

# Aflac Group Accident Insurance

Accident protection made for you.



**Underwritten by:**  
**Continental American Insurance Company (CAIC)**

In California, coverage is underwritten by  
Continental American Life Insurance Company.



This plan does not contain comprehensive adult wellness benefits as defined by law.

## Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

### Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

## What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



# GROUP ACCIDENT INSURANCE

	<b>BENEFIT AMOUNT</b>
<p><b>INITIAL TREATMENT</b> (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>	
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$100/\$75
<p><b>AMBULANCE</b> (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	\$300 Ground \$900 Air
<p><b>MAJOR DIAGNOSTIC TESTING</b> (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	\$150
<p><b>EMERGENCY ROOM OBSERVATION</b> (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p>	\$70 Each 24 hour period  \$35 Less than 24 hours, but at least 4 hours
<p><b>PRESCRIPTIONS</b> (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	\$5
<p><b>BLOOD/PLASMA/PLATELETS</b> (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$200
<p><b>PAIN MANAGEMENT</b> (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	\$75
<p><b>CONCUSSION</b> (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	\$350
<p><b>TRAUMATIC BRAIN INJURY</b> (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.</p>	\$3,500

<b>COMA</b> (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$7,500
<b>EMERGENCY DENTAL WORK</b> (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$30 Extraction \$120 Repair with a crown
<b>BURNS</b> (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
<b>Second Degree</b>	
Less than 10%	\$75
At least 10% but less than 25%	\$150
At least 25% but less than 35%	\$375
35% or more	\$750
<b>Third Degree</b>	
Less than 10%	\$750
At least 10% but less than 25%	\$3,750
At least 25% but less than 35%	\$7,500
35% or more	\$15,000
<b>EYE INJURIES</b> Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$175
<b>FRACTURES</b> (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$3,000 based on a schedule
<b>DISLOCATIONS</b> (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$2,250 based on a schedule
<b>LACERATIONS</b> (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):	
Over 15 centimeters	\$600
5-15 centimeters	\$300
Under 5 centimeters	\$75
Lacerations not requiring stitches	\$37.50
<b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$300

<p><b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	\$75
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$35
<p><b>INPATIENT SURGERY AND ANESTHESIA</b> (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$750
<p><b>TRANSPORTATION</b> (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident)</p> <p>Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	\$350 Plane \$150 Any ground transportation

#### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS	BENEFIT AMOUNT
<p><b>APPLIANCES</b> (within 6 months after the accident)</p> <p>Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.</p> <p>Cane, Ankle Brace</p> <p>Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar</p> <p>Wheelchair, Knee Scooter, Body Jacket, Back Brace</p>	\$30 \$75 \$300
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b> (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)</p> <p>Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident.</p> <p>Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	\$35
<p><b>POST-TRAUMATIC STRESS DISORDER (PTSD)</b> (once per accident, within 6 months after the accident)</p> <p>Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.</p>	\$150
<p><b>REHABILITATION UNIT</b> (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p>	\$75 per day

<p><b>THERAPY</b> (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)  Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	\$35
<p><b>CHIROPRACTIC OR ALTERNATIVE THERAPY</b> (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)  Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p>	\$25
<b>HOSPITALIZATION BENEFITS</b>	
<p><b>HOSPITAL ADMISSION</b> (once per accident, within 6 months after the accident)  Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.  This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	\$900 per confinement
<p><b>HOSPITAL CONFINEMENT</b> (maximum of 365 days per accident, within 6 months after the accident)  Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.  This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	\$225 per day
<p><b>HOSPITAL INTENSIVE CARE</b> (maximum of 30 days per accident, within 6 months after the accident)  Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.  If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.  This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$300 per day
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT</b> (maximum of 30 days per accident, within 6 months after the accident)  Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.  We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.  If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.  This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$150 per day
<p><b>FAMILY MEMBER LODGING</b> (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)  Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> <li>• The insured must be confined to a hospital for treatment of a covered accidental injury;</li> <li>• The hospital and motel/hotel must be more than 100 miles from the insured's residence; and</li> <li>• The treatment must be prescribed by the insured's treating doctor.</li> </ul>	\$150 per day

