MediQ 65®

Medicare Supplement Insurance

2024 Outline of Coverage for Arkansas Residents

QualChoice® HEALTH INSURANCE

QCA23-AR-H-119 10/2023

Household Discount

A MediQ65 policyholder, who is a permanent Arkansas resident and lives in the same household with at least one other individual holding a QualChoice policy, qualifies for a 10% premium discount. Any insurance policy issued by QualChoice will satisfy this requirement, but self-funded and level-funded policies administered by QualChoice will not. The discounted rate will apply as long as all conditions are met.

Household is defined as condominium unit, a single-family home, or an apartment unit within an apartment complex. Assisted living facilities, group homes, adult day care facilities, nursing homes, or any other health residential facilities are not included in the definition of household.

Outline of Medicare Supplement Coverage

Benefit Chart of Medicare Supplement Plans

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High deductible F.

Note: A ■ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants Medicare first								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
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	■	■	■	■	50%	75%	■	■ copays apply[3]	■	■
Blood (first three pints)	■	■	■	■	50%	75%	■	■	■	■
Part A hospice care coinsurance or copayment	■	■	■	■	50%	75%	■	■	■	■
Skilled nursing facility coinsurance			■	■	50%	75%	■	■	■	■
Medicare Part A deductible		■	■	■	50%	75%	50%	■	■	■
Medicare Part B deductible									■	■
Medicare Part B excess charges				■						■
Foreign travel emergency (up to plan limits)			■	■			■	■	■	■
Out-of-pocket limit in 2024					$7,060	$3,530				

[1]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.

[2]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.

[3]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.

Premium Information – MediQ65® Medicare Supplement Insurance Plans

Effective January 1, 2024 – December 31, 2024

Service Area for New Policies

MediQ65 Medicare Supplement Insurance plans are offered in all Arkansas counties.

Household Discount

A MediQ65 policyholder, who is a permanent Arkansas resident and lives in the same household with at least one other individual holding a QualChoice policy, qualifies for a 10% premium discount. Any insurance policy issued by QualChoice will satisfy this requirement, but self-funded and level-funded policies administered by QualChoice will not. The discounted rate will apply as long as all conditions are met. This discount is already reflected in the "With Household Discount" rows shown below.

Household is defined as condominium unit, a single-family home, or an apartment unit within an apartment complex. Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities are not included in the definition of household.

For individuals who turned 65 before January 1, 2020

Premium	Plan A	Plan F	Plan G (Legacy)*	Plan K	Plan N*	Plan F-HD
Monthly Rate With Household Discount	$135.92	$300.01	$205.19	$75.41	$117.59	$70.32
Monthly Rate Without Household Discount	$151.02	$333.34	$227.99	$83.79	$130.66	$78.13

For individuals who turned 65 on or after January 1, 2020

Premium	Plan A	Plan G (New)	Plan K	Plan N*
Monthly Rate With Household Discount	$135.92	$134.38	$75.41	$117.59
Monthly Rate Without Household Discount	$151.02	$149.31	$83.79	$130.66

For individuals who are under 65 and disabled

Premium	Plan A**
Monthly Rate	$887.63

* Non-Guaranteed Issue Plan
** Household Discount not available

The quarterly rate for each plan is three times the respective monthly rate.

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Premium Information

QualChoice can only raise your premium if we raise the premium for all policies like yours in the same service area as yours.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your **MediQ65®** policy, you have the right to return any policy within 30 days of receiving that policy to:

QualChoice Life and Health Insurance Company, Inc.
P.O. Box 25626
Little Rock, AR 72221-5626

If the policy is returned to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do **not** cancel it until you have actually received your new policy and are sure you want to keep it.

