

Bankers Fidelity Life Insurance Company®

Medicare Supplement

Bankers Fidelity Life Insurance Company® Policy Form B 21092 or
Bankers Fidelity Assurance Company® Policy Form B 21492 or
Atlantic Capital Life Assurance Company™ (d/b/a Bankers Fidelity) Policy Form A 22392



Fact:

In 2022 approximately

65 million

Americans were covered by Medicare¹



Fact:

In 2030, average out-of-pocket expenses are projected to consume more than half (52%) of the average Social Security income for women on Medicare and nearly half (47%) for men.²

¹ <https://bit.ly/3uXAYKa>

² <https://bit.ly/3Ns99zT>

Medicare is...

A federal health insurance program that provides coverage for the following:

- ▶ People age 65 and older
- ▶ People under 65 with certain disabilities
- ▶ People of any age with End Stage Renal Disease (ESRD), permanent kidney failure requiring dialysis or a kidney transplant

While Medicare is a worthwhile program and helps pay for some of your health care expenses, it doesn't cover everything. **Medicare out-of-pocket expense can include deductibles, coinsurance and copayments; and helping cover these specific costs is what Medicare Supplement insurance does.**

Bankers Fidelity Life Insurance Company's® Medicare Supplement insurance picks up where Medicare leaves off. We know that navigating your options for health care decisions can be confusing and complicated. Our mission is to help you choose the Medicare Supplement coverage that's best for you. We take time to understand your needs and concerns then clarify your options so you're confident you've selected the right coverage.

Medicare consists of...

A Part A (Hospital Insurance) and **B** Part B (Medical Insurance)

A

Medicare Part A (Hospital insurance)

Medicare Part A — helps cover the following:

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility
- Hospice care services
- Home health care services

Medicare Part A

When you are hospitalized for:	Medicare covers	You pay (per Benefit Period)
1–60 days	All eligible expenses after the patient pays the required Medicare Part A deductible	\$1,632* deductible
61–90 days	All eligible expenses after the patient pays a per day co-payment	\$408* co-payment per day
90–150 days	All eligible expenses after the patient pays a per day co-payment	\$816* co-payment per day
Additional 365 days	Nothing	All costs
When you are in Skilled Nursing Confinement** for:	Medicare covers	You pay (per Benefit Period)
1–20 days	All approved amounts	Nothing
21–100 days	All eligible expenses after the patient pays a per day co-payment	\$204* co-payment per day
101 days or more	Nothing	All costs

*Deductibles and co-pays shown for 2024; subject to change each year by the federal government.

**You are required to be hospitalized for at least 3 days and then enter a Medicare approved skilled nursing facility within 30 days after hospital discharge and must be receiving skilled nursing care.



Medicare Part A and Part B are essential qualifiers for enrolling in a Medicare Supplement insurance plan—**you must have both Medicare Part A and Part B.**

B

Medicare Part B (Medical insurance)

Medicare Part B — helps cover medically necessary services such as:

- Doctors' services
- Home health care services
- Outpatient care
- Other medical services

Medicare Part B

Expenses	Medicare covers (after annual \$240* deductible)	You pay (in addition to annual \$240* deductible)
Medical Expenses (Physician's inpatient/outpatient services, medical/surgical services, physical/speech therapy, diagnostic tests, durable medical equipment)	Generally 80% of Medicare-approved amount after patient pays Medicare Part B deductible	Generally 20% of Medicare-approved amount
Clinical Laboratory services (tests for diagnostic services)	Generally, 100% of Medicare-approved amount	Nothing
Part B Excess	Nothing	100%
Home Health Care (part-time or intermittent skilled care, home health aide services, durable medical supplies, other medical services)	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment	Medicare payment to hospital, based on outpatient procedure payment rate	Coinsurance based on outpatient payment rates
Blood	After the first three (3) pints, 80% of Medicare-approved amount	First three (3) pints, 20% of approved amount after Part B deductible is paid

*Deductibles and co-pays shown for 2024; subject to change each year by the federal government.

This information provides a brief overview of Part A and Part B of Medicare. For complete information about Medicare and a full explanation of Medicare benefits, review the latest documents published by Centers for Medicare and Medicaid Services or visit their websites at www.cms.hhs.gov or www.medicare.gov.

Medicare Supplement Insurance Benefits...

