Redefining what's possible.

Medicare Supplement Insurance

Accendo Insurance Company

part of the CVS Health® family of companies and Aetna affiliate

Montana

CVS Health®

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Helping people on their path to better health.

Accendo Insurance Company is part of the CVS Health® family of companies and Aetna affiliate.

Every one of us at CVS Health shares a single, clear purpose: helping people on their path to better health.

Whether in our pharmacies or through our health services and insurance plans, we are pioneering a bold new approach to total health. Making quality health care more affordable, accessible, simple and seamless. Creating innovations that not only help people get well, but help them stay well in body, mind and spirit.

By unlocking the power of data and opening our hearts to the needs of each person, we're creating unmatched human connections to transform the health care experience: welcoming moments of 1-on-1 care, millions of times each day.

We bring expertise and care to communities around the corner and across the country, deliver essential products and prescriptions right to people's doorsteps, provide vital services in their homes, and put a wealth of resources at their fingertips.

Working together across our disciplines, we surround those we serve with personal support that matches their unique circumstances.

This is health with heart: our promise that no matter where someone is on their path to better health, we'll be with them all the way.

This is a brochure for individual Medicare Supplement insurance policy forms ACCMSP20A MT, ACCMSP20F MT, ACCMSP20G MT, ACCMSP20N MT and is not a contract of insurance. For complete details of all benefits, please read your Outline of Coverage carefully and refer to the "Guide to Health Insurance for People with Medicare".

The value of peace of mind.

A Medicare Supplement insurance policy helps you manage and budget your health care expenses.

Filling the gaps

Medicare provides beneficial coverage for health related expenses, but it does not cover all health care expenses. There are a number of gaps in Medicare coverage that you either pay for out-of-pocket or with private insurance. A Medicare Supplement insurance policy is a health insurance policy (also called Medigap) sold by a private insurance company to help fill in some of those gaps.

Know your options

Although private insurance companies provide Medicare Supplement coverage, Medicare Supplement insurance plans are strictly regulated by both federal and state government. Make an informed decision about what is right for you. Before you purchase a plan, make sure you understand what your Medicare coverage includes. Then choose a Medicare Supplement plan that best fits your needs.

Take care of yourself

A Medicare Supplement insurance policy helps you manage and budget your health care expenses with predictability and stability. A Medicare Supplement insurance policy helps pay some of the out-of-pocket costs for Medicare-approved services and works hand-in-hand with Medicare to provide more insurance coverage.

Feel good about your choices

A Medicare Supplement insurance policy has no restrictive networks, you can visit the physicians of your choice, and you have freedom when choosing a health care provider, including specialists and specialty hospitals that accept Medicare patients. With automatic claims filing by most providers, you have less things to worry about.

Choose from these plans.

Accendo Insurance Company offers Medicare Supplement Plans A, F, G, and N with varying amounts of coverage – Plan A providing basic benefits and Plan F offering more comprehensive coverage.

Premiums also vary according to the amount of coverage provided by a specific plan. A household premium discount is available for eligible applicants. (Reference the application for details.) Here are the benefits that are included with each plan.

Benefits	Plan A	Plan F*	Plan G	Plan N
Basic benefits (including hospice care)	●	●	●	●
Part B coinsurance	●	●	●	●**
Part A deductible		●	●	●
Skilled nursing facility coinsurance		●	●	●
Foreign travel emergency		●	●	●
Part B excess charges		●	●	
Part B deductible		●		

All plans are available to those qualified consumers under age 65.

***Plan F** available for people first eligible for Medicare before 2020 only.

****Plan N** requires $20 copayment for office visits; $50 copayment for emergency room visits. Copayments do not count toward the annual Part B deductible.

Covering your needs

Use this checklist as a starting point to help determine what you want your Medicare Supplement insurance policy to cover.

- ◯ **Basic benefits** (including hospice care)
- ◯ **Medicare Part A deductible**
- ◯ **Medicare Part B deductible**
- ◯ **Medicare Part B coinsurance**
- ◯ **Medicare Part B excess charges**
- ◯ **Skilled nursing facility coinsurance**
- ◯ **Foreign travel emergency**

What's great about the plans.

The following are features of Medicare Supplement plans.

30 days free look

Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.

12-month rate guarantee

No rate increase for the first 12 months.

Guaranteed renewable

No worries of reduced benefits or canceled coverage for the life of the policy, as long as the premiums are paid on time.

Freedom to choose your doctors

You control and choose the physicians who you trust for your care, that accept Medicare patients.

Go direct to your doctors

You can go directly to the physicians and specialists you choose, that accept Medicare patients, without pre-certifications and pre-approvals.

Benefits stay the same

You always know what your benefits are with this standardized plan...no surprises or re-evaluations year-after-year.

Portable coverage

You are not restricted to use a network of health care providers. If you move, your coverage goes with you.

Common terms and definitions

Benefit period

Starts the day you go to a hospital or skilled nursing facility; and ends when you have not received hospital or skilled nursing facility care for 60 consecutive days.

Coinsurance

A percentage of Medicare-approved expenses not paid by Medicare.

Copayment

A fixed fee amount that subscribers to a medical plan must pay when using specific services covered by an insurance plan.

Deductible

Amount that one must pay for Medicare-approved expenses before Medicare begins to pay.

Eligible expenses

Costs that are deemed medically necessary by Medicare and covered expenses under your plan.

Emergency care

Immediate medical care needed because of an injury or an illness of sudden and unexpected onset.

Excess charges

The difference between what a health care provider is permitted to charge and the Medicare-approved amount.

Hospice care

A program of care and support for someone who is terminally ill; helps them live out the time they have remaining to the fullest extent possible.

Medicare-approved amount

In original Medicare, the amount that a physician who accepts assignment can be paid, including what Medicare pays and any other deductibles, coinsurance, or copayments.

Premium

The periodic payment to Medicare, an insurance company, or a health care plan for coverage.

About CVS Health®

Accendo Insurance Company is part of the CVS Health family of companies and Aetna affiliate.

CVS Health is the nation's premier health innovation company helping people on their path to better health. Whether in one of its pharmacies or through its health services and plans, CVS Health is pioneering a bold new approach to total health by making quality care more affordable, accessible, simple and seamless. CVS Health is community-based and locally focused, engaging consumers with the care they need when and where they need it.

The Company has more than 9,800 retail locations, approximately 1,100 walk-in medical clinics, a leading pharmacy benefits manager with approximately 93 million plan members, a dedicated senior pharmacy care business serving more than one million patients per year, expanding specialty pharmacy services, and a leading stand-alone Medicare Part D prescription drug plan.

CVS Health also serves an estimated 39 million people through traditional, voluntary and consumer-directed health insurance products and related services. This innovative health care model increases access to quality care, delivers better health outcomes and lowers overall health care costs. Find more information about how CVS Health is shaping the future of health at **www.cvshealth.com**.

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