



LBL-MS-BROC-0416-ID 110916 ID

WHY A MEDICARE SUPPLEMENT?

Original Medicare is good coverage, but it was never designed to cover everything. Often, people with Original Medicare Parts A and B want additional coverage for things that aren't covered by Medicare, such as deductibles and coinsurance. Medigap plans were intended for just that purpose—to supplement Medicare coverage, providing you with a more complete health care package.

This brochure explains the benefits of Medigap plans, and more specifically, the benefits of The Liberty Series underwritten by Liberty Bankers Life Insurance Company. Because we offer a wide range of coverage options, we are confident you'll find a plan that suits both your health and financial needs.

LIBERTY SERIES OPTIONS

Liberty Bankers Life offers Medigap Plans A, F, G, and N. All Medigap plans offer the same "basic benefits": Medicare Part A coinsurance; Medicare Part B coinsurance/copays; the first three pints of blood; and hospice care coinsurance/copays.

The basic benefits cover some of the health care costs that can escalate and become a financial burden. These benefits are meant to supplement Medicare coverage, providing you with a more complete health care package. If you want more coverage than the basic benefits, all of the plans except Plan A have additional benefits.

The following chart gives you a quick look at the plans and benefits. Check marks or amounts indicate the benefit is provided in that plan. Immediately following the chart is an explanation of the benefits.

CHOOSING A MEDIGAP PLAN THAT'S RIGHT FOR YOU.

When it comes to choosing a Medigap plan, there's a lot to think about. We're here to make it easy.

That's why we're committed to helping you through the entire process. Our independent agent will help you identify your needs, review your options and answer your questions while you fill out your paperwork. Then, when you become a policy holder, we're here to answer your claims questions and give you the information you need to make the health care decisions that are right for you.

To see which plan will fit you best, first determine what you need. Do you have a chronic condition that requires frequent doctor visits? If so, Plan F might be a good choice for you, as it covers both the Part B deductible and excess charges.

If you rarely need care, Plan A might be all you need.
Or, you might want to take a look at Plan N, which has a lower premium but greater cost-sharing. If you travel outside the United States on a regular basis, Plans F and G cover foreign travel emergencies.

As you think about what plan to choose, take a look at your past medical bills to see what kind of costs you might have in the future.

ORIGINAL MEDICARE PART A COVERS...(1)

Medicare-eligible Hospital Expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies during each benefit period. (2)

| Services and Supplies | What you pay with Medicare alone | Your out-of-pocket costs with plan: | | | |
|---|----------------------------------|-------------------------------------|-----------|-----------|-----------|
| | | A | F | G | N |
| For the first 60 days (Part A deductible) | \$ | \$ | \$0 | \$0 | \$0 |
| From 61 st thru 90 th day | \$ a day | \$0 | \$0 | \$0 | \$0 |
| From 91st through 150th day (60 Lifetime Reserve Days) | \$ a day | \$0 | \$0 | \$0 | \$0 |
| For additional 365 days | All costs | \$0 | \$0 | \$0 | \$0 |
| Beyond additional 365 days | All costs | All costs | All costs | All costs | All costs |
| Blood — first three pints (not replaced) | All costs | \$0 | \$0 | \$0 | \$0 |
| Hospice Care copayment (for Inpatient Respite Care) | 5% | \$0 | \$0 | \$0 | \$0 |

Skilled Nursing Care in a Medicare-certified nursing facility, when received within 30 days of a three-day Medicare-approved hospital stay.

| Services and Supplies | What you pay with Medicare alone | Your out-of-pocket costs with plan: | | | |
|------------------------------|----------------------------------|-------------------------------------|-----------|-----------|-----------|
| | | A | F | G | N |
| For the first 20 days | \$0 | \$0 | \$0 | \$0 | \$0 |
| From the 21st thru 100th day | \$ a day | \$ a day | \$0 | \$0 | \$0 |
| Beyond 100 days | All costs | All costs | All costs | All costs | All costs |

Notes:

⁽¹⁾ Part A benefits current as of January 20____.

^{(2) &}quot;Benefit period" means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day You are Hospital confined as an inpatient. A benefit period generally ends after You have not been confined in a Hospital or Skilled Nursing Facility for 60 days in a row.

ORIGINAL MEDICARE PART B COVERS...(3)

Medical care for Medicare-approved physician services, in- and outpatient medical & surgical services and supplies, physical and speech therapy, diagnostic tests⁽⁴⁾, and durable medical equipment.

| Services and Supplies | What you pay with Medicare alone | Your out-of-pocket costs with plan: | | | | |
|---|-------------------------------------|-------------------------------------|-----|-----|-----------|--|
| | | Α | F | G | N | |
| Part B annual deductible | \$ | \$ | \$0 | \$ | \$ | |
| Remainder of Medicare-approved charges (Part B coinsurance) | 20% | \$0 | \$0 | \$0 | \$0 | |
| Part B office visit copayment ⁽⁵⁾ | 20% | \$0 | \$0 | \$0 | Up to \$ | |
| Part B Emergency Room visit copayment ⁽⁵⁾ | 20% | \$0 | \$0 | \$0 | Up to \$ | |
| Part B excess charges | All costs | All costs | \$0 | \$0 | All costs | |
| Blood — first three pints (not replaced) | All costs | \$0 | \$0 | \$0 | \$0 | |

Foreign Travel for medically necessary emergency care that begins during the first 60 days of each trip outside of the U.S. for care that would have been covered by Medicare if provided in the U.S. ⁽⁶⁾

| Services and Supplies | What you pay with Medicare alone | Your out-of-pocket costs with plan: | | | |
|-----------------------|-------------------------------------|-------------------------------------|-------|-------|-------|
| | | A | F | G | N |
| First \$250 per year | All costs | All costs | \$250 | \$250 | \$250 |
| Remainder of charges | All costs | All costs | 20% | 20% | 20% |

Notes:

- (3) Part B benefits current as of January 20____.
- (4) Diagnostic laboratory work for Medicare-approved blood tests is paid in full by Medicare.
- (5) Copayment amounts apply after the Part B deductible has been met.
- (6) The Foreign Travel benefit is subject to a Lifetime Maximum of \$50,000.

This brochure is intended to provide a brief description of policy forms LBL-MSA-POL-0416-ID, LBL-MSF-POL-0416-ID, LBL-MSG-POL-0416-ID, and LBL-MSN-POL-0416-ID. All plans may not be available in your state. Policy provisions and benefits may vary from state to state. Please see the policy for further details. Liberty Bankers Life Insurance Company is not connected with or endorsed by the United States Government or the federal Medicare program.

Exclusions

Liberty Bankers Life's Medicare Supplement policies do not cover or pay benefits for:

- (a) expense incurred while this Policy is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this Policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare Supplement Insurance policy or certificate.



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