- ▶ Enable you to see any doctor or provider who accepts Medicare
- ▶ Cover your health care needs anywhere in the country.
- ▶ Can be paid directly to you, your doctor or your hospital
- ▶ Are Guaranteed Renewable for life, as long as you pay your premiums on time, in advance, or during the grace period.*
*Rates subject to change on a class basis; Guaranteed Renewable unless material misrepresentations are made in the application for coverage.
- ▶ Have no waiting period - your coverage begins immediately
- ▶ 30-Day Free Look: If you change your mind within 30 days after you receive your policy, we will refund your money. Refer to your Policy for details.

Fact: In 2022, national enrollment in Medicare Supplement Insurance grew to approximately **14.6 million**.³

³ <https://bit.ly/47756Ag>



Exclusions: Medicare Supplement Insurance Benefits are not payable for:

- Any medical expenses incurred when the policy is not in force;
- A Part A Medicare Benefit Period that begins prior to the effective date of the policy;
- Any medical expenses paid by Medicare or which would duplicate Medicare's payment if we paid it;
- Any expense that is payable under any other Medicare Supplement insurance plan or other insurance plan which pays benefits on an expense-incurred basis;
- Any expenses that are not Medicare-approved;
- Any service for which a charge is not normally made in the absence of insurance.

2024 Medicare Supplement Insurance Plans Benefit Chart

This chart shows the benefits included in each of the standard Medicare Supplement Insurance Plans offered by Bankers Fidelity. Every company must make Plan A available and some of the other plans may not be available in certain states. Only applicants first eligible for Medicare before 1/1/2020 may purchase Plan C, Plan F, or High Deductible F.

Medicare Part A (Hospitalization); Part A is coinsurance (generally 20% of Medicare-approved expenses) and hospital coverage plus coverage for 365 additional days after Medicare benefits end.

Blood; First three (3) pints of blood each year

Hospice; Part A coinsurance

Medicare Part B (Medical Expenses); Part B is coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require you to pay a portion of Part B coinsurance or copayments.*

*Also applies, in part, to Blood and Hospice benefit.

Plan:	A	B	C	D	F	High F [†]	G	High G [†]	K**	N***
Part A Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A Deductible \$1,632*		✓	✓	✓	✓	✓	✓	✓	50%	✓
Part B Deductible \$240*			✓		✓	✓				
Part B Coinsurance (20%)		✓	✓	✓	✓	✓	✓	✓	50%	\$20 office/\$50 ER visit co-pay
Part B Excess Charges					✓	✓	✓	✓		
Skilled Nursing Facility			✓	✓	✓	✓	✓	✓	50%	✓
Preventive Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice Care	✓	✓	✓	✓	✓	✓	✓	✓	50%	✓
Foreign Travel Emergency			✓	✓	✓	✓	✓	✓		✓

✓ indicates benefit and deductible is covered

* Deductibles and co-pays shown for 2024; subject to change each year by the federal government.

**Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

***Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

[†] Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 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.

High deductible Plan G is the same as high deductible Plan F except that where the annual out-of-pocket expenses are met with Medicare Part A expenses only, any subsequent Medicare Part B deductible expense incurred by the beneficiary after the required annual out-of-pocket expenses is met may not be paid for by the high deductible Plan G.

NOTICE: Neither Bankers Fidelity Life Insurance Company®, its subsidiaries, nor its Medicare Supplement policies are affiliated with or endorsed by the U.S. Government, the federal Medicare program, or the Centers for Medicare and Medicaid Services. This is a solicitation of Medicare Supplement insurance and an independent agent may call on you.

The Medicare Supplement products issued by the Company are insurance policies. Policy form series B 21092 is underwritten by Bankers Fidelity Life Insurance Company®. Policy form series B 21492 is underwritten by Bankers Fidelity Assurance Company®. Policy form series A 22392 is underwritten by Atlantic Capital Life Assurance Company™. Limitations and exclusions apply; actual policy provisions control. Rates subject to change on a class basis. Individually underwritten; application to determine eligibility required.

IMPORTANT NOTICE: Plans are available to all persons eligible for Medicare, including the availability of certain plans to persons under age 65 and eligible for Medicare due to disability in certain states.

Products not sold in AK, CA, CT, FL, ID, MA, MN, MO, NH, NY, OR, RI, VT, WA or WI. Plan availability can vary by state.

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