



Thank you for your interest in a Medicare Supplement plan from Amerigroup Insurance Company.

We understand that Original Medicare can be overwhelming – our objective is to make this process as simple and straightforward as possible. With a Medicare Supplement insurance plan from Amerigroup, you can have peace of mind knowing you have coverage from a trusted company to help fill the gaps with Original Medicare. To learn more about our plans, keep reading this brochure. There is also helpful contact information at the back of this brochure.

What's Inside:

- Premium savings
- Understanding how Original Medicare works
- Plan options to meet your needs
- Importance of a Medicare Supplement plan
- SilverSneakers and Prescription Savings Program
- Enrolling



Smart options today, to **SAVE** for tomorrow!

- Pay by Automatic Bank Draft or Annual Payment Option
- SAVE \$2 off your monthly premium by paying by Auto Bank Draft or Electronic Funds Transfer (EFT); or
- SAVE \$48 by paying your premium for the entire year. (Savings may be prorated the first year depending on the policy effective date.)
- Share the savings with household members
- SAVE 5% for each family member in your household in a Medicare Supplement plan with us (available on coverage effective dates July 1, 2018 or after and available to those members who occupy the same housing unit).
- Savings may be combined!

Understanding how Medicare works



Original Medicare Part A is hospital coverage that helps cover the costs for:

- Inpatient care in a hospital or skilled nursing facility (not custodial or long-term care).
- Hospice and some home health care services.



Original Medicare Part B is medical coverage that helps cover the costs for:

- Doctor services, hospital outpatient care and some home health care services, as well as lab tests and durable medical equipment.
- Most preventive services, including an annual wellness exam.



Medicare Part C, also called Medicare Advantage:

- Replaces Original Medicare Parts A and B.
- Provided by private health insurance companies.
- Requires annual enrollment.
- May have a provider/facility network.



Medicare Part D is stand-alone prescription drug coverage and:

- Helps pay for many brand-name and generic prescribed drugs.
- Gives you access to mail-order options and retail drugstores across the country.

Importance of a Medicare Supplement plan



Medicare Supplement plans bridge the “gap” in costs that are not fully covered by Original Medicare, such as:

- Medicare Part A or Part B deductibles, coinsurance or copayments.
- Medicare Part B excess charges.
- Skilled Nursing Facility care coinsurance.
- Foreign Travel Emergencies.

Original Medicare has substantial deductibles and copayments that are your responsibility. This means you can easily spend thousands of dollars each year on medical costs that are not fully covered by Original Medicare. Based on the Medicare Supplement plan you enroll into, it helps in covering those gaps like the Medicare Part A annual deductible which is \$1,364 for 2019.

Other reasons to consider a Medicare Supplement plan:

- **Financial security:** Based on the plan you enroll in, it provides coverage for “gaps” in Original Medicare, helping you safeguard your retirement savings.
- **Guaranteed renewable:**¹ Once you enroll, **you can keep your plan for life — no annual enrollment!**
- **Portability:** If you move, your Medicare Supplement plan moves with you.
- **Freedom to choose:** No referrals, and you can **go to any** Medicare-approved provider or facility.
- **Plan benefits won’t change:** Plans only change to keep pace with Original Medicare — to keep those “gaps” filled!

¹ Once enrolled into your Medicare Supplement insurance plan, your coverage is guaranteed for the life of the plan with only two exceptions/restrictions: nonpayment of premiums and material misrepresentation.

Plan options to meet your needs

Now that you're well informed about the benefits of having a Medicare Supplement plan, it's time to consider the type of plan you may need. The next page features our available plans with varying coverage levels to meet your needs.



Benefits	Amount Medicare Pays ¹	Amount Medicare Supplement Plan Pays			
		Plan A	Plan F	Plan G	Plan N ²
▼ Part A: Hospitalization					
First 60 days (Part A Deductible)	All but \$1,364	\$0	\$1,364	\$1,364	\$1,364
61 st – 90 th day	All but \$341 a day	\$341 a day	\$341 a day	\$341 a day	\$341 a day
91 st day and after ³	All but \$682 a day	\$682 a day	\$682 a day	\$682 a day	\$682 a day
▼ Skilled Nursing Facility					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st – 100 th day	All but \$170.50 a day	\$0	Up to \$170.50 a day	Up to \$170.50 a day	Up to \$170.50 a day
101 st day and after	\$0	\$0	\$0	\$0	\$0
▼ Part B: Medical Expenses					
Medicare Part B Deductible	All but \$185	\$0	\$185	\$0	\$0
Medicare Part B Excess Charges ⁴	\$0	\$0	100%	100%	\$0
▼ Other Benefits					
Foreign Travel Emergency ⁵	\$0	\$0	80% ⁶	80% ⁶	80% ⁶

See “Outline of Coverage” for more details.

