can obtain discounted drugs through drug manufacturers, the Internet, and mail-order pharmacies.

SeniorCare Prescription Drug Assistance Program

The Wisconsin legislature created the SeniorCare prescription drug assistance program for residents age 65 years of age or older and who meet certain requirements. SeniorCare is designed to make prescription drugs more affordable and to make it easier to obtain needed prescription medications.

SeniorCare's eligibility requirements include:

1. Must be a Wisconsin resident.
2. Must be 65 years of age or older.
3. Must pay a \$30 annual enrollment fee per person.
4. Only income is measured. Assets, such as bank accounts, insurance policies, home, property, etc., are not counted.

Under SeniorCare, you will need to pay out-of-pocket expenses depending on your annual income. There are different expense requirements and benefits based on your income and your spouse's income if your spouse lives with you.

If you think you might be eligible, contact your county or tribal aging office for more information or call the SeniorCare Customer Service Hotline at 1-800-657-2038.

Consumer Buying Tips

Cost of Policies

When buying a Medigap policy, you should find out exactly what the premium will be. A few insurance companies charge everyone the same amount. Most companies charge different premiums based on your age at the time of application. Several companies also use other factors, such as different rates for men and women or different rates in different parts of the state.

You should also find out what happens to your premium as you get older. The premium for your policy will increase every year primarily due to inflation in medical costs and the increase in Medicare deductibles and copayments. The amount your premium increases may also depend on the way in which the company reflects the aging of its policyholders in the rates charged. Be sure to ask the agent for any Medigap policy you are considering to explain the approach the company uses. In general, insurance companies use one of the methods described below:

Attained Age. In addition to medical inflation and increased Medicare deductibles and copayments, your premium will also increase as you age. This is due to the fact that you tend to use more medical services as you age. Premiums may be less expensive than issue age policies at first but can eventually become the most expensive.

Issue Age. Your premium will increase due to medical inflation and increased Medicare deductibles and copayments. It will not increase due to your age. Your initial premium will be higher than under the Attained Age approach because a portion of the initial premium is used to prefund the increased claims cost in later years.

No Age Rating. Your premium is the same as for all customers who buy this policy, regardless of age.

Under Age 65. Your premium is calculated for individuals who, due to a disability, are eligible to enroll in Medicare under age 65.

Policy Delivery and Refunds

Policy delivery or refunds on policies should be made promptly by insurance companies. If you do not receive your policy within a month or if there is a delay in receiving a refund, call or write the insurance company.

If you buy from an agent, find a good local insurance agent who can help you buy the right policy and will also assist you with making claims.

Policy Storage

Keep the policy in a safe place. It is a good idea to choose someone ahead of time who can take over your affairs in case of a serious illness. This person should know where your records are kept.

Duplicate Coverage

Before buying additional, duplicate coverage, evaluate your current policy. Buying one comprehensive health insurance policy is much better than buying several limited policies. Duplicate coverage is costly and unnecessary. This is true for both group and individual policies.

Health History

Do not be misled that your medical history on an application is not important. Omitting specific medical information on your application can be very costly. If your application for individual Medigap insurance includes questions about your health, be sure that you answer all medical questions completely and accurately. If an agent helps you fill out the application, do not sign the application until you read it. If you omit medical information and the insurance company finds out about it later, the company may deny your claim and/or terminate your policy.

Since the application is part of the insurance contract, you will receive a copy with the policy. Make sure that the application has not been changed and that all the medical information in the application is accurate.

Payment

Make checks payable only to the insurance company—**do not pay cash or make a check out to the agent**. Be sure you have the agent's name, address, and Wisconsin agent's license number, and the name and address of the company from which you are buying the policy.

Replacing Existing Coverage

Make sure you have a good reason for switching from one policy to another. You should only replace existing coverage for different benefits, better service, or more affordable premiums. Do not terminate your existing policy until your new policy is in effect.

Insurance Agents and Companies

Insurance agents and companies must be licensed to sell Medicare supplement and other insurance. You can check with the Office of the Commissioner of Insurance to see if they are licensed. Keep the agent's business card and information regarding the insurance company's address and telephone number.

What if I Can't Afford a Medicare Supplement Policy?

You may find that you can no longer afford to pay insurance premiums, and if so, there may be other programs to assist you in paying for your medical care including Medicaid or other low-income programs. The Medicaid program provides health care coverage for individuals who meet the program's definition of low income. If you do not qualify for the Medicaid program, you may be eligible for either the Qualified Medicare Beneficiary (QMB) program or the Specified Low-Income Beneficiary (SLIB) program (see details below).

Medicaid Program

If you are eligible for Medicaid, you do not need to buy private health insurance. Medicaid pays almost all of the health care costs if you are eligible for the program. For more information, contact your county or tribal aging office. If you bought a Medicare supplement policy after November 5, 1991, and then become eligible for Medicaid, the law permits you to suspend your coverage for 24 months while you are enrolled in the Medicaid program.

If you lose your eligibility for Medicaid, you are allowed to reinstate your Medicare supplement or Medicare select insurance.

Qualified Medicare Beneficiary (QMB) and Specified Low-Income Beneficiary (SLMB) Programs

If you are a low-income Medicare beneficiary but don't qualify for the standard Medicaid program, you may be eligible for either the QMB or the SLMB program. While these programs do not necessarily eliminate your need for private insurance to supplement your Medicare benefits, they could save you hundreds of dollars each year in health care costs if you qualify for assistance.

The QMB program pays Medicare's premiums, deductibles, and coinsurance amounts if you are entitled to Medicare Part A, and your annual income is at or below the national poverty level, and your savings and other resources are very limited. The QMB program, therefore, functions like a Medigap policy and more because it also pays your Part B premium.

The SLMB program pays your Medicare Part B premium if you are entitled to Medicare Part A and your income does not exceed the national poverty level by

more than 20%. If you qualify for assistance under the SLMB program, you will be responsible for Medicare's deductibles, coinsurance, and other related charges.

In addition, you may be eligible for a Medicaid program that requires states to pay Medicare Part B premium assistance for low-income Medicare beneficiaries. Contact the state or local Medicaid or social services office or your benefit specialist to get more detailed eligibility information or to apply.

Limited Policies

The limited policies listed below should not be bought as substitutes for a comprehensive Medigap policy.

Long-Term Care Coverage—These policies cover long-term nursing home and/or home health care.

You may obtain a copy of the booklets [Guide to Long-Term Care](#) and [Long-Term Care Insurance Approved Policies in Wisconsin](#) from the Office of the Commissioner of Insurance.

Hospital Confinement Indemnity Insurance—These policies pay a fixed amount per day for a specific number of days during the time you are hospitalized. These policies are not related to Medicare and only pay a limited amount of any hospital bill. You should review these policies carefully to determine the number of days you need to be hospitalized before coverage begins and the daily benefit you will receive after you become hospitalized.

Specified Disease Coverage—These policies provide benefits for a single disease or group of specified diseases, such as cancer, and are not Medicare supplement or Medigap policies. These policies only provide coverage for the specified disease and therefore should not be bought as alternatives to more comprehensive coverage. [A Shopper's Guide to Cancer Insurance](#) prepared by the National Association of Insurance Commissioners is available from the Office of the Commissioner of Insurance.

ATTENTION

Federal law prohibits the sale of a health insurance policy that pays benefits in addition to Medicare unless it will pay benefits without regard to other health coverage and it includes a disclosure statement on or together with the application.

State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) is a free counseling service for Medicare beneficiaries and their caregivers. SHIP's Medigap Helpline (1-800-242-1060) can help you with questions about health insurance, primarily Medicare supplements, Medicare savings programs, long-term care insurance, employer/retiree group insurance, the Medicaid program, and other health care plans available to Medicare beneficiaries, as well as prescription drug coverage.

The Medigap Helpline is provided by the State of Wisconsin Board on Aging and Long-Term Care at no cost to you. There is no connection with any insurance company. The program is funded by a grant from the federal government Centers for Medicare & Medicaid Services and the Wisconsin Office of the Commissioner of Insurance.

Filing a Claim

It is important to file claims properly. The following list will help:

- Keep an accurate record of all your health care expenses. Store this information with your Medigap insurance or other health insurance policies.
- Whenever you receive treatment, present your Medicare card and any other insurance card you have.
- File all claims promptly. With each claim payment from Medicare you will receive a Medicare Summary Notice (MSN). If the insurance company requests a copy of the Medicare Summary Notice, make a copy of the MSN and record the date you send the copy to the insurance company. Keep copies of any information you have concerning services received, the dates of services, and the persons who provided the services.
- You do not have to submit your claims to Medicare. Your doctor, supplier, or other Medicare provider must submit claims to Medicare for you.
- If you enroll in a health maintenance organization (HMO), you will not have to file claims for services covered by HMO providers. All claims for covered services will be handled by the HMO.
- Some Medicare supplement insurance companies have an automatic claims filing program. This means that the insurance company receives a copy of your claim as soon as it is processed by Medicare. There may be a charge for this service.
- For more information on filing claims, you may want to contact the benefit specialist at your county or tribal aging office.

NOTE

Under Wisconsin law, all Medicare supplement and Medicare select insurance policies must include a benefit appeal procedure for claim denials. This procedure will be explained in your policy and Outline of Coverage.

What if I Have Additional Questions or Complaints?

