

Medicare Supplement Insurance Plans



Central States Health & Life Co. of Omaha

THE BASICS OF MEDICARE

What Medicare Covers

Medicare Part A – Hospital Insurance

Part A coverage includes hospital inpatient care and recovery care in skilled nursing facilities, hospice and home health care services.

Medicare Part B – Medical Insurance

Part B helps cover some medically necessary services from doctors and other health care providers, plus preventative services.

What Medicare Does Not Cover

Medicare was not designed to cover all your doctor and hospital bills. You are required to pay for a portion of those bills that Medicare does not pay, including:

- Medicare Part A hospital benefit period deductible and coinsurance
- Medicare Part B medical annual deductible, generally 20% coinsurance and those charges exceeding the Medicare-eligible expense
- Skilled nursing facility coinsurance

BENEFITS OF MEDICARE SUPPLEMENTS

A Medicare Supplement insurance policy can help you manage and budget many health care expenses you may face.

Freedom to Choose Your Provider

You are not restricted to use of a certain network of health care providers.

With a Medicare Supplement, you may visit any health care provider who accepts Medicare. If you move, your coverage moves with you.

You may also go directly to the physicians and specialists you choose without needing a referral.

Coverage You Can Count On

Your Medicare Supplement insurance policy is guaranteed renewable if there are no material misrepresentations on your application and you pay your premiums on time.

There is no waiting period for pre-existing conditions, and benefits are paid from the moment your policy is in force.

Minimizes Your Exposure

Your Medicare Supplement and Medicare Parts A and B work together to minimize your share of health care costs.

With this additional insurance coverage, even unexpected medical events may not be significant to your financial health.

As Medicare deductibles, copayments and coinsurance increase, your Medicare Supplement benefits also increase to help meet your eligible expenses.

SELECTING THE RIGHT COVERAGE FOR YOU

Selecting the Right Coverage for You

CSO offers standardized Medicare Supplement plans – all with varying amounts of coverage. These plans are designed to fit various clients based on their budgets, needs and lifestyle. These plans vary in cost based on the specific plan and coverage selected by the client.

BENEFITS	PLAN A	PLAN C	PLAN G	PLAN N
BASIC BENEFITS (INCLUDING HOSPICE CARE)	100%	100%	100%	100%
PART B COINSURANCE	100%	100%	100%	100%
PART A DEDUCTIBLE		100%	100%	100%
SKILLED NURSING FACILITY COINSURANCE		100%	100%	100%
FOREIGN TRAVEL EMERGENCY		80%	80%	80%
PART B EXCESS CHARGES			100%	
PART B DEDUCTIBLE		100%		
	YOUR PREMIUM	YOUR PREMIUM	YOUR PREMIUM	YOUR PREMIUM
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**The above premium is based on your issue age. Any rates provided are illustrative only and specifics of plans can be found at Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.*

Please Note

- Not all plans may be available in your state. Please refer to the Outline of Coverage provided to you by your agent.
- Plan N requires up to a \$20 copayment for some office visits and up to a \$50 copayment for emergency visits. Copayments do not count toward the annual Part B deductible.

SELECTING THE RIGHT COVERAGE FOR YOU

Medicare Part A – Hospital Coverage

Deductible: All plans, except plan A, pay the Part A deductible for each benefit period.

Coinsurance: All offered plans pay the coinsurance from the 61st day through the 90th day and then from the 91st day through the 150th day.

Extended Hospital Coverage: You also have 60 Medicare Lifetime Reserve days available. These plans pay the Part A-eligible expenses for hospitalization for a maximum of an additional 365 days.

Benefit for Blood: All plans will pay for the first three pints of blood needed.

Skilled Nursing Facility Care

Coinsurance: These plans, with the exception of Plan A, pay the coinsurance for the 21st through the 100th day when you receive skilled nursing care. This must be a Medicare-certified skilled nursing facility and be within 30 days of being hospitalized.

Hospice Care: After meeting the Medicare requirements, all plans pay for co-payment or coinsurance for outpatient drugs or inpatient respite care.

Medicare Part B – Medical Coverage

Note: Only Plans C and F will pay the calendar year Part B deductible.

Coinsurance: After payment of the Part B deductible, all plans pay 20% of the eligible expenses – except for Plan N, which will pay the 20% eligible expenses except up to \$20 copayment for any office visit, and up to \$50 copayment for emergency room visits.

Excess Benefits: Plans F and G will pay 100% of the difference for any excess charges, up to the limitation of charges set forth by Medicare.

Benefit for Blood: All offered plans will pay for the first three pints of blood needed.

Other Benefits: Emergency care outside of the U.S. – after a deductible, Plans C, F, G and N pay 80% of eligible expenses up to the policy maximum.

DEFINING THE TERMS

Benefit Period:

Begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance:

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

Copayment:

A fixed dollar amount you may be required to pay as your share of the cost for a medical service or supply.

Deductible:

The dollar amount you must pay before Medicare or Medicare Supplement insurance pays.

Eligible Expenses:

Charges covered by Medicare Parts A and B to the extent Medicare recognizes them as reasonable and medically necessary.

Excess Charge:

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

Premium:

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

THE CSO STORY

To Care Is to Grow

CSO is a mutually owned insurance company based in Omaha, Nebraska, employing a team of dedicated individuals focused on the needs of client institutions, agents, customers and policyholders. We strive to be the provider of choice in the markets we serve.

The company's founder, T.L. Kizer, inspired his employees to approach their responsibilities with a sense of compassion and a high degree of integrity. These principals have been paramount to the success of our company. "To Care Is to Grow" is the guiding philosophy behind how we operate our company, an approach which has prevailed since our beginning in 1932.

A solid history of successful business practices has provided CSO with an exceptionally strong financial base. CSO and our subsidiaries, Censtat Life Assurance Company and Censtat Casualty Company, have been assigned an A.M. Best Financial Strength credit rating of A- (Excellent)*

CSO boasts a strong and proud history. With over 85 years of experience in the business of extending various insurance products, CSO possesses the knowledge and skills required to extend superior service and products to our policyholders.



*A.M. Best's Financial Strength rating is an independent opinion of an insurer's financial strength and ability to meet ongoing obligations to policyholders. For the latest rating, access www.ambest.com.



CSO.com

*For questions about your
Medicare Supplement policy: 1-833-522-4874*

This is a solicitation of insurance and an insurance agent may contact you by telephone.

This brochure is intended to provide a brief description of policy forms COMSAI2019ID, COMSCI2019ID, COMSGI2019ID and COMSNI2019ID. Not all plans are available in all states. Policy provisions and benefits may vary from state to state. These policies have exclusions, limitations, reduction of benefits; please see the Outline of Coverage and policy (available from CSO or your agent) for complete details.

Neither CSO nor our Medicare Supplement policies are connected with or endorsed by the United States Government or the Federal Medicare program.

Exclusions: We will not pay for: (1) loss incurred while your policy is not in force, except as provided in the Extension of Benefits section of your policy; (2) hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force; (3) that portion of any Loss incurred that is paid for by Medicare; (4) services for non-Medicare-Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions; (5) services for which a charge is not normally made in the absence of insurance; or (6) loss that is payable under any other Medicare supplement insurance policy or certificate.

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