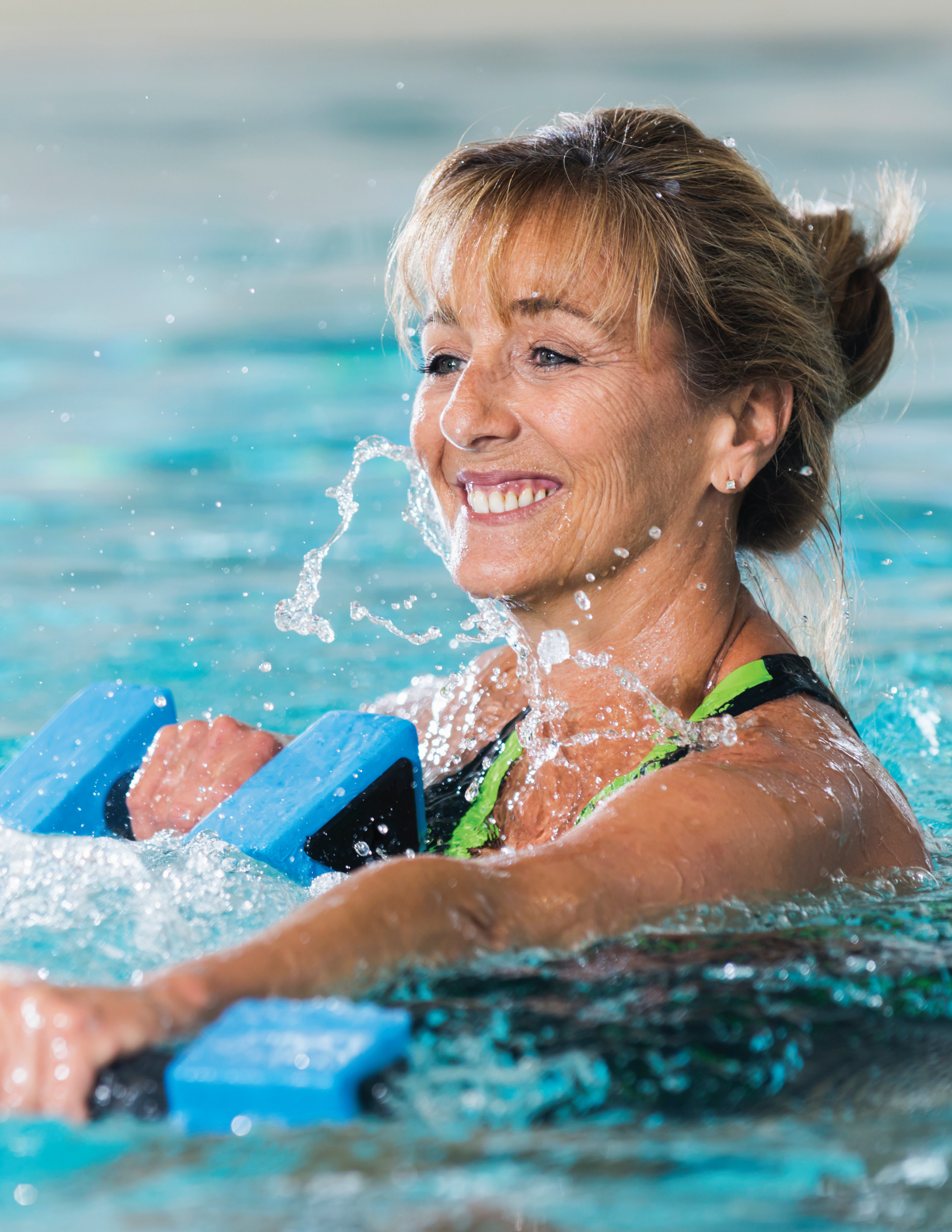
Notice

This policy may not fully cover all of your medical costs. Neither QualChoice Life and Health Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or go to ***medicare.gov*** for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to truthfully and completely answer all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded. Keep a copy for your own file.



Plan A | *Medicare Supplement Insurance Plans*

Medicare Plan A (Part A) – Hospital Services | Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,632	$0	$1,632 (Part A deductible)
Days 61-90	All but $408 per day	$408 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $816 per day	$816 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $204 per day	$0	Up to $204 per day
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional Amounts	100%	$0	$0
HOSPICE CARE			
Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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Medicare Plan A (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First $240 of Medicare-Approved Amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	$0	All costs
BLOOD			
First three pints	$0	All costs	$0
First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0

Parts A & B

HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0

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Plan F | *Medicare Supplement Insurance Plans*

Medicare Plan F (Part A) – Hospital Services | Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,632	$1,632 (Part A deductible)	$0
Days 61-90	All but $408 per day	$408 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $816 per day	$816 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $204 per day	Up to $204 per day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional Amounts	100%	$0	$0
HOSPICE CARE			
Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan F (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First $240 of Medicare-Approved Amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	100%**	$0
BLOOD			
First three pints	$0	All costs	$0
First $240 of Medicare-Approved Amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0

Parts A & B

HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $240 of Medicare-Approved Amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS NOT COVERED BY MEDICARE

FOREIGN TRAVEL – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

**Limited to the difference between the billed charge (not to exceed any charge limitation established by the Medicare program, state law or 15% over the Medicare-approved amount).