If you have questions or complaints about:

Health Insurance

- **Board on Aging and Long Term Care (BOALTC)**

This is the Wisconsin Senior Health Insurance Assistance Program (SHIP) with a statewide toll-free number staffed by the Wisconsin Board on Aging and Long Term Care (BOALTC) and funded by the Office of the Commissioner of Insurance. BOALTC provides free insurance counseling services to Medicare beneficiaries and can answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.

Address

Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

1-800-242-1060 - Medigap Helpline (toll-free)
(608) 246-7001 Fax
longtermcare.wi.gov

- **Office of the Commissioner of Insurance (OCI)**

OCI publishes several consumer guides to assist seniors in shopping for insurance. The publications should be used only as a guide. These guides are not legal documents and do not represent your rights under any insurance policy or government program. Your policy, contract, or federal or state laws establish your rights. Consult an attorney for legal guidance about your specific rights. Legal assistance may also be available through your county or tribal aging office.

If you are having a problem with your insurance, you should first check with your agent or with the insurance company that sold you the policy. If you do not get satisfactory answers, you may file a complaint with OCI.

Mailing Address

P.O. Box 7873
Madison, WI 53703-7873

Street Address

125 South Webster Street
Madison, WI 53702

1-800-236-8517 (statewide) or (608) 266-0103 (Madison)

711 TDD (ask for 608-266-3586)

oci.wi.gov

- **Wisconsin County/Tribal Elder Benefit Specialists**

(or call your county department on aging)

Benefit specialists are trained to help anyone 60 years of age or older who is having a problem with private or government benefits.

www.dhs.wisconsin.gov/aging/EBS/benspecs.htm

Medicare

- **Centers for Medicare & Medicaid Services (CMS)**

The Centers for Medicare & Medicaid Services is the federal agency that manages the Medicare and Medicaid programs.

Address

7500 Security Boulevard
Baltimore MD 21244-1850

1-800-633-4227 (toll-free)

www.cms.gov

- **Billing Medicare - Wisconsin Information**

Medicare Carrier

Part B bills and services

Wisconsin Physician Services

1-866-359-1599 (toll-free)

Fiscal Intermediary

Part A bills and services, hospital care, skilled nursing care, and fraud

Blue Cross Blue Shield of Wisconsin
(d.b.a. United Government Services, LLC)
1-800-633-4227 (toll-free)

- **SeniorCare**

SeniorCare is Wisconsin's prescription drug assistance program for Wisconsin residents who are 65 years of age or older and who meet eligibility requirements.

1-800-657-2038 SeniorCare Customer Service Hotline (toll-free)
TTY and translations services are available
www.dhs.wisconsin.gov/seniorcare

If you think you are eligible, contact your county or tribal aging office for more information.
www.dhs.wisconsin.gov/seniorCare/HowWhere.htm

- **Prescription Drug Helplines for Medicare Beneficiaries**

Medicare Part D and Prescription Drug Helpline

Toll-free information line that provides free counseling to all Wisconsin Medicare beneficiaries age 60 and over on prescription drug coverage options in Wisconsin, including Medicare Part D.

Wisconsin Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

1-855-677-2783 (toll-free)
BOALTC@wisconsin.gov

Disability Drug Benefit Helpline

Toll-free information line that provides free counseling to Wisconsin Medicare beneficiaries under age 60 with a disability

Disability Rights Wisconsin
1-800-926-4862
www.disabilityrightswi.org

Glossary of Terms

Actual charge: The amount of money a doctor or supplier charges for a certain medical service or supply. This amount is often more than the amount Medicare approves.

Appeal: A special kind of complaint you make if you disagree with any decision about your health care services. This complaint is made to your Medicare health plan or to Medicare. There is usually a special process you must use to make your complaint.

Approved amount or charge: Also called the allowable, eligible, or accepted charge, this is the maximum fee set by Medicare that it will approve for a particular service or procedure, of which Medicare will reimburse 80%.

Assignment: This means that a doctor agrees to accept Medicare's fee as full payment. Accepting assignment means that the doctor agrees to bill no more than the approved charge for a service. In other words, a doctor will not charge more than Medicare will approve. Doctors not accepting assignment charge 15% more and you will be responsible for 100% of the excess charges.

Attained age: This means that as you age, your premiums will change to meet your age range and your premiums will become higher.

Beneficiary: A person who has health insurance through the Medicare program.

Benefit appeal: The opportunity for the Medicare beneficiary to submit a written request for review by the insurer of the denial of a claim for Wisconsin mandated benefits under the Medicare supplement policy.

Benefit period: A designated period of time during and after a hospitalization for which Medicare Part A will pay benefits.

Carrier: A private company that has a contract with Medicare to process your Medicare Part B bills.

Centers for Medicare & Medicaid Services (CMS): The federal agency that runs the Medicare program.

Coinsurance: The percent of the Medicare approved amount that you have to pay after you pay the deductible for Part A and/or Part B. If you have supplemental coverage, this is the balance of a covered health expense that you are required to pay after insurance has covered the rest.

Copayment: A copayment is a set amount you pay for a service.

Creditable coverage: Previous health/drug coverage that reduces the time you have to wait before preexisting health conditions are

covered by a policy you buy during your Medigap open enrollment period or guarantee-issue period.

Custodial care: Personal care, such as help with activities of daily living, like bathing, dressing, eating, getting in and out of a bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. Medicare does not pay for custodial care.

Deductible: The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B. These amounts can change every year.

Drug formulary: A formulary is a list of generic and brand name prescription drugs that are covered by your insurance policy or health plan.

Durable Medical Equipment (DME): Medical equipment that is ordered by a doctor for use in the home. These items must be reusable, such as walkers, wheelchairs, or hospital beds.

Excess charge: The difference between a doctor's or other health care provider's actual charge and the Medicare-approved payment amount.

Enrollment period: The six-month period after you turn 65, during

which you can enroll in any Medicare supplement insurance plan or policy if you have enrolled in Medicare Part B. During this period, you cannot be denied based on any preexisting medical condition.

Free-look period: The 30-day period of time when you can review a Medicare supplement policy. If you change your mind about keeping the policy during this 30-day period, you can cancel the policy and get your money back.

Grievance: Your right under Wisconsin insurance law to file a written complaint regarding any dissatisfaction with your policy or plan regarding mandated benefits. Medicare also provides you the right to file a grievance if you have a problem calling the plan, staff behavior, or operating hours. Medicare has a separate appeal process for complaints about a treatment decision or a service that is not covered.

Guaranteed issue rights: Rights you have in certain situations when insurance companies are required to accept your application for a Medicare supplement policy. In these situations, an insurance company can't deny you insurance coverage or place conditions on a policy, must cover you for all preexisting conditions, and cannot charge you more for a policy because of past or present health problems.

Guaranteed renewable: A right you have to automatically renew or continue your Medicare supplement policy, unless you commit fraud or do not pay your premiums.

Issue age: Premiums are set at the age you are when you buy the policy and will not increase because you get older. Premiums may increase for other reasons.

Limiting charge: The maximum a doctor or other provider who does not accept assignment may legally charge for a Medicare-covered service. This is 15% over Medicare's approved amount and you are responsible for 100% of the excess charges.

Managed care: A health plan that has an established network of providers that you must use.

Medically necessary: Services or supplies that are needed for the diagnosis or treatment of your medical condition; are provided for the diagnosis, direct care, and treatment of your medical condition; meet the standards of good medical practice in the local area; and are not mainly for the convenience of you or your doctor.

Medicare Part A (Hospital Insurance): Coverage for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance): Coverage for certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare Part C (Medicare Advantage Plan): A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare services are covered through the plan and are not paid for under Original Medicare.

Medicare Part D (Prescription Drug Coverage): Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Medigap: A term used to refer to Medicare supplement and Medicare select policies designed to fill the "gaps" in Original Medicare plan benefits.

Network: A group of doctors, hospitals, pharmacies, and other health care experts that have entered into an agreement with a health plan to provide health care services to its members.

Open enrollment period: A one-time only six-month period when you can buy any Medicare supplement policy you want that is sold in Wisconsin. It starts when you sign up for Medicare Part B and you are age 65 or older.

You cannot be denied coverage or charged more due to present or past health problems during this time period.

Out-of-pocket costs: Medical costs that you must pay on your own because they are not covered by Medicare or other insurance.

Preexisting condition: A medical condition diagnosed or treated up to six months prior to the purchase of an insurance policy. Medicare supplement policies may impose up to a 180-day waiting period before coverage for that condition begins.

Primary payer: An insurance policy, plan, or program that pays first on a claim for medical care. This could be Medicare or other health insurance.

Referral: An approval from your primary care doctor and health plan for you to see a specialist or get certain services. In many Medicare managed care plans, you need to get a referral before you get care from anyone except your primary care doctor. If you do not get a referral first, the plan may not pay for your care.

Secondary payer: An insurance policy, plan, or program that pays second on a claim for medical care. This could be Medicare, Medicaid, or other health insurance depending on the situation.

Service area: The area where a health plan accepts members. For plans that require you to use their doctors and hospitals, it is also the area where services are provided. The plan may disenroll you if you move out of the plan's service area.

State Health Insurance Assistance Program (SHIP): A state program that gets money from the federal government to give free health insurance counseling and assistance to people with Medicare.

Usual and customary charge: The fee most commonly charged by providers for a particular service, procedure, or treatment, for that specialty, in that geographic area.

Waiting period: The time between when you sign up with a Medicare supplement insurance company or Medicare health plan and when the coverage starts.