- 1 The amount Medicare pays of the Medicare-approved amount. Original Medicare deductibles, premiums and coinsurance rates are effective January 1 of every year, based on the Consumer Price Index.
- 2 Pays 100% of Part B coinsurance, except for copay up to \$20 for office visits and up to \$50 copay for emergency room visits that do not result in an inpatient admission.
- 3 While using the 60 lifetime reserve days. After reserve days are used the Plan pays 100% of Medicare eligible expenses for an additional 365 days. Beyond the additional 365 days you are responsible for all costs.
- 4 If you have Original Medicare and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge. Medicare Part B Excess Charges may not exceed the limitation established by Medicare.
- 5 Covered emergency service must begin during the first 60 days of each trip outside the United States.
- 6 Pays 80% of the Medicare-approved amount and up to a lifetime maximum benefit of \$50,000 after you pay the annual deductible of \$250.

Protecting yourself — covering the gaps in Original Medicare

- As you can see from the chart on the previous page, different Medicare Supplement plans cover different types of medical costs. Let's take a closer look at your out-of-pocket costs with Original Medicare only, and if you have **Medicare Supplement Plan F or Plan G**.
- **Example:** You are covered by Original Medicare when you are unexpectedly hospitalized and have major surgery. After a 15-day stay in the hospital, followed by 22 days in a Skilled Nursing Facility, you learn the physician does not accept the Medicare-approved amount (Medicare Assignment). As a result, you are responsible for the 20% not covered by your Part B coinsurance and the physician's excess charge up to 15% over the Medicare-approved amount. Let's compare your out-of-pocket costs with Original Medicare only, and then if you had purchased Medicare Supplement Plan F or Plan G. For illustrative purposes, the amount remaining after Medicare has paid the 80% under Medicare Part B is \$2,400. You would be responsible for \$2,400, which is 20% of the \$12,000. In addition, since the provider does not accept Medicare as payment in full, we will assume the excess charges are \$600.



Benefits	Out-of-Pocket Costs		
	Original Medicare Only	Medicare Supplement Plan F	Medicare Supplement Plan G
Medicare Part A deductible for 15 days of hospitalization	\$1,364¹	\$0	\$0
Medicare Part A coinsurance for 22 days in Skilled Nursing Facility ² (\$170.50/day for days 21-100) (2 days x \$170.50)	\$341	\$0	\$0
Medicare Part B deductible	\$185	\$0	\$185
Medicare Part B coinsurance for surgical services, supplies, lab tests and therapy (20% cost share of Medicare-approved amount = \$2,400)	\$2,400	\$0	\$0
Medicare Part B Excess amounts above what provider has agreed to accept based on Medicare's approved amount \$600 for illustrative purposes	\$600	\$0	\$0
Your total out-of-pocket costs	\$4,890	\$0	\$185

(Your out-of-pocket amounts would vary with other plans.)

1 Deductible covers first 60 days for extended in-patient stays. You may incur a per-day fee under Original Medicare. The deductible is based on a benefit period that begins on the first day you receive inpatient services 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.

2 Original Medicare covers the first 20 days.

Get fit and be healthy with SilverSneakers®



We offer **Tivity Health SilverSneakers**¹ as a value-added fitness program at no cost to you. Once you enroll, you can sign up for SilverSneakers. Your SilverSneakers membership includes:

- Access to more than 15,000 fitness locations.
- All basic amenities, services and programs at participating locations nationwide.
- If you're unable to get to a fitness location, you can select a fitness kit that you can use at home or on the go when you sign up for SilverSneakers Steps.
- Group exercise classes at some sites.
- SilverSneakers FLEX, which includes classes and activities at parks, recreation centers and other local venues.
- Access to a secure, members-only online community.

To find fitness locations, request your unique SilverSneakers ID number, enroll in FLEX classes or get additional details, visit **www.silversneakers.com**, or call SilverSneakers Customer Service at **1-855-741-4985** (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.



¹ Please check with your doctor before you start a physical activity program. SilverSneakers is a value-added program. It is not insurance and not part of the Medicare Supplement insurance plans. It can be changed or withdrawn at any time. The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018 Tivity Health, Inc. All rights reserved.

Prescription Savings Program

Save on prescription medications with ScriptSave WellRx! You receive instant savings at the register on brand-name and generic prescriptions. Use ScriptSave WellRx to save on prescription medications for the entire family. ScriptSave WellRx features include:

- No enrollment fee and no limits on usage
- Save on both name-brand and generic prescription medications*
- Savings for every member of the household
- Accepted at more than 62,000 pharmacies
- Medicine Chest - helps manage your medications
- Text, print, email, or download your prescription savings card
- Ask A Pharmacist – talk to a pharmacist from the comfort of your own home
- Expanded and helpful drug information
- Pill and refill reminders



ScriptSave WellRx works for everyone:

- **Seniors with Medicare Part D** save on prescriptions that are excluded from coverage.
- **Those with limited, high-deductible, or no prescription coverage** reduce out-of-pocket prescription costs.
- **Those with prescription coverage** reduce the cost of prescriptions not covered by insurance.