## LIFE CHANGING EVENTS BENEFITS

### **DISMEMBERMENT** (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

	<b>BENEFIT AMOUNT</b>
<b>SINGLE LOSS</b> (the loss of one hand, one foot, or the sight of one eye)	
Employee	\$8,750
Spouse	\$3,750
Child(ren)	\$1,750
<b>DOUBLE LOSS</b> (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)	
Employee	\$17,500
Spouse	\$7,500
Child(ren)	\$3,500
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	
Employee	\$875
Spouse	\$375
Child(ren)	\$175
<b>PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)</b>	
Employee	\$87.50
Spouse	\$87.50
Child(ren)	\$87.50
<b>PARALYSIS</b> (once per accident, diagnosed by a doctor within six months after the accident)	
Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.	
Paraplegia	\$3,500
Quadriplegia	\$7,500
<b>PROSTHESIS</b> (once per accident, up to 2 prosthetic devices and one replacement per device per insured)*	
Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.	
	\$2,000
* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	
<b>RESIDENCE/VEHICLE MODIFICATION</b> (once per accident, within one year after the accident)	
Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:	
<ul style="list-style-type: none"> <li>• The sight of one eye;</li> <li>• The use of one hand/arm; or</li> <li>• The use of one foot/leg.</li> </ul>	\$1,500



## WELLNESS RIDER

### WELLNESS BENEFIT (once per calendar year)

Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

- Annual physical exams
- Flexible Sigmoidoscopy
- Mammograms
- PSA Tests
- Pap Smears
- Ultrasounds
- Eye Examinations
- Blood Screening
- Immunizations

### THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED:

First year of certificate	\$25
Second, third and fourth year of certificate	\$50
Fifth year of certificate and thereafter	\$75

### INCREASED BENEFIT AT AGE 65 RIDER

	BENEFIT AMOUNT
We will pay an additional benefit for covered Accidental injuries after the insured's 65th birthday.	10%



## INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from\*:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
  - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.
  - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
  - In Illinois: the statement “war does not include acts of terrorism” is deleted.
  - In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
  - In North Carolina: War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
  - In Montana: committing or attempting to commit suicide, while sane
  - In Illinois, Michigan and Minnesota: this exclusion does not apply
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
  - Allergic reactions
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any viral or microorganism infestation or any condition resulting from insect, arachnid or other arthropod bites or stings
  - An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
  - Any related medical/surgical treatment or diagnostic procedures for such illness
- **Self-inflicted Injuries** – injuring or attempting to injure oneself intentionally.
  - In Idaho: intentionally self-inflicting injury.
  - In Montana: injuring or attempting to injure oneself intentionally, while sane
  - In Michigan: this exclusion does not apply
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
  - In Idaho: this exclusion does not apply
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.

- In California, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony; or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
  - In Michigan: voluntarily participating in, committing or attempting to commit a felony, or being engaged in an illegal occupation
  - In Idaho and South Dakota: this exclusion does not apply
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
    - In California and Idaho: participating in any organized sport in a professional capacity for pay or profit
  - **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.
    - In Alaska, Massachusetts and Montana: having cosmetic surgery, other elective procedures or dental treatment except as a result of a covered accident.
    - In California: having cosmetic surgery or other elective procedures that are not medically necessary (“cosmetic surgery” does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.
    - In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered dependent child.
  - **Felony** (In Idaho only) – participation in a felony

For 24-Hour Coverage, the following exclusions will not apply:

An injury arising from any employment.

An injury or sickness covered by worker’s compensation.

In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers’ compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.

\*“Contributed to” language doesn’t apply in Illinois

## DEFINITIONS

**Note:** In New Hampshire, all mentions of “Treatment” refer to “Care”.

**Accidental Injury** means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. **A Covered Accidental Injury** is an accidental injury that occurs while coverage is in force. A **Covered Accident** is an accident that occurs on or after an insured’s effective date while coverage is in force, and that is not specifically excluded by the plan.

