

Kansas Farm Bureau Health Plans Medicare Supplement Plan Comparison

A Medicare Supplement plan, otherwise known as Medigap coverage, from Kansas Farm Bureau Health Plans will help pay for many costs not covered by Medicare. Because people have different needs, circumstances, expectations and budgets, Kansas Farm Bureau Health Plans offers four plans as summarized on the chart inside this brochure. Each plan has varying levels of supplemental coverage.

The information below will help you understand some of the main differences between several plans preferred by many of our members.

Question: Do you need your plan to cover most, but not all, Medicare deductibles, coinsurance and copays?

If so, consider the G plan. The G plan provides the maximum benefits allowed by any Medicare Supplement plan currently sold. It covers the Part A (hospital) deductible and all coinsurance and copays associated with Medicare Part A and Part B.

Question: Are you willing to pay copays for doctors' office visits in exchange for a lower premium?

If so, consider the N plan. The N plan pays 100% of the Part B coinsurance except for a copayment of up to \$20 for office visits and \$50 for emergency room visits that don't result in an inpatient admission.



Learning more, including a no-obligation quote, takes just a few minutes of your time. Call 833-282-5928 and speak with a Kansas Farm Bureau Health Plans representative, visit kfbhealthplans.com or contact your local Farm Bureau Financial Services agent.

MEDICARE SUPPLEMENT

PLANS PAY FOR DEDUCTIBLES, COINSURANCE AND MOST COSTS NOT COVERED BY MEDICARE.

MH-KSG-LG-FL19-025

 **KANSAS FARM BUREAU[®]**
Health Plans
MEDICARE SUPPLEMENT PLANS
Insured By Members Health Insurance Company
kfbhealthplans.com

EXCLUSIONS AND LIMITATIONS:

THE GROUP POLICY DOES NOT PROVIDE BENEFITS FOR A, D, G & N:

1. Expenses incurred while the group policy or Your Coverage under the group policy is not in force;

2. Hospital or Skilled Nursing Facility Confinement expenses incurred by You during a Medicare Part A Benefit Period that begins while the group policy or Your Coverage under the group policy is not in force. However, Coverage for Your Medical Condition requiring the Confinement will be covered under the group policy on the earlier of: (a) the date the Confinement ends; or (b) six (6) months from Your Certificate Effective Date.

However, this limitation will not apply if You meet the following requirements:

a. You had a period of Creditable Coverage of at least six (6) months as of the date of Your Enrollment Application; and

b. You are sixty-five (65) years of age or older; and

c. You meet at least one (1) of the following:

(1) You made application for Coverage under the group policy within six (6) months of attaining sixty-five (65) years of age; or

(2) You enrolled within sixty-three (63) days following termination of coverage under a group health insurance plan; or

(3) You enrolled within sixty-three (63) days of a Medicare Supplement Insurance policy or plan that terminated because:

(a) the issuer became insolvent;

(b) the issuer substantially violated a material provision of the Medicare Supplement Insurance policy or plan; or

(c) the issuer or agent misrepresented the coverage to You when it was sold; or

(4) You purchased Your Coverage under the group policy within sixty-three (63) days of Your disenrollment from a Medicare Risk HMO, Medicare Advantage HMO, PACE, or a Medicare Supplement Insurance Select policy or plan because:

(a) Your prior carrier discontinued providing benefits to the service area;

(b) You moved out of the service area; the carrier substantially violated a material provision of the policy or plan; or the issuer or agent materially misrepresented the Medicare Supplement Insurance plan to you when it was sold; or

(c) other reasons specified by Health and Human Services (HHS).

3. Services and supplies which are not Medicare-Eligible Expenses, unless specifically included in the group policy;

4. Any expense payable by Medicare, whether or not You are enrolled for Medicare;

5. Any Medicare Deductible or Copayment/Coinsurance not included as a covered benefit under the group policy;

6. Services for which a charge is not normally made in the absence of insurance; or

7. Expenses for benefits that are not covered under the group policy; or

8. Any Insured enrolled in a Medicare Advantage Plan.

Medicare Supplements insured by Members Health Insurance Company, Columbia, Tennessee. Supplements not connected with or endorsed by the U.S. or state government. This is a solicitation of insurance. A representative of Kansas Farm Bureau Health Plans or Members Health Insurance Company may contact you. Benefits not provided for expenses incurred while coverage under the policy is not in force, expenses payable by Medicare, non-Medicare eligible expenses or any Medicare deductible or copayment/coinsurance or other expenses not covered under the policy.

A Benefit Comparison Guide of Medicare Supplement Plans



 **KANSAS FARM BUREAU[®]**
Health Plans
MEDICARE SUPPLEMENT PLANS
Insured By Members Health Insurance Company

kfbhealthplans.com

Medicare Supplement Insurance Plans - A Benefit Comparison Guide

Welcome.

Because Medicare does not offer complete coverage for health care expenses, a Kansas Farm Bureau Health Plans Medicare Supplement plan could be right for you.

