Kansas Farm Bureau®
Health Plans
MEDICARE SUPPLEMENT PLANS
Insured By Members Health Insurance Company

Outline of Coverage

Benefit charts • Medicare Supplement Plans • kfbhealthplans.com

DISCLOSURE

Use this outline to compare benefits and premiums among policies.

PREMIUM INFORMATION

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 approved by 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 premium chart for the premium applicable to the Medicare Supplement Insurance plans offered under the group policy.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your Certificate's most important features. The Certificate is your insurance contract. You must read the Certificate itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your Certificate for any reason, you may return it to

Kansas Farm Bureau Health Plans
P.O. Box 1424
Columbia, Tennessee 38402-1424

If you send the Certificate back to us within 30 days after you receive it, we will treat the Certificate as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Certificate and are sure you want to keep it.

NOTICE

The Certificate may not fully cover all of your medical costs. Neither Kansas Farm Bureau Health Plans or Members Health Insurance Company are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult The Medicare Handbook (*Medicare and You*) for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new Certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your Certificate and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

BENEFITS INCLUDED IN ALL MEDIGAP PLANS

	MEDICARE SUPPLEMENT INSURANCE (MEDIGAP) PLANS									
BENEFITS	A	B	C	D	F[1]	G[1]	K	L	M	N
Medicare Part A Coinsurance and Hospital Costs (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ Copay applies[3]
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Care Copayment			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess charge					✓	✓				
Foreign Travel Emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-Pocket Limit[2]							$8,000[2]	$4,000[2]		

[1] Plans F and G also have a high deductible option which require paying a plan deductible of $2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays one hundred percent (100%) of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] For Plans K and L, after you meet your Out-of-Pocket yearly limit and your yearly Part B deductible ($283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

[3] Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in an inpatient admission.

Kansas Farm Bureau Group Medicare Supplement Insurance Policy
Group Medicare Supplement Insurance - Monthly Premiums*

Attained Age	PLAN A	PLAN D	PLAN G	PLAN N
65	132.24	155.71	162.22	118.23
66	136.92	159.74	166.44	121.17
67	142.04	164.97	171.87	125.07
68	147.49	171.24	178.41	129.81
69	153.18	178.31	185.78	135.19
70	158.98	185.91	193.69	141.01
71	164.73	193.79	201.91	147.07
72	170.26	201.73	210.18	153.20
73	175.43	209.58	218.35	159.29
74	180.25	217.35	226.44	165.34
75	184.71	225.05	234.45	171.36
76	188.77	232.63	242.35	177.32
77	192.33	240.02	250.04	183.18
78	195.29	247.13	257.45	188.84
79	197.72	254.05	264.65	194.41
80	199.67	260.85	271.70	199.90
81	201.17	267.52	278.65	205.35
82	202.16	274.00	285.40	210.68
83	202.62	280.24	291.89	215.88
84	202.66	286.40	298.29	221.03
85	203.00	292.59	304.73	226.26
86	203.18	298.85	311.23	231.55
87	203.26	305.02	317.65	236.79
88	203.26	310.78	323.61	241.68
89	203.26	315.66	328.68	245.87
90	203.26	319.36	332.52	249.10
91	203.26	322.05	335.31	251.50
92	203.26	324.07	337.42	253.37
93	203.26	325.65	339.04	254.88
94	203.26	326.51	339.93	255.87
95	203.26	326.56	339.95	256.22
96	203.26	327.00	340.42	256.21
97	203.26	327.00	340.42	256.61
98-120	203.26	327.00	340.42	256.84
Disability Rate	132.24	155.71	162.22	118.23

* Your Premium is effective on your Certificate Effective Date and is based on your attained age as of your Certificate Effective Date. After the Certificate Effective Date, your Premium will be adjusted each year on your birthday to the Premium indicated above for your newly attained age for that year.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN A

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026.**

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization[2] - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but $1,736	$0	$1,736 (Part A deductible)
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[2] - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	$0	$0
21st through 100th day	All but $217 a day	$0	Up to $217 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

1 Notice: When your Medicare Part A hospital benefits are exhausted, Kansas Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

2 A benefit period begins on the first day you receive services 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	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare Part B Medical Services Per Calendar Year Medical Expenses - In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Next $283 of Medicare-approved amounts[3]	$0	$0	$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
Other Benefits - Services Not Covered by Medicare Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
$250 foreign travel deductible that must be met once each calendar year	$0	$0	All costs
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	$0	All costs

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN D

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization[2] - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but $1,736	$1,736 (Part A deductible)	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[2] - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Kansas Farm Bureau Health Plans stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[2]A benefit period begins on the first day you receive services 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	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare Part B Medical Services Per Calendar Year Medical Expenses - In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-approved amounts[3]	$0	$0	$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
Other Benefits - Services Not Covered by Medicare Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
$250 foreign travel deductible that must be met once each calendar year	$0	$0	$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	80%	20%

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN G

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization[2] - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but $1,736	$1,736 (Part A deductible)	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[2] - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Kansas Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