**Ambulatory Surgical Center** is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

**Dependent Child or Dependent Children** means your or your spouse’s natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26 (and in Louisiana, unmarried). Newborn children may be automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina and Florida) may also be automatically covered for 60 days. See certificate for details.

**Doctor** is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana, for purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, speech-language pathologist, audiologist, licensed addiction counselor, or advanced practice registered nurse.

**A Doctor** does not include the insured or an insured's family member. In South Dakota however, a doctor who is an employee's family member may treat the insured if that doctor is the only doctor in the area and acts within the scope of his practice. For the purposes of this definition, family member includes the employee's spouse as well as the following members of the employee's immediate family son, daughter, mother, father, sister, and brother. This includes step-family members and family-members-in-law.

The term **Hospital** specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

**Spouse** is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

**Telemedicine Service** means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

**Treatment** is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services.

**Urgent Care** is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

## HOSPITALIZATION BENEFITS

**Hospital Intensive Care Unit** means a place that meets all of the following criteria:

- Is a specifically designated area of the hospital called a hospital intensive care unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day; and
- Has a doctor assigned to the hospital intensive care unit on a full-time basis.

The term **Hospital Intensive Care Unit** specifically excludes any type of facility not meeting the definition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:

- A progressive care unit;
- A sub-acute intensive care unit; or
- An intermediate care unit.

**Intermediate Intensive Care Step-Down Unit** means any of the following:

- A progressive care unit;
- A sub-acute intensive care unit;
- An intermediate care unit; or
- A pre- or post-intensive care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in this plan.

## AFTER CARE BENEFITS

**Psychiatrist** is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.

**Psychologist** is a clinical, mental health professional who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

**Rehabilitation Facility** is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

## YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

## TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

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## CONTINENTAL AMERICAN INSURANCE COMPANY

P.O Box 427, Columbia, South Carolina 29202  
800.433.3036

### IMPORTANT NOTICE TO PERSONS ON MEDICARE

### THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

*Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.*

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

*Medicare generally pays for most or all of these expenses.*

*Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.*

*These include:*

- hospitalization
- physician services
- hospice care
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

*This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.*

### Before you Buy This Insurance

+ Check the coverage in **all** health insurance and long-term care insurance policies you already have.

+ For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

+ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

**NOTICE TO APPLICANT  
REGARDING REPLACEMENT  
OF ACCIDENT AND SICKNESS INSURANCE**

According to your Employee Application, you intend to lapse or otherwise terminate your present Policy and replace it with a Policy to be issued by Continental American Insurance Company. For your own information and protection, certain facts should be pointed out to you which could affect your rights to coverage under the new Policy.

1. Health conditions which you may presently have may not be covered under the new Policy. This could result in a claim for benefits being denied which may have been payable under your present Policy.
2. Even though some of your present health conditions may be covered under the new Policy, these conditions may be subject to certain Waiting Periods under the new Policy before coverage is effective.
3. Questions in the Employee Application for the new Policy must be answered truthfully and completely; otherwise, the validity of the Policy and the payment of any benefits thereunder may be voided.
4. It may be to your advantage to secure the advice of your present carrier or its agent regarding the proposed replacement of your present Policy. This is your right, under the Policy you have chosen.