Acronyms

We have tried to limit the use of acronyms and initials, but some terms are used so often, the acronyms are practical and of assistance to you. The term has been spelled when first used in the text with the acronym or initials following in parentheses. For your convenience, the following is a listing of acronyms and initials that appear in the *Wisconsin Guide to Health Insurance for People with Medicare* booklet:

BOALTC	Board on Aging and Long Term Care
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
COBRA	Consolidated Omnibus Budget Reconciliation Act
DME	Durable Medical Equipment
EOB	Explanation of Benefits
EOMB	Explanation of Medicare Benefits
HMO	Health Maintenance Organization
IRO	Independent Review Organization
MMA	Medicare Prescription Drug, Improvement, and Modernization Act of 2003
MSN	Medicare Summary Notice
OCI	Office of the Commissioner of Insurance
PDP	Prescription Drug Plan
PFFS	Private Fee for Service Plan
PPO	Preferred Provider Organization Plan
QMB	Qualified Medicare Beneficiary Program
SHIP	State Health Insurance Assistance Program
SLMB	Specified Low-Income Medicare Beneficiary Program
SNF	Skilled Nursing Facility

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

P.O. Box 26580 ♦ Austin, Texas 78755-0580 ♦ 866-459-4272

Outline of Medicare Supplement Coverage

OUTLINE OF COVERAGE FOR POLICY FORM AR-BASC.v3-WI

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. The policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the "*Wisconsin Guide to Health Insurance for People with Medicare*," given to you when you applied for this policy. Do not buy the policy if you did not get this guide.

PREMIUM INFORMATION

We, American Retirement Life Insurance Company, can only raise your premium for all the policies like yours in the same geographic area in this state. If your policy was issued as an under age 65 policy due to disability, when you turn 65, premiums will remain at the disabled rates.

DISCLOSURES

Use this Outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an Outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and American Retirement Life Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to American Retirement Life Insurance Company, P. O. Box 26580, Austin, TX 78755-0580. If you send the policy back to us within thirty (30) days after you receive it, we will treat the policy as if it had never been issued and return all your payments directly to you.

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.

NOTICE

This policy may not fully cover all of your medical costs.

**Neither American Retirement Life Insurance Company
nor its agents are connected with Medicare.**

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area I (535-549)

PREFERRED ANNUAL RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
2,996.67	-173.95	622.30	147.00	40.84	29.85	180.93	Under 65	3,446.18	-200.04	715.64	147.00	46.96	34.31	208.07
998.89	-173.95	207.43	147.00	13.61	9.95	60.31	65	1,148.73	-200.04	238.55	147.00	15.65	11.44	69.36
998.89	-173.95	207.43	147.00	13.61	9.95	62.72	66	1,148.73	-200.04	238.55	147.00	15.65	11.44	72.13
1,047.78	-183.71	217.30	147.00	14.22	10.40	65.14	67	1,204.95	-211.27	249.89	147.00	16.36	11.96	74.91
1,093.70	-192.53	227.62	147.00	14.83	10.84	67.54	68	1,257.75	-221.41	261.77	147.00	17.05	12.46	77.68
1,140.51	-202.32	238.44	147.00	15.42	11.27	69.96	69	1,311.58	-232.67	274.20	147.00	17.73	12.97	80.45
1,186.23	-211.00	245.68	147.00	16.00	11.70	72.37	70	1,364.17	-242.65	282.54	147.00	18.40	13.45	83.23
1,226.50	-218.23	257.63	147.00	16.50	12.07	74.79	71	1,410.47	-250.97	296.27	147.00	18.98	13.88	86.00
1,266.76	-225.46	269.58	147.00	17.02	12.44	77.19	72	1,456.78	-259.27	310.01	147.00	19.57	14.31	88.78
1,307.03	-232.69	281.52	147.00	17.53	12.81	79.61	73	1,503.08	-267.59	323.76	147.00	20.15	14.73	91.55
1,347.29	-239.91	293.47	147.00	18.03	13.18	82.02	74	1,549.38	-275.91	337.49	147.00	20.73	15.16	94.32
1,388.94	-247.40	305.72	147.00	18.56	13.57	84.43	75	1,597.29	-284.50	351.59	147.00	21.35	15.61	97.10
1,429.11	-253.55	320.46	147.00	19.08	13.95	86.84	76	1,643.48	-291.58	368.53	147.00	21.95	16.05	99.87
1,469.95	-259.81	335.46	147.00	19.62	14.34	89.26	77	1,690.43	-298.78	385.78	147.00	22.57	16.49	102.65
1,512.95	-266.44	351.08	147.00	20.18	14.76	91.67	78	1,739.89	-306.40	403.74	147.00	23.21	16.97	105.42
1,556.72	-273.17	366.99	147.00	20.75	15.17	94.08	79	1,790.23	-314.15	422.04	147.00	23.87	17.45	108.20
1,601.27	-280.02	383.22	147.00	21.34	15.60	96.49	80	1,841.46	-322.03	440.70	147.00	24.54	17.94	110.97
1,656.99	-285.66	399.44	147.00	21.82	15.94	98.91	81	1,905.54	-328.51	459.36	147.00	25.09	18.34	113.74
1,713.82	-291.39	416.00	147.00	22.30	16.30	101.32	82	1,970.90	-335.10	478.40	147.00	25.65	18.75	116.52
1,773.53	-297.51	433.33	147.00	22.82	16.68	103.73	83	2,039.55	-342.13	498.33	147.00	26.24	19.18	119.29
1,834.49	-303.73	451.04	147.00	23.34	17.06	106.14	84	2,109.67	-349.30	518.69	147.00	26.84	19.62	122.07
1,896.75	-310.08	469.13	147.00	23.87	17.45	108.56	85	2,181.26	-356.59	539.50	147.00	27.46	20.07	124.84
1,963.97	-316.88	484.95	147.00	24.48	17.90	109.64	86	2,258.58	-364.41	557.70	147.00	28.15	20.58	126.09
2,033.01	-323.82	501.20	147.00	25.09	18.34	110.74	87	2,337.96	-372.38	576.38	147.00	28.86	21.10	127.35
2,103.90	-330.90	517.87	147.00	25.72	18.81	111.84	88	2,419.48	-380.53	595.55	147.00	29.58	21.63	128.62
2,174.54	-337.80	534.46	147.00	26.34	19.26	112.97	89	2,500.73	-388.47	614.62	147.00	30.30	22.15	129.91
2,244.76	-344.51	550.92	147.00	26.95	19.70	114.10	90	2,581.48	-396.18	633.55	147.00	30.99	22.65	131.21
2,317.48	-349.23	563.76	147.00	27.32	19.97	115.24	91	2,665.10	-401.61	648.34	147.00	31.42	22.97	132.52
2,391.70	-354.02	576.86	147.00	27.69	20.24	116.39	92	2,750.46	-407.12	663.40	147.00	31.85	23.28	133.85
2,462.59	-358.16	589.04	147.00	28.02	20.49	117.55	93	2,831.98	-411.89	677.40	147.00	32.22	23.56	135.18
2,534.76	-362.35	601.42	147.00	28.35	20.73	118.73	94	2,914.97	-416.70	691.63	147.00	32.60	23.83	136.53
2,608.21	-366.59	613.99	147.00	28.68	20.97	119.92	95	2,999.44	-421.58	706.09	147.00	32.98	24.11	137.90
2,660.37	-373.93	626.27	147.00	29.26	21.39	121.11	96	3,059.42	-430.02	720.21	147.00	33.64	24.60	139.28
2,713.58	-381.40	638.80	147.00	29.84	21.82	122.33	97	3,120.61	-438.62	734.61	147.00	34.31	25.09	140.67
2,767.85	-389.03	651.57	147.00	30.44	22.26	123.55	98	3,183.02	-447.39	749.31	147.00	35.00	25.59	142.08
2,823.21	-396.81	664.60	147.00	31.05	22.70	124.79	99	3,246.69	-456.33	764.29	147.00	35.70	26.10	143.50

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area I (535-549)