[2]A benefit period begins on the first day you receive services 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	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare Part B Medical Services Per Calendar Year Medical Expenses - In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-approved amounts[3]	$0	$0	$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care - Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
Other Benefits - Services Not Covered by Medicare Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
$250 foreign travel deductible that must be met once each calendar year	$0	$0	$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	80%	20%

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN N

All dollar amounts shown are the 2026 original Medicare numbers.The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization[2] - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but $1,736	$1,736 (Part A deductible)	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[2] - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Kansas Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

[2]A benefit period begins on the first day you receive services 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	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare Part B Medical Services Per Calendar Year Medical Expenses - In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Balance, other than up to a $20 office visit and up to a $50 emergency visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-approved amounts[3]	$0	$0	$283 (Part B deductible)
Additional amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $283 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
Other Benefits - Services Not Covered by Medicare Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
$250 foreign travel deductible that must be met once each calendar year	$0	$0	$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	80%	20%

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

Kansas Farm Bureau® Health Plans
MEDICARE SUPPLEMENT PLANS
Insured By Members Health Insurance Company

CHOOSE THE BENEFITS THAT ARE MOST IMPORTANT TO YOU.

Basic benefits included in all Medigap plans:

- **Hospitalization:** Part A daily copayments (days 61-90 and 91-150), plus coverage for 365 additional days after Medicare benefits end.
- **Blood:** First three pints of blood each year (Original Medicare covers additional pints).
- **Hospice:** Part A coinsurance for inpatient respite care and copays for outpatient prescription drugs.
- **Medical expenses:** Part B coinsurance (20% of Medicare-approved expenses) or copays. Plans K, L and N require you to pay a portion of the Part B coinsurance or copayments.
- **Medicare preventive care:** Part B coinsurance (20% of Medicare-approved expenses) when applicable.

Additional benefits available in select Medigap plans

- **Hospitalization:** Part A deductible per hospital benefit period ($1,736 in 2026).
- **Skilled nursing facility care:** Part A daily copayments for days 21-100 of each benefit period ($217 per day in 2026).
- **Medical expenses:** Part B deductible per calendar year ($283 in 2026).
- **Part B excess charge:** All costs above Medicare-approved amounts.

Foreign travel emergency care: 80% of Medicare-eligible expenses for emergency care services received outside the U.S., after you meet a $250 foreign travel deductible. Benefit limited to $50,000 in your lifetime.

Insurance words to know

- **Premium** - The cost of belonging to the plan. Think of it as a gym membership. You pay every month whether you use the gym or not.
- **Deductible** -The amount you must pay for eligible medical services before insurance starts to pay.
- **Copay or coinsurance-** If you have a claim, this is your share of the cost of those claims. If it's a specific dollar amount, it's called a copay. If the figure is a percentage of the bill, it's called a coinsurance.

MH-KSC-CM-FM25-1312

THE BEST TIME TO BUY MEDICARE SUPPLEMENT INSURANCE.

Kansas Farm Bureau® Health Plans
MEDICARE SUPPLEMENT PLANS
Insured By Members Health Insurance Company

Enroll during your Medicare Open Enrollment Period.

Unlike Medicare Advantage Plans and Medicare Prescription Drug Plans, Medicare Supplements do not have an Annual Enrollment Period. You get one Medigap Open Enrollment Period when you're guaranteed acceptance into any Medicare Supplement with no health questions asked. This period lasts for six months and begins on the first day of the month in which you are both:

- Age 65 or older
- Enrolled in Medicare Part B

Or if you have a Guaranteed Issue Right.

There are also certain circumstances that may qualify you for a limited time Guaranteed Issue Right to enroll in a Medicare Supplement with no health questions asked. These situations include:

- You're in a Medicare Advantage Plan (like a PPO or HMO), and your plan is leaving Medicare, or stops giving care in your area, or you move out of the plan's service area.
- You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending.
- You have Original Medicare and a Medicare SELECT policy and you move out of the Medicare SELECT policy's service area.
- You joined a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.
- You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back.
- Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.

Enrolling in a Medicare Supplement at any other time.

If you miss your Medigap Open Enrollment Period and are not eligible for one of the Guaranteed Issue Rights noted on this page, you can still apply for a Kansas Farm Bureau Health Plans Medicare Supplement at any time.

However, your application will be medically underwritten (meaning we'll review your health history) and you could be denied coverage. If you are accepted, you will be charged a higher premium rate if you use tobacco products.

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Kansas Farm Bureau® Health Plans
MEDICARE SUPPLEMENT PLANS
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Call us toll-free at 1-833-282-5928
Get our no-obligation information package on KFBHP Medicare Supplements.
Visit us at kfbhealthplans.com for a rate quote and more details.

Kansas Farm Bureau Health Plans
P.O. Box 1424
Columbia, TN 38402-1424

MHI Medicare Supplements insured by TRH Health Insurance Company, Columbia, Tennessee. Not connected with or endorsed by the U.S. or state governments. Benefits are 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 are not covered under the policies.

As of 08/2026