The above "Notice to Applicant" was delivered to me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant



The Commonwealth of Massachusetts  
Executive Office of Elder Affairs  
One Ashburton Place, 5th Floor  
Boston, Massachusetts 02108

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**ALICE F. BONNER**  
Secretary

Tel: (617) 727-7750  
Fax: (617) 727-9368  
[www.mass.gov/elders](http://www.mass.gov/elders)

## **Massachusetts Bulletin for People with Medicare January 2016**

### **Health Insurance Options for People with Medicare**

- Original Medicare (Part A and Part B)
- Medicare Supplement Insurance (Medigap)
- Medicare Advantage Plans (Medicare Part C)
- Medicare Prescription Drug Coverage (Medicare Part D)
- Employer, Union, Retiree, other group health insurance coverage
- COBRA
- Veterans Health Benefits
- Military Benefits (TRICARE)
- Indian Health Services

### **Programs for People with Limited Income and Resources**

- Extra Help Paying for Medicare Prescription Drug Coverage (Part D)
- Medicare Savings Programs (help with Medicare costs)
- Prescription Advantage (prescription drug insurance assistance program for Massachusetts residents)
- MassHealth (Medicaid)

This Bulletin provides basic health insurance information for people eligible for Medicare.



Contact your plan benefits administrator for information about employer, union, retiree, or other group health coverage. Contact your local Veterans Service Officer for Veterans and TRICARE health insurance information. Contact the Indian Health Services for health information for American Indians and Alaska Natives.

## Medicare

**Medicare** is a Federal Government health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for people:

- age 65 or older under
- age 65 with certain disabilities

Medicare has **4** parts:

- **Part A (Medicare Hospital Insurance)**  
Helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, home health care and other services.
- **Part B (Medicare Medical Insurance)**  
Helps pay for outpatient medical services including doctor visits, medical equipment, home health care, outpatient care, and some preventive services.
- **Part C (Medicare Advantage Plan)**  
Medicare Advantage Plans include Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).  
Some Medicare Advantage Plans may offer Medicare Part D, prescription drug coverage at additional charge and other services not covered by Medicare.  
Medicare Advantage Plans (like HMOs, PPOs) are sold by private health insurance companies approved by Medicare.
- **Part D (Medicare Prescription Drug Coverage)**  
Helps pay for outpatient prescription drugs. Medicare prescription drug plans are sold by private insurance companies approved by Medicare.

**There are 2 ways to get Medicare coverage:**



**(1) Original Medicare** is fee-for-service coverage administered directly by Medicare. Original Medicare covers Medicare **Part A (Hospital)** and **Part B (Medical)** services. Under Original Medicare, you have the choice of doctors, hospitals and other providers that accept Medicare.

You may purchase optional **Medicare Supplement (Medigap)** insurance from a private company or have employer or other health insurance to help pay for deductibles and coinsurance in Original Medicare.

You may decide to purchase a **Medicare Prescription Drug plan (Part D)** to help pay for outpatient prescription drugs.

**(2) Medicare Advantage Plan** (like an HMO or PPO)

Medicare Advantage Plans (MA-PD) cover Medicare **Part A and Part B** Services. MA-PDs are sold by private companies approved by Medicare and usually charge a monthly premium.

Some plans offer additional benefits not covered by Medicare.

Most plans require use of network doctors, hospitals and other providers.

Most MA-PDs offer Medicare prescription drug coverage (Part D) at additional cost. Some plans do not offer drug coverage (MA plans)

You must be enrolled in Medicare A and B, pay plan premiums, deductibles, copays and coinsurance.

(Medicare Supplement Insurance cannot be sold to MA-PD enrollees)

### Medicare Advantage Plans sold in Massachusetts

- **Health Maintenance Organizations (HMO)**  
Must be a resident of the plan's service area and use provider network
- **Preferred Provider Organization (PPO)**  
Must be a resident of the plan's service area  
May use out-of-network Medicare providers at higher cost sharing
- **Point-of Service (HMO/POS)**  
Must be a resident of the plan's service area.  
May use out-of-network Medicare providers at higher cost sharing
- **Private Fee-for-Service (PFFS)**



May use any Medicare provider that agrees to treat patient.  
The Plan determines provider and patient payment for the services.

- **Special Needs Plan (SNP)**

For people with Medicare and Medicaid or special conditions

## **Medicare Prescription Drug Coverage (Part D)**

Medicare prescription drug coverage (Part D) helps pay for prescription drugs. Medicare prescription drug plans are sold by private companies approved by Medicare. Each plan can vary in cost and specific drugs covered.