PREFERRED MONTHLY BANK DRAFT RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
249.62	-14.49	51.84	12.25	3.40	2.49	15.07	Under 65	287.07	-16.66	59.61	12.25	3.91	2.86	17.33
83.21	-14.49	17.28	12.25	1.13	0.83	5.02	65	95.69	-16.66	19.87	12.25	1.30	0.95	5.78
83.21	-14.49	17.28	12.25	1.13	0.83	5.22	66	95.69	-16.66	19.87	12.25	1.30	0.95	6.01
87.28	-15.30	18.10	12.25	1.18	0.87	5.43	67	100.37	-17.60	20.82	12.25	1.36	1.00	6.24
91.11	-16.04	18.96	12.25	1.24	0.90	5.63	68	104.77	-18.44	21.81	12.25	1.42	1.04	6.47
95.00	-16.85	19.86	12.25	1.28	0.94	5.83	69	109.25	-19.38	22.84	12.25	1.48	1.08	6.70
98.81	-17.58	20.47	12.25	1.33	0.97	6.03	70	113.64	-20.21	23.54	12.25	1.53	1.12	6.93
102.17	-18.18	21.46	12.25	1.37	1.01	6.23	71	117.49	-20.91	24.68	12.25	1.58	1.16	7.16
105.52	-18.78	22.46	12.25	1.42	1.04	6.43	72	121.35	-21.60	25.82	12.25	1.63	1.19	7.40
108.88	-19.38	23.45	12.25	1.46	1.07	6.63	73	125.21	-22.29	26.97	12.25	1.68	1.23	7.63
112.23	-19.98	24.45	12.25	1.50	1.10	6.83	74	129.06	-22.98	28.11	12.25	1.73	1.26	7.86
115.70	-20.61	25.47	12.25	1.55	1.13	7.03	75	133.05	-23.70	29.29	12.25	1.78	1.30	8.09
119.04	-21.12	26.69	12.25	1.59	1.16	7.23	76	136.90	-24.29	30.70	12.25	1.83	1.34	8.32
122.45	-21.64	27.94	12.25	1.63	1.19	7.44	77	140.81	-24.89	32.14	12.25	1.88	1.37	8.55
126.03	-22.19	29.24	12.25	1.68	1.23	7.64	78	144.93	-25.52	33.63	12.25	1.93	1.41	8.78
129.67	-22.76	30.57	12.25	1.73	1.26	7.84	79	149.13	-26.17	35.16	12.25	1.99	1.45	9.01
133.39	-23.33	31.92	12.25	1.78	1.30	8.04	80	153.39	-26.83	36.71	12.25	2.04	1.49	9.24
138.03	-23.80	33.27	12.25	1.82	1.33	8.24	81	158.73	-27.36	38.26	12.25	2.09	1.53	9.47
142.76	-24.27	34.65	12.25	1.86	1.36	8.44	82	164.18	-27.91	39.85	12.25	2.14	1.56	9.71
147.74	-24.78	36.10	12.25	1.90	1.39	8.64	83	169.89	-28.50	41.51	12.25	2.19	1.60	9.94
152.81	-25.30	37.57	12.25	1.94	1.42	8.84	84	175.74	-29.10	43.21	12.25	2.24	1.63	10.17
158.00	-25.83	39.08	12.25	1.99	1.45	9.04	85	181.70	-29.70	44.94	12.25	2.29	1.67	10.40
163.60	-26.40	40.40	12.25	2.04	1.49	9.13	86	188.14	-30.36	46.46	12.25	2.34	1.71	10.50
169.35	-26.97	41.75	12.25	2.09	1.53	9.22	87	194.75	-31.02	48.01	12.25	2.40	1.76	10.61
175.25	-27.56	43.14	12.25	2.14	1.57	9.32	88	201.54	-31.70	49.61	12.25	2.46	1.80	10.71
181.14	-28.14	44.52	12.25	2.19	1.60	9.41	89	208.31	-32.36	51.20	12.25	2.52	1.85	10.82
186.99	-28.70	45.89	12.25	2.24	1.64	9.50	90	215.04	-33.00	52.77	12.25	2.58	1.89	10.93
193.05	-29.09	46.96	12.25	2.28	1.66	9.60	91	222.00	-33.45	54.01	12.25	2.62	1.91	11.04
199.23	-29.49	48.05	12.25	2.31	1.69	9.70	92	229.11	-33.91	55.26	12.25	2.65	1.94	11.15
205.13	-29.83	49.07	12.25	2.33	1.71	9.79	93	235.90	-34.31	56.43	12.25	2.68	1.96	11.26
211.15	-30.18	50.10	12.25	2.36	1.73	9.89	94	242.82	-34.71	57.61	12.25	2.72	1.99	11.37
217.26	-30.54	51.15	12.25	2.39	1.75	9.99	95	249.85	-35.12	58.82	12.25	2.75	2.01	11.49
221.61	-31.15	52.17	12.25	2.44	1.78	10.09	96	254.85	-35.82	59.99	12.25	2.80	2.05	11.60
226.04	-31.77	53.21	12.25	2.49	1.82	10.19	97	259.95	-36.54	61.19	12.25	2.86	2.09	11.72
230.56	-32.41	54.28	12.25	2.54	1.85	10.29	98	265.15	-37.27	62.42	12.25	2.92	2.13	11.84
235.17	-33.05	55.36	12.25	2.59	1.89	10.40	99	270.45	-38.01	63.67	12.25	2.97	2.17	11.95

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area I (535-549)

STANDARD ANNUAL RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
3,296.34	-191.34	684.53	147.00	44.92	32.82	199.02	Under 65	3,790.79	-220.05	787.21	147.00	51.65	37.75	228.87
1,098.78	-191.34	228.18	147.00	14.97	10.94	66.34	65	1,263.60	-220.05	262.40	147.00	17.22	12.58	76.29
1,098.78	-191.34	228.18	147.00	14.97	10.94	69.00	66	1,263.60	-220.05	262.40	147.00	17.22	12.58	79.34
1,152.55	-202.08	239.02	147.00	15.64	11.44	71.65	67	1,325.44	-232.39	274.87	147.00	17.99	13.16	82.40
1,203.06	-211.78	250.38	147.00	16.31	11.92	74.30	68	1,383.53	-243.54	287.94	147.00	18.76	13.70	85.45
1,254.55	-222.56	262.28	147.00	16.96	12.40	76.95	69	1,442.74	-255.94	301.62	147.00	19.50	14.26	88.50
1,304.85	-232.10	270.26	147.00	17.60	12.87	79.61	70	1,500.58	-266.92	310.79	147.00	20.24	14.80	91.55
1,349.14	-240.05	283.40	147.00	18.15	13.28	82.26	71	1,551.52	-276.06	325.91	147.00	20.88	15.27	94.60
1,393.44	-248.01	296.54	147.00	18.71	13.68	84.92	72	1,602.46	-285.20	341.02	147.00	21.53	15.74	97.65
1,437.73	-255.95	309.68	147.00	19.28	14.10	87.57	73	1,653.38	-294.35	356.13	147.00	22.17	16.21	100.71
1,482.02	-263.91	322.82	147.00	19.84	14.50	90.22	74	1,704.32	-303.49	371.24	147.00	22.82	16.68	103.76
1,527.84	-272.13	336.29	147.00	20.42	14.93	92.88	75	1,757.01	-312.95	386.74	147.00	23.48	17.17	106.81
1,572.02	-278.91	352.51	147.00	20.99	15.35	95.53	76	1,807.82	-320.75	405.38	147.00	24.14	17.65	109.86
1,616.94	-285.80	369.00	147.00	21.59	15.78	98.19	77	1,859.47	-328.67	424.36	147.00	24.82	18.15	112.91
1,664.24	-293.08	386.18	147.00	22.21	16.23	100.84	78	1,913.88	-337.04	444.11	147.00	25.53	18.66	115.96
1,712.39	-300.49	403.69	147.00	22.83	16.69	103.49	79	1,969.25	-345.57	464.25	147.00	26.26	19.20	119.02
1,761.39	-308.03	421.54	147.00	23.47	17.16	106.14	80	2,025.60	-354.23	484.77	147.00	27.00	19.73	122.07
1,822.69	-314.23	439.39	147.00	23.99	17.54	108.80	81	2,096.10	-361.36	505.29	147.00	27.60	20.18	125.12
1,885.20	-320.53	457.61	147.00	24.53	17.93	111.46	82	2,167.98	-368.60	526.24	147.00	28.21	20.62	128.17
1,950.88	-327.26	476.66	147.00	25.09	18.34	114.10	83	2,243.51	-376.34	548.16	147.00	28.86	21.10	131.22
2,017.94	-334.11	496.14	147.00	25.68	18.77	116.76	84	2,320.63	-384.23	570.56	147.00	29.52	21.59	134.27
2,086.42	-341.08	516.04	147.00	26.26	19.20	119.41	85	2,399.38	-392.25	593.45	147.00	30.20	22.08	137.32
2,160.37	-348.56	533.45	147.00	26.93	19.69	120.61	86	2,484.43	-400.85	613.47	147.00	30.97	22.64	138.70
2,236.32	-356.19	551.32	147.00	27.61	20.18	121.81	87	2,571.76	-409.62	634.02	147.00	31.74	23.20	140.09
2,314.29	-363.99	569.66	147.00	28.29	20.68	123.03	88	2,661.43	-418.59	655.11	147.00	32.54	23.79	141.49
2,392.00	-371.58	587.90	147.00	28.97	21.18	124.26	89	2,750.80	-427.32	676.09	147.00	33.33	24.36	142.90
2,469.24	-378.96	606.01	147.00	29.64	21.67	125.51	90	2,839.63	-435.80	696.90	147.00	34.09	24.92	144.33
2,549.23	-384.15	620.15	147.00	30.05	21.97	126.76	91	2,931.61	-441.77	713.16	147.00	34.55	25.27	145.77
2,630.88	-389.42	634.55	147.00	30.46	22.27	128.03	92	3,025.51	-447.83	729.74	147.00	35.04	25.61	147.23
2,708.85	-393.97	647.94	147.00	30.82	22.53	129.31	93	3,115.18	-453.07	745.14	147.00	35.44	25.91	148.70
2,788.23	-398.58	661.56	147.00	31.18	22.80	130.60	94	3,206.47	-458.38	760.79	147.00	35.86	26.22	150.19
2,869.03	-403.25	675.39	147.00	31.55	23.07	131.91	95	3,299.38	-463.74	776.70	147.00	36.28	26.52	151.70
2,926.41	-411.32	688.89	147.00	32.18	23.53	133.22	96	3,365.37	-473.02	792.23	147.00	37.01	27.06	153.21
2,984.94	-419.54	702.67	147.00	32.83	23.99	134.56	97	3,432.67	-482.48	808.07	147.00	37.75	27.60	154.74
3,044.63	-427.94	716.73	147.00	33.48	24.48	135.91	98	3,501.33	-492.13	824.24	147.00	38.50	28.15	156.29
3,105.53	-436.49	731.06	147.00	34.15	24.97	137.26	99	3,571.36	-501.97	840.73	147.00	39.28	28.72	157.85

