

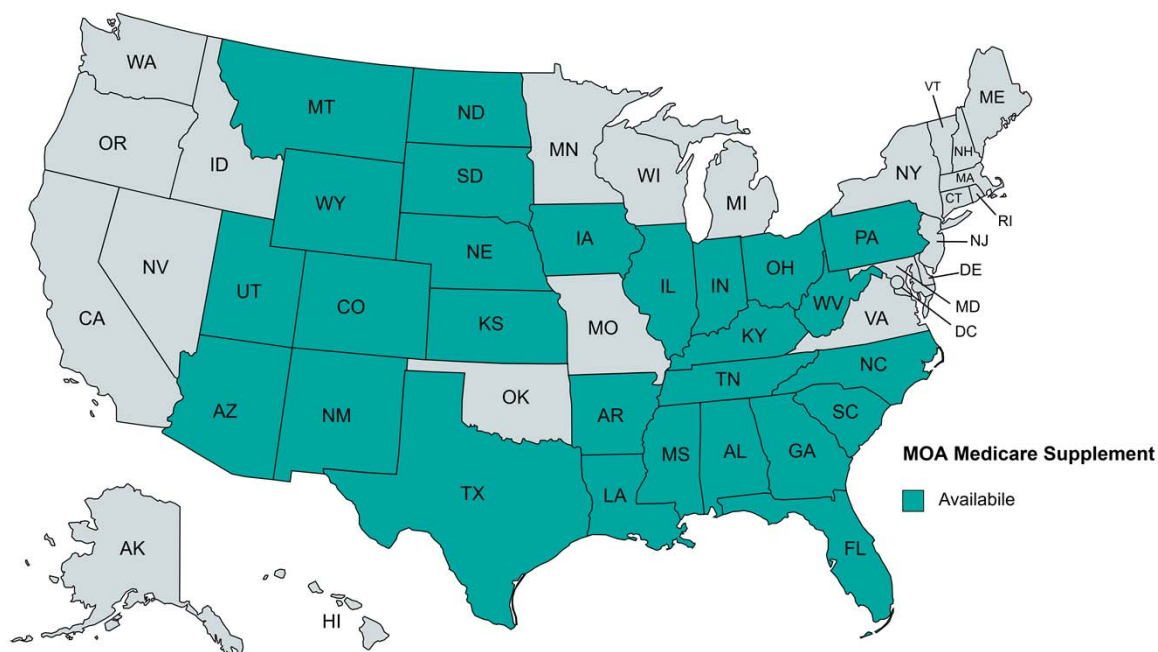


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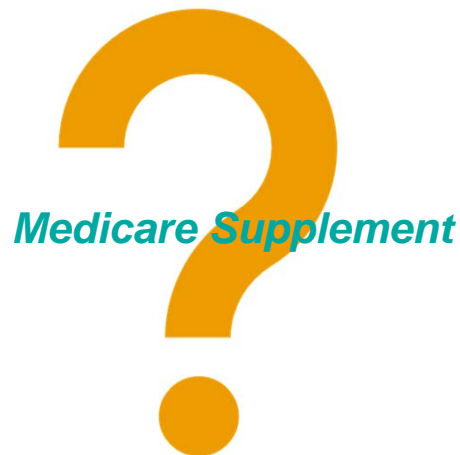
ManhattanLife of America

Medicare Supplement

# Available & Upcoming States:



# What is Medicare Supplement?



Medicare Supplement Insurance is a type of health insurance policy sold by private insurance companies to complement Original Medicare.

Better known as Medigap, this type of insurance covers the cost of healthcare services that lie outside the scope of Original **Medicare Parts A and B**. It extends to the gaps not covered by Original Medicare, including copays, coinsurance, and deductibles.

## ***Original Medicare Part A***

- Inpatient Care
- Skilled Nursing Facility
- Nursing Home Care
- Hospice Care
- Home Health Care

## ***Original Medicare Part B***

- Clinical Research
- Ambulance Services
- Durable Medical Equipment
- Mental Health
- Limited Outpatient Rx



# Plans Offered: A, C, F, G, N



Benefits	Plans Available to All Applicants			Medicare first eligible before 2020 only	
	A	G	N	C	F
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	Copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓
Skilled nursing facility coinsurance		✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓
Medicare Part B deductible				✓	✓
Medicare Part B excess charges		✓			✓
Foreign travel emergency (up to plan limits)		✓	✓	✓	✓

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$[2,370] 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.

<sup>2</sup> 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.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$[20] for some office visits and up to a \$[50] copayment for emergency room visits that do not result in an inpatient admission.

# Eligibility



Use the following chart to determine the eligibility of the applicant based upon height and weight.

If the weight is below the weight listed in the "BMI 16" column or above the weight listed in the "BMI 40" column, the applicant is not eligible for coverage.

Height		Decline	Decline
Feet	Inches	BMI 16	BMI 40
4	6	<67	166+
4	7	<69	172+
4	8	<72	179+
4	9	<74	185+
4	10	<77	192+
4	11	<79	198+
5	0	<82	205+
5	1	<85	212+
5	2	<88	219+
5	3	<91	226+
5	4	<93	233+
5	5	<96	241+
5	6	<99	248+
5	7	<102	256+
5	8	<105	263+
5	9	<109	271+
5	10	<112	279+
5	11	<115	287+
6	0	<118	295+
6	1	<121	303+
6	2	<125	312+
6	3	<128	320+
6	4	<132	329+
6	5	<135	337+
6	6	<139	346+
6	7	<142	355+

# Eligibility: Disability or ESD



- ManhattanLife of America is **required to offer at least one kind of Medigap policy** for people under 65 and eligible for Medicare because of a disability, **or** End-Stage Renal Disease (ESRD) in the states listed below.
- Even if your state is not listed, you may find that we voluntarily offer plans to people under 65, however they may be required to pass underwriting, and they may pay a higher premium.



# Expedited Underwriting



- **Expedited Underwriting is offered with the ManhattanLife of America Electronic Application (commonly known as the E-App)**
  - Available for completed Underwritten Applications
  - Pop-up screen within the portal will direct to 1-800-672-4532 option 8
  - Applicant must be on the phone
  - An UW will be available on the spot; if a phone interview is required, the agent will be asked to drop from the call.
  - If UW criteria met, applicant will be provided with a policy number and 1<sup>st</sup> draft information
  - Available: Monday – Friday (8:00 A.M. to 5:00 P.M. CST)
  - If the application is submitted outside of normal business hours, you may call the next business day to complete the process.
- \*\* Applicants must call in the same business day of submission.**

# Health Questions



- In general, if an applicant answers “Yes,” to any health question, they *may* not be eligible for coverage. There are situations in which coverage may be offered. If the following questions are answered “Yes,” an applicant *may* be considered for coverage:
- *“Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?”*
- *“Have you had a surgical procedure performed within the last 6 months?”*
- *“Are you diabetic, and if so, do you have or have you been treated for any of the following conditions: diabetic retinopathy, peripheral vascular disease, kidney disease, kidney failure, neuropathy, stroke, congestive heart failure, heart condition, or high blood pressure treated with more than two medications?”*

Unless an application is completed during an Open Enrollment or Guarantee Issue period, all health questions, including the question regarding prescription medication, must be answered.





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For more information please contact Stephens-Matthews Marketing  
800-544-8250