**Medicare Prescription Drug Plans (PDPs)** are stand-alone plans for enrollees in **Original Medicare**.

Most **Medicare Advantage Plans** offer optional Medicare prescription drug coverage.

## **Medicare Supplement Insurance (Medigap)**

Medicare Supplement Insurance (also called Medigap Insurance) is sold by private insurance companies to help pay health care costs that Original Medicare does not cover such as deductibles and coinsurance.

Some Medigap insurers may include coverage for services that are not covered by Original Medicare.

Two standard Medigap policies are offered to Massachusetts residents:

### **Medicare Supplement Core & Medicare Supplement 1**

Medicare Supplement Insurance (Medigap) for Massachusetts residents is regulated by federal and state laws including the following:

- Medigap policies must be clearly identified as “**Medicare Supplement Insurance**”
- Policies and text are standard for all insurers, Basic benefits are the same, some may offer additional benefits



- Medigap insurance is guaranteed renewable and cannot be cancelled unless the beneficiary stops paying the premium or provides false information on the application.
- Medigap insurers cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems.
- Medigap insurers must offer the same premium to all policyholders and cannot charge a different premium based on age or health.

### Medicare Select Plan

- Medicare Select Plans are Medicare supplement plans that require the use of a provider network

The Massachusetts Division of Insurance monitors insurance companies authorized to sell insurance in Massachusetts, For information contact:

**Massachusetts Division of Insurance**  
**617-521-7794/[www.state.ma.us/doi](http://www.state.ma.us/doi)**

### Programs for People with Limited Income and Resources

#### Extra Help for Medicare Prescription Drug Coverage (Part D)

also known as the Limited Income Subsidy (LIS) is a federal program that helps Medicare beneficiaries with limited income and assets pay some of the costs for Medicare prescription drug coverage (Part D).

For more information or to enroll in Extra Help, contact **Social Security** at: **1-800-772-1213** or visit [www.socialsecurity.gov](http://www.socialsecurity.gov)

**Medicare Savings Program (MassHealth Buy-In)** are federal programs that help pay Medicare premiums and Part A and Part B deductibles and coinsurance for Massachusetts residents with limited income and assets and not receiving other MassHealth benefits.



LOCAL HELP FOR PEOPLE WITH MEDICARE



For more information about Medicare Savings Programs contact:

**MassHealth Customer Service**

**1-800-841-2900**

**(TTY: 1-800-497-4648 for people with partial or total hearing loss)**

### **Prescription Advantage/State Pharmacy Assistance Program (SPAP)**

Is a state program that help people with limited income and/or medical condition and age pay for prescription drugs.

Prescription Advantage is funded by state legislation and is administered by the Massachusetts Executive Office of Elder Affairs.

For information about eligibility and enrollment contact:

**Prescription Advantage Customer Service**

**1-800-AGE-INFO (1-800-243-4636) press 2**

[www.prescriptionadvantage.com](http://www.prescriptionadvantage.com)

**(TTY: 1-800-610-0241 for people with partial or total hearing loss)**

## **MassHealth**

MassHealth provides a wide range of medical services and other benefits. These programs are authorized by state and federal laws and help pay medical costs for people with limited income and resources and meet other eligibility requirements.

- **MassHealth Standard** provides a full range of health care benefits.
- **MassHealth CommonHealth** for people with disabilities whose income is too high to be eligible for MassHealth Standard.
- **MassHealth Frail Elder Waiver Program** provides coordinated community based services to frail elders living in the community.
- **MassHealth Personal Care Attendant Services (PCA)** helps people with long-term disabilities live independently at home.



LOCAL HELP FOR PEOPLE WITH MEDICARE



- **Program for All-inclusive Care for the Elderly (PACE)**  
PACE providers deliver needed medical and support services to people living in the community.