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area I (535-549)

STANDARD MONTHLY BANK DRAFT RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
274.59	-15.94	57.02	12.25	3.74	2.73	16.58	Under 65	315.77	-18.33	65.57	12.25	4.30	3.14	19.06
91.53	-15.94	19.01	12.25	1.25	0.91	5.53	65	105.26	-18.33	21.86	12.25	1.43	1.05	6.35
91.53	-15.94	19.01	12.25	1.25	0.91	5.75	66	105.26	-18.33	21.86	12.25	1.43	1.05	6.61
96.01	-16.83	19.91	12.25	1.30	0.95	5.97	67	110.41	-19.36	22.90	12.25	1.50	1.10	6.86
100.21	-17.64	20.86	12.25	1.36	0.99	6.19	68	115.25	-20.29	23.99	12.25	1.56	1.14	7.12
104.50	-18.54	21.85	12.25	1.41	1.03	6.41	69	120.18	-21.32	25.12	12.25	1.62	1.19	7.37
108.69	-19.33	22.51	12.25	1.47	1.07	6.63	70	125.00	-22.23	25.89	12.25	1.69	1.23	7.63
112.38	-20.00	23.61	12.25	1.51	1.11	6.85	71	129.24	-23.00	27.15	12.25	1.74	1.27	7.88
116.07	-20.66	24.70	12.25	1.56	1.14	7.07	72	133.48	-23.76	28.41	12.25	1.79	1.31	8.13
119.76	-21.32	25.80	12.25	1.61	1.17	7.29	73	137.73	-24.52	29.67	12.25	1.85	1.35	8.39
123.45	-21.98	26.89	12.25	1.65	1.21	7.52	74	141.97	-25.28	30.92	12.25	1.90	1.39	8.64
127.27	-22.67	28.01	12.25	1.70	1.24	7.74	75	146.36	-26.07	32.22	12.25	1.96	1.43	8.90
130.95	-23.23	29.36	12.25	1.75	1.28	7.96	76	150.59	-26.72	33.77	12.25	2.01	1.47	9.15
134.69	-23.81	30.74	12.25	1.80	1.31	8.18	77	154.89	-27.38	35.35	12.25	2.07	1.51	9.41
138.63	-24.41	32.17	12.25	1.85	1.35	8.40	78	159.43	-28.08	36.99	12.25	2.13	1.55	9.66
142.64	-25.03	33.63	12.25	1.90	1.39	8.62	79	164.04	-28.79	38.67	12.25	2.19	1.60	9.91
146.72	-25.66	35.11	12.25	1.96	1.43	8.84	80	168.73	-29.51	40.38	12.25	2.25	1.64	10.17
151.83	-26.18	36.60	12.25	2.00	1.46	9.06	81	174.61	-30.10	42.09	12.25	2.30	1.68	10.42
157.04	-26.70	38.12	12.25	2.04	1.49	9.28	82	180.59	-30.70	43.84	12.25	2.35	1.72	10.68
162.51	-27.26	39.71	12.25	2.09	1.53	9.50	83	186.88	-31.35	45.66	12.25	2.40	1.76	10.93
168.09	-27.83	41.33	12.25	2.14	1.56	9.73	84	193.31	-32.01	47.53	12.25	2.46	1.80	11.18
173.80	-28.41	42.99	12.25	2.19	1.60	9.95	85	199.87	-32.67	49.43	12.25	2.52	1.84	11.44
179.96	-29.04	44.44	12.25	2.24	1.64	10.05	86	206.95	-33.39	51.10	12.25	2.58	1.89	11.55
186.29	-29.67	45.92	12.25	2.30	1.68	10.15	87	214.23	-34.12	52.81	12.25	2.64	1.93	11.67
192.78	-30.32	47.45	12.25	2.36	1.72	10.25	88	221.70	-34.87	54.57	12.25	2.71	1.98	11.79
199.25	-30.95	48.97	12.25	2.41	1.76	10.35	89	229.14	-35.60	56.32	12.25	2.78	2.03	11.90
205.69	-31.57	50.48	12.25	2.47	1.81	10.45	90	236.54	-36.30	58.05	12.25	2.84	2.08	12.02
212.35	-32.00	51.66	12.25	2.50	1.83	10.56	91	244.20	-36.80	59.41	12.25	2.88	2.10	12.14
219.15	-32.44	52.86	12.25	2.54	1.86	10.66	92	252.02	-37.30	60.79	12.25	2.92	2.13	12.26
225.65	-32.82	53.97	12.25	2.57	1.88	10.77	93	259.49	-37.74	62.07	12.25	2.95	2.16	12.39
232.26	-33.20	55.11	12.25	2.60	1.90	10.88	94	267.10	-38.18	63.37	12.25	2.99	2.18	12.51
238.99	-33.59	56.26	12.25	2.63	1.92	10.99	95	274.84	-38.63	64.70	12.25	3.02	2.21	12.64
243.77	-34.26	57.38	12.25	2.68	1.96	11.10	96	280.34	-39.40	65.99	12.25	3.08	2.25	12.76
248.65	-34.95	58.53	12.25	2.73	2.00	11.21	97	285.94	-40.19	67.31	12.25	3.14	2.30	12.89
253.62	-35.65	59.70	12.25	2.79	2.04	11.32	98	291.66	-40.99	68.66	12.25	3.21	2.34	13.02
258.69	-36.36	60.90	12.25	2.84	2.08	11.43	99	297.49	-41.81	70.03	12.25	3.27	2.39	13.15

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area II (530-534)

PREFERRED ANNUAL RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
3,484.50	-202.27	723.60	147.00	47.49	34.71	210.38	Under 65	4,007.19	-232.61	832.14	147.00	54.60	39.90	241.94
1,161.50	-202.27	241.20	147.00	15.83	11.57	70.13	65	1,335.73	-232.61	277.38	147.00	18.20	13.30	80.65
1,161.50	-202.27	241.20	147.00	15.83	11.57	72.93	66	1,335.73	-232.61	277.38	147.00	18.20	13.30	83.87
1,218.35	-213.62	252.67	147.00	16.54	12.09	75.74	67	1,401.10	-245.66	290.57	147.00	19.02	13.91	87.10
1,271.74	-223.87	264.67	147.00	17.24	12.60	78.54	68	1,462.50	-257.45	304.38	147.00	19.82	14.49	90.32
1,326.17	-235.26	277.25	147.00	17.93	13.11	81.35	69	1,525.09	-270.55	318.84	147.00	20.62	15.08	93.55
1,379.34	-245.35	285.68	147.00	18.60	13.60	84.15	70	1,586.24	-282.15	328.53	147.00	21.39	15.64	96.78
1,426.16	-253.75	299.57	147.00	19.19	14.03	86.96	71	1,640.08	-291.82	344.50	147.00	22.07	16.14	100.00
1,472.98	-262.16	313.46	147.00	19.79	14.47	89.76	72	1,693.93	-301.48	360.48	147.00	22.75	16.64	103.23
1,519.80	-270.57	327.35	147.00	20.38	14.90	92.57	73	1,747.77	-311.15	376.46	147.00	23.43	17.13	106.45
1,566.62	-278.97	341.24	147.00	20.97	15.33	95.37	74	1,801.61	-320.82	392.43	147.00	24.11	17.63	109.68
1,615.05	-287.67	355.49	147.00	21.58	15.78	98.18	75	1,857.31	-330.81	408.82	147.00	24.82	18.15	112.91
1,661.76	-294.83	372.63	147.00	22.19	16.22	100.98	76	1,911.02	-339.05	428.52	147.00	25.52	18.66	116.13
1,709.24	-302.11	390.07	147.00	22.81	16.68	103.79	77	1,965.62	-347.42	448.58	147.00	26.24	19.18	119.36
1,759.24	-309.81	408.23	147.00	23.47	17.16	106.59	78	2,023.13	-356.28	469.46	147.00	26.99	19.73	122.58
1,810.14	-317.64	426.73	147.00	24.13	17.64	109.40	79	2,081.66	-365.29	490.74	147.00	27.75	20.29	125.81
1,861.94	-325.61	445.60	147.00	24.81	18.14	112.20	80	2,141.23	-374.45	512.44	147.00	28.53	20.86	129.03
1,926.73	-332.16	464.47	147.00	25.37	18.54	115.01	81	2,215.74	-381.99	534.14	147.00	29.17	21.32	132.26
1,992.81	-338.82	483.72	147.00	25.93	18.95	117.81	82	2,291.74	-389.65	556.28	147.00	29.82	21.80	135.49
2,062.24	-345.94	503.87	147.00	26.53	19.39	120.62	83	2,371.57	-397.83	579.45	147.00	30.51	22.30	138.71
2,133.13	-353.18	524.46	147.00	27.14	19.84	123.42	84	2,453.10	-406.16	603.13	147.00	31.21	22.81	141.94
2,205.52	-360.56	545.50	147.00	27.76	20.29	126.23	85	2,536.35	-414.64	627.33	147.00	31.93	23.34	145.16
2,283.69	-368.46	563.90	147.00	28.46	20.81	127.49	86	2,626.25	-423.73	648.49	147.00	32.73	23.93	146.62
2,363.97	-376.53	582.79	147.00	29.18	21.33	128.77	87	2,718.56	-433.00	670.21	147.00	33.56	24.53	148.08
2,446.39	-384.77	602.18	147.00	29.91	21.87	130.05	88	2,813.35	-442.48	692.50	147.00	34.40	25.15	149.56
2,528.54	-392.79	621.46	147.00	30.63	22.39	131.36	89	2,907.82	-451.71	714.68	147.00	35.23	25.75	151.06
2,610.19	-400.59	640.60	147.00	31.34	22.91	132.67	90	3,001.72	-460.68	736.69	147.00	36.04	26.34	152.57
2,694.74	-406.08	655.54	147.00	31.77	23.22	134.00	91	3,098.95	-466.99	753.88	147.00	36.53	26.71	154.09
2,781.05	-411.65	670.77	147.00	32.20	23.54	135.34	92	3,198.21	-473.39	771.39	147.00	37.03	27.07	155.64
2,863.48	-416.47	684.93	147.00	32.58	23.82	136.69	93	3,293.00	-478.94	787.67	147.00	37.47	27.39	157.19
2,947.39	-421.34	699.32	147.00	32.96	24.10	138.06	94	3,389.50	-484.54	804.22	147.00	37.91	27.71	158.76
3,032.80	-426.27	713.94	147.00	33.35	24.38	139.44	95	3,487.72	-490.21	821.03	147.00	38.35	28.04	160.35
3,093.45	-434.80	728.22	147.00	34.02	24.87	140.83	96	3,557.47	-500.02	837.45	147.00	39.12	28.60	161.95
3,155.32	-443.49	742.79	147.00	34.70	25.37	142.24	97	3,628.62	-510.02	854.20	147.00	39.90	29.17	163.57
3,218.43	-452.36	757.64	147.00	35.39	25.88	143.66	98	3,701.19	-520.22	871.29	147.00	40.70	29.76	165.21
3,282.80	-461.41	772.79	147.00	36.10	26.39	145.10	99	3,775.22	-530.62	888.71	147.00	41.51	30.35	166.86