To get your savings card and to price your medications, visit www.wellrx.com/ag. You can also download the WellRx App from the Apple Store or Google Play.

*** Vendors and offers are subject to change without prior notice. Amerigroup does not endorse and is not responsible for the products, services or information offered by the vendors or providers. We negotiated the arrangements and discounts with each independent vendor or provider in order to assist our members. These discounts are not insurance and are not part of the Medicare Supplement plans.**

DISCOUNT ONLY – NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Members may cancel their registration at any time or file a complaint by contacting Customer Care. This program is administered by Medical Security Card Company, LLC of Tucson, AZ.

Enrolling – timing is important



Open enrollment period¹

The best time to buy a Medicare Supplement plan is during your open enrollment period. The open enrollment period begins on the first day of the month in which you are both 65 or older and enrolled in Medicare Part B, and lasts for six months. During this period, you do not have to answer medical questions or go through medical underwriting. Once you enroll in Medicare Part B, your open enrollment period begins and cannot be changed. If you are under age 65 and on Medicare, you also have an open enrollment period upon turning age 65.

If you apply after your open enrollment period, you may have to go through medical underwriting and may be denied coverage or charged more based on your health status, unless you are eligible to enroll due to a guaranteed issue situation.

Enroll now

To get started, just follow these steps:

1. Select the plan that best fits your needs.
2. Complete all sections on the Enrollment application.
3. Select your desired payment option. (Your options are listed on the application.)
4. Complete and return the Premium Payment Form to sign up for Automatic Bank Draft and save \$2 on your monthly premium.
5. Sign and date the application and return it with any additional forms or documents.
6. Be sure to make a copy of your application for your records.

Your agent can help you fill out the application and answer any questions you may have about adding additional benefits, if available.

¹ 2018 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (Accessed Aug 2018): www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf.

How to reach us



Sales Department¹ **1-888-332-3537**

TTY line **711**

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas)
from October 1 through February 14, and Monday to Friday (except holidays)
from February 15 through September 30

Customer Service **1-844-406-2393**

TTY line **711**

8 a.m. to 8 p.m., Monday through Friday

**Online benefits, discounts
and health resources** **www.amerigroup.com/medicare**

**General information
about Medicare** **www.medicare.gov**

In case of emergency, call 911.

TTY lines are for those with hearing or speech loss.

¹ By calling this number, you will reach an authorized licensed insurance agent who can answer questions about our plans and enrollment.



An Anthem Company

Disclosures and Important Information

PRE-EXISTING CONDITION LIMITATION: Except as noted below, we do not provide benefits for losses you incur during the first six (6) months after the policy effective date if caused by or resulting from a pre-existing condition.

This pre-existing condition limitation does not apply if:

1. The policy effective date is no more than six (6) months after your 65th birth date; or
2. You submit an Application prior to or during the six (6) month period beginning with the first day of the month in which you are 65 years or older and enrolled for benefits under Medicare Part B; or
3. You are an eligible person coming from a Medicare Advantage, Medicare Select, Medicare Supplement, or an Employee Welfare Benefit Plan as defined in the Employee Retirement Income Security Act of 1974 (29 USC § 1002), and you apply to enroll not later than 63 days from the date of the termination of enrollment in the previous plan, and you submit evidence of termination or disenrollment from that plan with your Application (Certificate of Creditable Coverage).

If you had less than six months prior creditable coverage, the pre-existing conditions limitation will be reduced by the aggregate amount of creditable coverage. If the policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied.

A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within six months prior to the policy effective date.

MEDICAID ELIGIBILITY: Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.

OPEN ENROLLMENT. If you are in your open enrollment period, you cannot be denied coverage because of health problems. Open enrollment is the 6 month period beginning on the first day of the month in which you are enrolled in Medicare Part B. If you are on Medicare under age 65, for instance due to disability, you will also have a 6 month open enrollment period when you reach age 65.

If you are outside any open enrollment period, when you fill out the application be sure to answer complete all questions about your medical and health history. If you leave out or falsify important medical information the company may cancel your coverage and refuse to pay any claims.

This brochure is intended to be a brief summary of coverage for policy forms AGPLANAM(18)D-TX, AGPLANAM(18)-TX, AGPLANFM(18)-TX, AGPLANGM(18)-TX and AGPLANNM(18)-TX and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Policy. In the event of a conflict between the Policy and this description, the terms of the Policy will prevail.

Not connected with or endorsed by the U.S. Government or the federal Medicare program. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please contact your agent or the health plan.

Coverage is provided by Amerigroup Insurance Company.