### **MassHealth Plans for Dual Eligible (MassHealth & Medicare)**

**Senior Care Options (SCO)** is a coordinated health plan that combines Medicare and Medicaid health care with long term care supports for consumers 65 and older.

**One Care (Integrated Care Organization or ICO)** is a coordinated care demonstration project in Massachusetts that combines Medicare and MassHealth services with long term care supports for consumers 21-64 years old with disabilities. Enroll through MassHealth.

**MassHealth Long-Term Care (LTC)** covers LTC costs for individuals living in LTC facilities

For information or questions about eligibility and enrollment:

**MassHealth Customer Service**

**1-800-841-2900/[www.mass.gov/masshealth](http://www.mass.gov/masshealth)**

**(TTY: 1-800-497-4648 for people with partial or total hearing loss)**

### **Helpful Numbers**

#### **Massachusetts Executive Office of Elder Affairs**

To directly connect with elder services in your area call and press or say:

**1-800-AGE-INFO (1-800-243-4636)**

- to connect to your local elder service agency or caregiver program: Press 1
- to connect to Prescription Advantage-state prescription drug program: Press 2
- to connect to your regional SHINE Program: Press 3
- to report elder abuse, neglect or financial exploitation: Press 4
- all other matters: Press 5



LOCAL HELP FOR PEOPLE WITH MEDICARE



### **MassHealth**

**1-800-841-2900/[www.mass.gov/masshealth](http://www.mass.gov/masshealth)**

**TTY: 800-497-4648**

MassHealth provides a wide range of health care services that pay for all or part of the health care cost for people with limited income and resources. Call MassHealth for One Care enrollment.

### **MassHealth Senior Care Options (SCO)**

**1-888-885-0484/[www.mass.gov/masshealth](http://www.mass.gov/masshealth)**

**TTY: 1-888-821-5225**

A health plan that combines Medicare and Medicaid services with home services.

### **Massachusetts Division of Insurance**

**617-521-7794/[www.state.ma.us/doi](http://www.state.ma.us/doi)**

Regulates insurance companies authorized to sell insurance in Massachusetts.

### **Elder Protective Services Elder Abuse Hotline (24 hour/7 days)**

**1-800-922-2275**

A statewide program is administered by the Executive Office of Elder Affairs. Protective Service Agencies investigate reports of elder abuse and provide protective services to abused elders.

### **Attorney General of Massachusetts**

**Elder Hotline: 1-888-243-5337/[www.ago.state.ma.us](http://www.ago.state.ma.us)**

The Attorney General of Massachusetts is the state's chief law enforcement Officer. The Hotline provides information about elder-related issues and programs.

### **Massachusetts Medicare Advocacy Project (MAP)**

**1-800-323-3205**

Provides Medicare beneficiaries free legal advice and legal representation for appealing medical decisions.



LOCAL HELP FOR PEOPLE WITH MEDICARE





## **MCPHS University Pharmacy Outreach Program**

**1-866-633-1617/[www.mcphs.edu/pharmacyoutreach](http://www.mcphs.edu/pharmacyoutreach)**

Provides free prescription drug information and referrals. The Pharmacy Outreach Program is a public service of the MCPHS and EOEA.

## **Social Security Administration**

**1-800-772-1213/[www.ssa.gov](http://www.ssa.gov)**

Contact SSA to enroll in Medicare and for information and issues about Social Security and other related programs.

## **Massachusetts Health Connector**

**1-877-623-6765/[www.betterhealthconnector.com](http://www.betterhealthconnector.com)**

Health insurance, assistance and on-line application for people without insurance or small businesses; dental plan list for anyone.

## **SHINE (Serving Health Insurance Needs of Everyone)**

**1-800-243-4636 Press or say 3**

**[www.800ageinfo.com](http://www.800ageinfo.com)**

**SHINE**, a State Health Insurance Assistance Program (SHIP), provides information, counseling and assistance to **Medicare beneficiaries** and their families regarding Medicare and other health insurance issues.