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area II (530-534)

PREFERRED MONTHLY BANK DRAFT RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
290.26	-16.85	60.28	12.25	3.96	2.89	17.52	Under 65	333.80	-19.38	69.32	12.25	4.55	3.32	20.15
96.75	-16.85	20.09	12.25	1.32	0.96	5.84	65	111.27	-19.38	23.11	12.25	1.52	1.11	6.72
96.75	-16.85	20.09	12.25	1.32	0.96	6.08	66	111.27	-19.38	23.11	12.25	1.52	1.11	6.99
101.49	-17.79	21.05	12.25	1.38	1.01	6.31	67	116.71	-20.46	24.20	12.25	1.58	1.16	7.26
105.94	-18.65	22.05	12.25	1.44	1.05	6.54	68	121.83	-21.45	25.35	12.25	1.65	1.21	7.52
110.47	-19.60	23.09	12.25	1.49	1.09	6.78	69	127.04	-22.54	26.56	12.25	1.72	1.26	7.79
114.90	-20.44	23.80	12.25	1.55	1.13	7.01	70	132.13	-23.50	27.37	12.25	1.78	1.30	8.06
118.80	-21.14	24.95	12.25	1.60	1.17	7.24	71	136.62	-24.31	28.70	12.25	1.84	1.34	8.33
122.70	-21.84	26.11	12.25	1.65	1.21	7.48	72	141.10	-25.11	30.03	12.25	1.90	1.39	8.60
126.60	-22.54	27.27	12.25	1.70	1.24	7.71	73	145.59	-25.92	31.36	12.25	1.95	1.43	8.87
130.50	-23.24	28.43	12.25	1.75	1.28	7.94	74	150.07	-26.72	32.69	12.25	2.01	1.47	9.14
134.53	-23.96	29.61	12.25	1.80	1.31	8.18	75	154.71	-27.56	34.05	12.25	2.07	1.51	9.41
138.42	-24.56	31.04	12.25	1.85	1.35	8.41	76	159.19	-28.24	35.70	12.25	2.13	1.55	9.67
142.38	-25.17	32.49	12.25	1.90	1.39	8.65	77	163.74	-28.94	37.37	12.25	2.19	1.60	9.94
146.54	-25.81	34.01	12.25	1.96	1.43	8.88	78	168.53	-29.68	39.11	12.25	2.25	1.64	10.21
150.78	-26.46	35.55	12.25	2.01	1.47	9.11	79	173.40	-30.43	40.88	12.25	2.31	1.69	10.48
155.10	-27.12	37.12	12.25	2.07	1.51	9.35	80	178.36	-31.19	42.69	12.25	2.38	1.74	10.75
160.50	-27.67	38.69	12.25	2.11	1.54	9.58	81	184.57	-31.82	44.49	12.25	2.43	1.78	11.02
166.00	-28.22	40.29	12.25	2.16	1.58	9.81	82	190.90	-32.46	46.34	12.25	2.48	1.82	11.29
171.78	-28.82	41.97	12.25	2.21	1.62	10.05	83	197.55	-33.14	48.27	12.25	2.54	1.86	11.55
177.69	-29.42	43.69	12.25	2.26	1.65	10.28	84	204.34	-33.83	50.24	12.25	2.60	1.90	11.82
183.72	-30.03	45.44	12.25	2.31	1.69	10.51	85	211.28	-34.54	52.26	12.25	2.66	1.94	12.09
190.23	-30.69	46.97	12.25	2.37	1.73	10.62	86	218.77	-35.30	54.02	12.25	2.73	1.99	12.21
196.92	-31.36	48.55	12.25	2.43	1.78	10.73	87	226.46	-36.07	55.83	12.25	2.80	2.04	12.34
203.78	-32.05	50.16	12.25	2.49	1.82	10.83	88	234.35	-36.86	57.69	12.25	2.87	2.09	12.46
210.63	-32.72	51.77	12.25	2.55	1.87	10.94	89	242.22	-37.63	59.53	12.25	2.93	2.14	12.58
217.43	-33.37	53.36	12.25	2.61	1.91	11.05	90	250.04	-38.37	61.37	12.25	3.00	2.19	12.71
224.47	-33.83	54.61	12.25	2.65	1.93	11.16	91	258.14	-38.90	62.80	12.25	3.04	2.22	12.84
231.66	-34.29	55.88	12.25	2.68	1.96	11.27	92	266.41	-39.43	64.26	12.25	3.08	2.25	12.96
238.53	-34.69	57.05	12.25	2.71	1.98	11.39	93	274.31	-39.90	65.61	12.25	3.12	2.28	13.09
245.52	-35.10	58.25	12.25	2.75	2.01	11.50	94	282.35	-40.36	66.99	12.25	3.16	2.31	13.22
252.63	-35.51	59.47	12.25	2.78	2.03	11.62	95	290.53	-40.83	68.39	12.25	3.19	2.34	13.36
257.68	-36.22	60.66	12.25	2.83	2.07	11.73	96	296.34	-41.65	69.76	12.25	3.26	2.38	13.49
262.84	-36.94	61.87	12.25	2.89	2.11	11.85	97	302.26	-42.48	71.15	12.25	3.32	2.43	13.63
268.10	-37.68	63.11	12.25	2.95	2.16	11.97	98	308.31	-43.33	72.58	12.25	3.39	2.48	13.76
273.46	-38.44	64.37	12.25	3.01	2.20	12.09	99	314.48	-44.20	74.03	12.25	3.46	2.53	13.90

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area II (530-534)