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Plan G | *Medicare Supplement Insurance Plans*

Medicare Plan G (Part A) – Hospital Services | Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,632	$1,632 (Part A deductible)	$0
Days 61-90	All but $408 per day	$408 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $816 per day	$816 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $204 per day	Up to $204 per day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional Amounts	100%	$0	$0
HOSPICE CARE			
Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan G (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First $240 of Medicare-Approved Amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	100%**	$0
BLOOD			
First three pints	$0	All costs	$0
First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0

Parts A & B

HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS NOT COVERED BY MEDICARE

FOREIGN TRAVEL – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

***Limited to the difference between the billed charge (not to exceed any charge limitation established by the Medicare program, state law or 15% over the Medicare-approved amount).

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Plan K | *Medicare Supplement Insurance Plans*

Medicare Plan K (Part A) – Hospital Services | Per Benefit Period

*You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $7,060 each calendar year. The amounts that count toward your annual limit are noted with '♦' in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
HOSPITALIZATION** Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,632	$816 (50% of Part A deductible)	$816 (50% of Part A deductible) ♦
Days 61-90	All but $408 per day	$408 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $816 per day	$816 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0***
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $204 per day	Up to $102 per day	Up to $102 per day ♦
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	50%	50% ♦
Additional Amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	50% of Medicare coinsurance/ copayment	50% of Medicare coinsurance/ copayment

***NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan K (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY**
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First $240 of Medicare-Approved Amounts*	$0	$0	$240 (Part B deductible)*♦
Preventive Benefits for Medicare covered services	Generally 80%	Remainder of Medicare approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	$0	All costs (they do not count toward annual out-of-pocket limit of $7,060**
BLOOD			
First three pints	$0	50%	50% ♦
First $240 of Medicare-Approved Amounts*	$0	$0	$0 after deductible ♦
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0 ♦

Parts A & B

HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0

**This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $7,060 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called Excess Charges). You will be responsible for paying the difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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Plan N | *Medicare Supplement Insurance Plans*

Medicare Plan N (Part A) – Hospital Services | Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,632	$1,632 (Part A deductible)	$0
Days 61-90	All but $408 per day	$408 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $816 per day	$816 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $204 per day	Up to $204 per day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional Amounts	100%	$0	$0
HOSPICE CARE			
Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan N (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First $240 of Medicare-Approved Amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	0%	All costs
BLOOD			
First three pints	$0	All costs	$0
First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0

Continued on next page.

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Plan N | *Medicare Supplement Insurance Plans*

Medicare Plan N (Parts A & B)

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $240 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0
OTHER BENEFITS NOT COVERED BY MEDICARE			
FOREIGN TRAVEL – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

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Plan F High Deductible | *Medicare Supplement Insurance Plans*

Medicare Plan F (Part A) – Hospital Services | Per Benefit Period

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan F after you have paid a calendar year deductible in the amount of $2,800. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses reach $2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	After you pay $2,800 deductible PLAN PAYS**	In addition to $2,800 deductible YOU PAY **
HOSPITALIZATION* Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,632	$1,632 (Part A deductible)	$0
Days 61-90	All but $408 per day	$408 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $816 per day	$816 per day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0***
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $204 per day	Up to $204 per day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional Amounts	100%	$0	$0
HOSPICE CARE			
Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-insurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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Medicare Plan F (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

**This high deductible plan pays the same benefits as Plan F after you have paid a calendar year deductible in the amount of $2,800. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses reach $2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	After you pay $2,800 deductible PLAN PAYS**	In addition to $2,800 deductible YOU PAY **
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First $240 of Medicare-Approved Amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	100%***	$0
BLOOD			
First three pints	$0	All costs	$0
First $240 of Medicare-Approved Amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-ApprovedAmounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0
Parts A & B			
HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $240 of Medicare-Approved Amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
OTHER BENEFITS NOT COVERED BY MEDICARE			
FOREIGN TRAVEL – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

***Limited to the difference between the billed charge (not to exceed any charge limitation established by the Medicare program, state law or 15% over the Medicare-approved amount).

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MediQ65®

Medicare Supplement Insurance

Underwritten by QualChoice Life and Health Insurance Company, Inc.

Toll Free 855.MEDIQ65 (855.633.4765)

Monday–Friday, 8:00 a.m. to 5:00 p.m. (Central Time)

MediQ65.com

QualChoice® HEALTH INSURANCE

P.O. Box 25626 | Little Rock, AR 72221-5626 | 855.MEDIQ65 (855.633.4765) | MediQ65.com

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