Kansas Farm Bureau Health Plans' rates are very competitive, and chances are good any of our plans can save you money, compared to plans from other companies.

Kansas Farm Bureau has been a trusted name, serving its members since 1919. With Kansas Farm Bureau Health Plans, Kansans enjoy the peace-of-mind that comes with having our Medicare Supplement protection.

There is no network for any of our four choices of plans, so you are free to see the health care provider you choose.



kfbhealthplans.com

Insured by Members Health Insurance.
KFB Health Plans is a Registered Trademark of
Kansas Farm Bureau, Inc.

Our experts are standing by to help you. Call 1-833-282-5928, visit kfbhealthplans.com or contact your local Farm Bureau Financial Services agent.

MH-KS-CM-LT-FL19-067

Kansas Farm Bureau Health Plans Benefit Summary	A	D	G	N
Basic benefits are included in all Kansas Farm Bureau Health Plans Medicare Supplement plans and include the following: Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Medical Expenses: Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services. Plan N requires insureds to pay a portion of Part B coinsurance or copayments. Blood: First three pints of blood each year. Hospice: Part A coinsurance	Basic Benefits, including 100% of Part B Coinsurance	Basic Benefits, including 100% of Part B Coinsurance	Basic Benefits, including 100% of Part B Coinsurance	Basic Benefits, including 100% of Part B Coinsurance except up to \$20 copayment for office visits and up to \$50 copayment for ER visits
Skilled Nursing Facility Coinsurance: Medicare pays all approved amounts for the first 20 days. Days 21-100: Kansas Farm Bureau Health Plans Medicare Supplement plans D, G and N pay the coinsurance amount. You must meet Medicare requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving hospital		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible: Kansas Farm Bureau Health Plans Medicare Supplement plans D, G and N pay Part A deductible for inpatient hospital services.		Part A Deductible	Part A Deductible	Part A Deductible
Part B Excess: Plan G pays 100% of Part B excess – the cost above the Medicare approved amount that a physician who does not accept Medicare assignment can ask you to pay.			Part B EXCESS (100%)	
Foreign Travel Emergency Services: Plans D through N pay 80% of billed charges (after a \$250 deductible) of medically-necessary emergency hospital services outside the U.S.		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

This shows the benefits included in each plan. Every company must make Plan A available.

Plan N pays coinsurance for doctors' services, outpatient care, and many other medical services and supplies, except for up to \$20 copayment for office visits and up to \$50 copayment for ER visits. See www.medicare.gov for more details about specific conditions and requirements for this coverage.

Kansas Farm Bureau Health Plans Individual Monthly Medicare Supplement Rates*

Age	Plan A	Plan D	Plan G	Plan N
65	114.99	120.89	125.95	97.91
66	119.06	124.02	129.22	100.35
67	123.51	128.08	133.44	103.58
68	128.25	132.95	138.52	107.50
69	133.20	138.44	144.24	111.96
70	138.24	144.34	150.38	116.78
71	143.24	150.46	156.76	121.80
72	148.05	156.62	163.18	126.87
73	152.55	162.72	169.53	131.92
74	156.74	168.75	175.81	136.93
75	160.62	174.73	182.03	141.91
76	164.15	180.61	188.16	146.85
77	167.24	186.35	194.13	151.70
78	169.82	191.87	199.88	156.39
79	171.93	197.24	205.47	161.00
80	173.63	202.52	210.95	165.55
81	174.93	207.70	216.34	170.06
82	175.79	212.73	221.58	174.48
83	176.19	217.58	226.62	178.78
84	176.23	222.36	231.59	183.05
85	176.52	227.17	236.59	187.38
86	176.68	232.03	241.64	191.76
87	176.75	236.82	246.62	196.10
88	176.75	241.29	251.25	200.15
89	176.75	245.08	255.19	203.62
90	176.75	247.95	258.17	206.29
91	176.75	250.04	260.33	208.28
92	176.75	251.61	261.97	209.83
93	176.75	252.83	263.23	211.08
94	176.75	253.50	263.92	211.90
95	176.75	253.54	263.94	212.19
96	176.75	253.88	264.30	212.18
97	176.75	253.88	264.30	212.51
98	176.75	253.88	264.30	212.70
99	176.75	253.88	264.30	212.70
100	176.75	253.88	264.30	212.70
Under 65 Disability	114.99	120.89	125.95	97.91

We, Kansas Farm Bureau Health Plans, can raise your premium at any time with 30-day notice. However, we can only raise your premium if we raise the premium for all persons of the same class and benefit plan insured under the group policy who reside in your state. Any premium increase must be filed with the Kansas Department of Insurance. The Medicare Supplement Insurance coverage is age-rated. Your premium will be based on your current age and adjusted annually each birthday. For individuals eligible for Medicare based on disability status, the premium is not age-rated. Refer to the following premium chart for the premium applicable to the Medicare Supplement Insurance plans offered under the group policy. *Rates effective January 2020.