STANDARD ANNUAL RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
3,832.95	-222.49	795.96	147.00	52.23	38.16	231.42	Under 65	4,407.90	-255.87	915.36	147.00	60.06	43.89	266.13
1,277.65	-222.49	265.32	147.00	17.41	12.72	77.14	65	1,469.30	-255.87	305.12	147.00	20.02	14.63	88.71
1,277.65	-222.49	265.32	147.00	17.41	12.72	80.23	66	1,469.30	-255.87	305.12	147.00	20.02	14.63	92.26
1,340.18	-234.98	277.93	147.00	18.19	13.30	83.31	67	1,541.21	-270.22	319.62	147.00	20.92	15.30	95.81
1,398.91	-246.26	291.14	147.00	18.96	13.86	86.40	68	1,608.75	-283.19	334.81	147.00	21.81	15.93	99.36
1,458.78	-258.79	304.98	147.00	19.72	14.42	89.48	69	1,677.60	-297.60	350.72	147.00	22.68	16.58	102.91
1,517.27	-269.88	314.25	147.00	20.46	14.96	92.57	70	1,744.86	-310.37	361.38	147.00	23.53	17.21	106.45
1,568.77	-279.13	329.53	147.00	21.11	15.44	95.65	71	1,804.09	-321.00	378.96	147.00	24.28	17.75	110.00
1,620.28	-288.38	344.81	147.00	21.76	15.91	98.74	72	1,863.32	-331.63	396.53	147.00	25.03	18.30	113.55
1,671.78	-297.62	360.09	147.00	22.42	16.39	101.83	73	1,922.54	-342.27	414.10	147.00	25.78	18.85	117.10
1,723.28	-306.87	375.37	147.00	23.07	16.86	104.91	74	1,981.77	-352.90	431.67	147.00	26.53	19.39	120.65
1,776.56	-316.43	391.04	147.00	23.74	17.36	108.00	75	2,043.04	-363.90	449.70	147.00	27.30	19.96	124.20
1,827.93	-324.31	409.89	147.00	24.41	17.85	111.08	76	2,102.12	-372.96	471.37	147.00	28.07	20.52	127.74
1,880.16	-332.32	429.07	147.00	25.10	18.35	114.17	77	2,162.18	-382.17	493.44	147.00	28.86	21.10	131.29
1,935.16	-340.79	449.05	147.00	25.82	18.87	117.25	78	2,225.44	-391.91	516.41	147.00	29.69	21.70	134.84
1,991.15	-349.41	469.41	147.00	26.55	19.41	120.34	79	2,289.82	-401.82	539.82	147.00	30.53	22.32	138.39
2,048.13	-358.17	490.16	147.00	27.29	19.95	123.42	80	2,355.35	-411.90	563.69	147.00	31.39	22.94	141.94
2,119.41	-365.38	510.92	147.00	27.90	20.40	126.51	81	2,437.32	-420.19	587.55	147.00	32.09	23.46	145.49
2,192.09	-372.71	532.10	147.00	28.52	20.85	129.60	82	2,520.91	-428.61	611.91	147.00	32.80	23.98	149.04
2,268.46	-380.53	554.26	147.00	29.18	21.33	132.68	83	2,608.73	-437.61	637.40	147.00	33.56	24.53	152.58
2,346.44	-388.50	576.91	147.00	29.86	21.82	135.77	84	2,698.41	-446.78	663.44	147.00	34.33	25.10	156.13
2,426.07	-396.61	600.05	147.00	30.54	22.32	138.85	85	2,789.98	-456.10	690.06	147.00	35.12	25.67	159.68
2,512.06	-405.30	620.29	147.00	31.31	22.89	140.24	86	2,888.87	-466.10	713.34	147.00	36.01	26.32	161.28
2,600.37	-414.18	641.07	147.00	32.10	23.46	141.64	87	2,990.42	-476.30	737.23	147.00	36.91	26.98	162.89
2,691.03	-423.24	662.40	147.00	32.90	24.05	143.06	88	3,094.69	-486.73	761.75	147.00	37.84	27.66	164.52
2,781.39	-432.07	683.61	147.00	33.69	24.63	144.49	89	3,198.60	-496.88	786.15	147.00	38.75	28.33	166.16
2,871.21	-440.65	704.66	147.00	34.47	25.20	145.94	90	3,301.89	-506.74	810.35	147.00	39.64	28.98	167.83
2,964.22	-446.69	721.10	147.00	34.94	25.55	147.39	91	3,408.85	-513.69	829.26	147.00	40.18	29.38	169.50
3,059.16	-452.81	737.85	147.00	35.42	25.90	148.87	92	3,518.03	-520.73	848.53	147.00	40.74	29.78	171.20
3,149.83	-458.11	753.42	147.00	35.84	26.20	150.36	93	3,622.30	-526.83	866.44	147.00	41.21	30.13	172.91
3,242.13	-463.47	769.25	147.00	36.26	26.51	151.86	94	3,728.45	-533.00	884.64	147.00	41.70	30.49	174.64
3,336.08	-468.90	785.34	147.00	36.69	26.82	153.38	95	3,836.49	-539.23	903.14	147.00	42.19	30.84	176.39
3,402.80	-478.28	801.04	147.00	37.42	27.36	154.91	96	3,913.22	-550.02	921.20	147.00	43.03	31.46	178.15
3,470.86	-487.84	817.06	147.00	38.17	27.90	156.46	97	3,991.48	-561.02	939.62	147.00	43.89	32.09	179.93
3,540.27	-497.60	833.41	147.00	38.93	28.46	158.03	98	4,071.31	-572.24	958.42	147.00	44.77	32.73	181.73
3,611.08	-507.55	850.07	147.00	39.71	29.03	159.61	99	4,152.74	-583.69	977.59	147.00	45.67	33.39	183.55

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 9/26/2013 -- Area II (530-534)

STANDARD MONTHLY BANK DRAFT RATES

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
319.28	-18.53	66.30	12.25	4.35	3.18	19.28	Under 65	367.18	-21.31	76.25	12.25	5.00	3.66	22.17
106.43	-18.53	22.10	12.25	1.45	1.06	6.43	65	122.39	-21.31	25.42	12.25	1.67	1.22	7.39
106.43	-18.53	22.10	12.25	1.45	1.06	6.68	66	122.39	-21.31	25.42	12.25	1.67	1.22	7.69
111.64	-19.57	23.15	12.25	1.52	1.11	6.94	67	128.38	-22.51	26.62	12.25	1.74	1.27	7.98
116.53	-20.51	24.25	12.25	1.58	1.15	7.20	68	134.01	-23.59	27.89	12.25	1.82	1.33	8.28
121.52	-21.56	25.40	12.25	1.64	1.20	7.45	69	139.74	-24.79	29.21	12.25	1.89	1.38	8.57
126.39	-22.48	26.18	12.25	1.70	1.25	7.71	70	145.35	-25.85	30.10	12.25	1.96	1.43	8.87
130.68	-23.25	27.45	12.25	1.76	1.29	7.97	71	150.28	-26.74	31.57	12.25	2.02	1.48	9.16
134.97	-24.02	28.72	12.25	1.81	1.33	8.23	72	155.21	-27.62	33.03	12.25	2.08	1.52	9.46
139.26	-24.79	30.00	12.25	1.87	1.37	8.48	73	160.15	-28.51	34.49	12.25	2.15	1.57	9.75
143.55	-25.56	31.27	12.25	1.92	1.40	8.74	74	165.08	-29.40	35.96	12.25	2.21	1.62	10.05
147.99	-26.36	32.57	12.25	1.98	1.45	9.00	75	170.19	-30.31	37.46	12.25	2.27	1.66	10.35
152.27	-27.02	34.14	12.25	2.03	1.49	9.25	76	175.11	-31.07	39.27	12.25	2.34	1.71	10.64
156.62	-27.68	35.74	12.25	2.09	1.53	9.51	77	180.11	-31.83	41.10	12.25	2.40	1.76	10.94
161.20	-28.39	37.41	12.25	2.15	1.57	9.77	78	185.38	-32.65	43.02	12.25	2.47	1.81	11.23
165.86	-29.11	39.10	12.25	2.21	1.62	10.02	79	190.74	-33.47	44.97	12.25	2.54	1.86	11.53
170.61	-29.84	40.83	12.25	2.27	1.66	10.28	80	196.20	-34.31	46.96	12.25	2.61	1.91	11.82
176.55	-30.44	42.56	12.25	2.32	1.70	10.54	81	203.03	-35.00	48.94	12.25	2.67	1.95	12.12
182.60	-31.05	44.32	12.25	2.38	1.74	10.80	82	209.99	-35.70	50.97	12.25	2.73	2.00	12.42
188.96	-31.70	46.17	12.25	2.43	1.78	11.05	83	217.31	-36.45	53.10	12.25	2.80	2.04	12.71
195.46	-32.36	48.06	12.25	2.49	1.82	11.31	84	224.78	-37.22	55.26	12.25	2.86	2.09	13.01
202.09	-33.04	49.98	12.25	2.54	1.86	11.57	85	232.41	-37.99	57.48	12.25	2.93	2.14	13.30
209.25	-33.76	51.67	12.25	2.61	1.91	11.68	86	240.64	-38.83	59.42	12.25	3.00	2.19	13.43
216.61	-34.50	53.40	12.25	2.67	1.95	11.80	87	249.10	-39.68	61.41	12.25	3.07	2.25	13.57
224.16	-35.26	55.18	12.25	2.74	2.00	11.92	88	257.79	-40.54	63.45	12.25	3.15	2.30	13.70
231.69	-35.99	56.94	12.25	2.81	2.05	12.04	89	266.44	-41.39	65.49	12.25	3.23	2.36	13.84
239.17	-36.71	58.70	12.25	2.87	2.10	12.16	90	275.05	-42.21	67.50	12.25	3.30	2.41	13.98
246.92	-37.21	60.07	12.25	2.91	2.13	12.28	91	283.96	-42.79	69.08	12.25	3.35	2.45	14.12
254.83	-37.72	61.46	12.25	2.95	2.16	12.40	92	293.05	-43.38	70.68	12.25	3.39	2.48	14.26
262.38	-38.16	62.76	12.25	2.99	2.18	12.52	93	301.74	-43.88	72.17	12.25	3.43	2.51	14.40
270.07	-38.61	64.08	12.25	3.02	2.21	12.65	94	310.58	-44.40	73.69	12.25	3.47	2.54	14.55
277.90	-39.06	65.42	12.25	3.06	2.23	12.78	95	319.58	-44.92	75.23	12.25	3.51	2.57	14.69
283.45	-39.84	66.73	12.25	3.12	2.28	12.90	96	325.97	-45.82	76.74	12.25	3.58	2.62	14.84
289.12	-40.64	68.06	12.25	3.18	2.32	13.03	97	332.49	-46.73	78.27	12.25	3.66	2.67	14.99
294.90	-41.45	69.42	12.25	3.24	2.37	13.16	98	339.14	-47.67	79.84	12.25	3.73	2.73	15.14
300.80	-42.28	70.81	12.25	3.31	2.42	13.30	99	345.92	-48.62	81.43	12.25	3.80	2.78	15.29

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail

Add one-time enrollment fee of \$20.00 to the first premium

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MEDICARE SUPPLEMENT PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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 facility for 60 days in a row.

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous hospital services and supplies	First 60 days	All but \$1,216	\$0 OR <input type="checkbox"/> \$1,216 Optional Part A Deductible Rider***	\$1,216 OR \$0***
	61 st to 90 th days	All but \$304 per day	\$304 per day	\$0
	91 st to 150 th days	All but \$608 per day	\$608 per day	\$0
	Beyond 150 days	\$0	100% of Medicare Eligible Expenses	\$0**
SKILLED NURSING FACILITY CARE * You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$152 a day	Up to \$152 a day	\$0
	101 st day and after	\$0	\$0	All Costs
INPATIENT PSYCHIATRIC CARE Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	Expenses not covered by the Policy or by Medicare
BLOOD	First 3 pints	\$0	First 3 pints	\$0
	Additional Amounts	100%	\$0	\$0

MEDICARE SUPPLEMENT PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD (continued)

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services		All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

**** NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

******* These are optional riders. You may purchase these benefits if you pay an additional premium.

MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

**** Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with four asterisks), your Part B Deductible will have been met for the calendar year.

[illegible]

*** These are optional riders. You may purchase these benefits if you pay an additional premium.

MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS (continued)

**** Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with four asterisks), your Part B Deductible will have been met for the calendar year.

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	POLICY PAYS	YOU PAY
BLOOD	First 3 pints	\$0	All Costs	\$0
	Next \$147 of Medicare Approved Amounts****	\$0	\$0 OR <input type="checkbox"/> \$147**** Optional Part B Deductible Rider***	\$147 (Part B Deductible)**** OR \$0***
	Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES Tests for diagnostic services		100%	\$0	\$0
HOME HEALTH CARE Medically necessary skilled care services and medical supplies		100% of charges for visits considered medically necessary by Medicare	Up to 40 visits per calendar year	All expenses beyond 40 visits per calendar year or <input type="checkbox"/> Optional Additional Home Health Care Rider ***
PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$120 each calendar year	\$0	\$120	\$0
	Additional charges	\$0	\$0	All Costs

*** These are optional riders. You purchased these benefits if the box is checked and you paid the premium.

MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS (continued)

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	POLICY PAYS	YOU PAY
FOREIGN TRAVEL <input type="checkbox"/> Optional Foreign Travel Rider*** Medically necessary emergency care services beginning during the first 60 days of each trip outside of the USA	First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

*** These are optional riders. You purchased these benefits if the box is checked and you paid the premium.

ADDITIONAL BENEFITS

Breast Reconstruction Benefit

We will pay 100% of the Usual and Customary charges for breast reconstruction of the affected tissue incident to a mastectomy. We will not duplicate any charges paid for by Medicare.

Chiropractic Services Benefit

We will pay the Usual and Customary charges incurred for chiropractic services provided by a licensed chiropractor acting within the scope of such license even though such expense may not be Medicare Eligible Expense. We will not duplicate any charges paid for by Medicare.

Hospital and Ambulatory Surgery Center and Anesthetics for Dental Care Benefit

We will pay 100% of the Usual and Customary charges for hospital or ambulatory surgery center charges and anesthetics provided in conjunction with dental care. We will not duplicate any charges paid for by Medicare.

Kidney Disease Treatment Benefit

We will pay 100% of expense incurred for hospital inpatient and outpatient kidney disease treatment up to \$30,000 each Calendar Year. We will not duplicate any charges paid for by Medicare.

Additional Skilled Nursing Care Benefit

When Medicare does not pay for Your stay in a Skilled Nursing Home licensed by the State of Wisconsin, We will pay the expense incurred for each day You are necessarily confined. Benefits are subject to the following:

- Benefits are limited to 30 days in a Benefit Period;
- Confinement must be recommended by a Physician;
- Confinement must be for the treatment of the same medical or surgical conditions for which You originally received treatment;
- Benefits payable for any one day of confinement shall be no less than the maximum daily rate established for such skilled nursing home by the Department of Health and Social Services of the State of Wisconsin;
- Confinement must be in a place licensed to provide skilled nursing care that has a graduate registered nurse on call 24 hours a day.

Equipment/Supplies for Treatment of Diabetes Benefit

We will pay 100% of the Usual and Customary charges incurred for the installation and use of an insulin infusion pump or other equipment or supplies, including insulin, used in the treatment of diabetes. Coverage is limited to the purchase of one insulin infusion pump per Calendar Year. We will also pay 100% of the Usual and Customary charges incurred for diabetic self-management education programs.

LIMITATIONS AND EXCLUSIONS

The following benefits are not provided under this policy:

1. Nursing Home Care costs beyond what is covered by Medicare and the Wisconsin mandated 30-day skilled nursing benefit.
2. Home Health Care visits paid for by Medicare; nor above the forty (40) visits covered by the base policy per calendar year, unless the Optional Additional Home Health Care Rider is purchased.
3. Physician charges above Medicare's approved charge, unless the Optional Medicare Part B Excess Charges Rider is purchased.
4. Most care received outside of the USA, unless the Optional Foreign Travel Emergency Rider is purchased.
5. Dental care (except anesthesia charges for dental care provided in a hospital or ambulatory surgery center), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
6. Any expense which you are not legally obligated to pay.
7. Any services that are not medically necessary as determined by Medicare.
8. Any portion of any expense for which payment is made by Medicare or for which payment would have been made by Medicare if you were enrolled in Parts A and B of Medicare.
9. Any type of expense not eligible for coverage under Medicare except as provided otherwise in the policy.
10. Any expense incurred in excess of the usual and customary charge or not medically necessary as determined by us for all required Wisconsin mandated benefits.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "*Medicare and You*" for more details.

RENEWABILITY

This policy is guaranteed renewable for life as long as the premiums are paid on time. The premium table for this policy may change by class as determined by the Company. Premiums may change because of an increase in age, change of residence, or as Medicare benefits change. We, American Retirement Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. No premium change may be made on an individual basis. You have a 31-day grace period to pay your premiums.

CLAIM PAYMENT AND APPEAL PROCESS

If you believe our claim decision is in error, you may request that we reconsider the decision. All you have to do is send us a letter to American Retirement Life Insurance Company, Claims Department at P. O. Box 26580, Austin, TX 78755-0580 requesting an appeal of the decision. Your letter must state why you think we should change our decision, and include your name, address, policy number, Social Security number and any other information to support your appeal. Our review will be completed within 30 days of the receipt of your request. We will send you a written notice and immediately pay any benefits due as a result of our reconsideration.

GRIEVANCE

Grievance means any dissatisfaction with the administration or claims practices or provisions of services by the health benefit plan. Such grievance must be expressed in writing to Us by or on behalf of the insured person.

MEDICARE SUPPLEMENT PREMIUM INFORMATION

ANNUAL PREMIUM

\$ _____

BASIC MEDICARE SUPPLEMENT COVERAGE

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately.

\$ _____

1. **Medicare Part A Deductible**

100% of Medicare Part A Deductible

\$ _____

2. **Medicare Part B Copayment Deductible***

In addition to the Insured being required to pay the Part B Deductible, the insured's copayment or coinsurance will be the lesser of \$20 per office visit or the Medicare Part B coinsurance and the lesser of \$50 per emergency room visit or the Medicare Part B coinsurance. The emergency room copayment or coinsurance fee shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

\$ _____

3. **Medicare Part B Deductible***

100% of Medicare Part B Deductible

\$ _____

4. **Medicare Part B Excess Charges**

Difference between the Medicare eligible charge and the amount charged by the provider which shall be no greater than the actual charge or the limited charge allowed by Medicare, whichever is less

\$ _____

5. **Foreign Travel Emergency**

After a deductible not greater than \$250, covers at least 80% of expenses associated with emergency medical care received outside the USA beginning the first 60 days of a trip with a lifetime maximum of at least \$50,000

\$ _____

6. **Additional Home Health Care**

Provides coverage for medically-necessary Home Care visits which are not covered by Medicare and the policy

\$ _____

TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS

\$ _____ Monthly

\$ _____ Semi-Annual

IN ADDITION TO THIS OUTLINE OF COVERAGE, AMERICAN RETIREMENT LIFE INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

* **NOTE:** Insurers cannot issue both the Medicare Part B Deductible Rider and the Medicare Part B Co-Payment Deductible Rider to the same insured for the same period of coverage.

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New Business Submission Form/FaxApp

To: Cigna Supplemental Benefits

Fax #: 877-704-8186

AGENT INFORMATION *(Required)*

FROM:	
PHONE #:	FAX #:
WRITING #:	EMAIL:
DATE:	NUMBER OF PAGES: + cover

APPLICANT INFORMATION *(Required)*

NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft

All applications submitted with a single cover sheet must be from the same writing agent.

PROCEDURES

For the fastest service, send one application per cover sheet and only one application per transmission, unless sending a combo application. Check the Combo box if you are submitting multiple applications for one applicant. You may send up to five applications with a single cover sheet per transmission. **However, do not exceed 25 pages per transmission.**

Simply complete the application, and fax the following to 877-704-8186.

- FaxApp Cover Sheet
- Application in numeric page order
- Any state-specific or replacement forms, if applicable
- **Copy of the initial premium check, if collected from the customer at the point of sale**

Medicare supplement under age 65 (disabled) cases are not eligible for the FaxApp Program. You must mail the completed application with a check for the first month's premium to the Imaging – New Business address below.

PREMIUM

- Agents are encouraged to utilize the Bank Draft Authorization form to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant, **please indicate the case number on the check** and mail the check, stapled to the top of the FaxApp cover sheet, to:

Imaging – New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days, we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating that the contract will be cancelled in 5 days, unless we receive payment for the issued contract. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating that the file has been closed and the policy has been cancelled due to non-payment of premium.**