SHINE Health Insurance Counselors are trained and certified by the Massachusetts Executive Office of Elder Affairs (EOEA). SHINE is administered by EOEA in partnership with elder service agencies, councils on aging, independent living centers and community based programs.

SHINE is partially funded by the Administration on Community Living.



LOCAL HELP FOR PEOPLE WITH MEDICARE



**Standard Medigap Plans  
Available in Massachusetts  
in 2016**

Comparison of Plans	Core	Supplement 1
<b>Basic Benefits Included In All Plans:</b>		
<b>Hospitalization Part A Co-payments</b>		
Days 61 - 90: \$322 per day	X	X
Days 91-150: \$644 per day	X	X
365 Additional Lifetime Hospital days - Paid in full	X	X
<b>Part B Coinsurance -</b>		
Coverage of coinsurance, in most cases, 20% of approved amount	X	X
<b>Parts A and B Blood</b> First 3 pints	X	X
Additional Benefits	Core	Supplement 1
<b>Part A Deductible for Hospital Days 1 - 60</b>		X
\$1288 per benefit period		
<b>Skilled Nursing Facility Coinsurance</b>		X
Days 21-100 - \$161.00 per day		
<b>Part B Annual Deductible - \$166</b>		X
<b>Foreign Travel -</b> For Medicare-covered services needed while traveling abroad.		X
<b>Inpatient Days in Mental Health Hospitals</b> In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period

**IMPORTANT NOTICE:**

**Medicare Supplement premium rates are required to be in effect for not less than 12 months. Effective dates may vary by Carrier.**

**Medicare Supplement Plans  
Offered in Massachusetts  
in 2016**

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Blue Cross &amp; Blue Shield of MA (Medex™)</b> 1-800-678-2265 sales/apps 1-800-258-2226 member services 1-800-522-1254 (TDD) <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> (continuous open enrollment)	<b>\$93.70</b>	<b>\$182.45</b>
Optional Preventive Care Benefits Rider	<b>\$5.75</b>	<b>\$5.75</b>
<b>Fallon Health &amp; Life Assurance Company</b> 1-866-330-6380 sales/apps 1-800-868-5200 member services TRS 711 <a href="http://www.fallonhealth.org/medsupp">www.fallonhealth.org/medsupp</a> (continuous open enrollment)	<b>\$119.00</b>	<b>\$216.00</b>
<b>HNE Insurance Company</b> 1-877-443-3314 1-800-439-2370 (TDD/TTY) <a href="http://www.hne.com">www.hne.com</a> (continuous open enrollment)	<b>\$105.00</b>	<b>\$193.00</b>
<b>HPHC Insurance Company, Inc.</b> 1-800-782-0334 sales/apps 1-877-907-4742 member services 1-888-259-8276 (TDD) <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> (continuous open enrollment)	<b>\$109.00</b>	<b>\$210.00</b>

**Medicare Supplement Plans  
Offered in Massachusetts  
in 2016**

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Humana Insurance Company</b> 1-800-872-7294 sales/apps 1-800-866-0581 member services 1-800-833-3301 (TDD) <a href="http://www.humana-medicare.com">www.humana-medicare.com</a> (continuous open enrollment)	<b>\$157.24</b> (\$163.45 effective 05/01/16)	<b>\$243.60</b> (\$260.51 effective 05/01/16)
<b>Humana Insurance Company</b> HEALTHY LIVING (including dental and vision benefits) 1-800-872-7294 sales/applications 1-800-866-0581 member services 1-800-833-3301 (TDD) <a href="http://www.humana-medicare.com">www.humana-medicare.com</a> (continuous open enrollment)	<b>\$170.59</b> (\$176.80 effective 05/01/16)	<b>\$256.95</b> (\$273.86 effective 05/01/16)
<b>Transamerica Life Insurance            Company</b> For eligibility & plan information: 1-800-247-1771 (Group Medicare Supplement Insurance sponsored for members of various participating industry, trade, professional and other special interest associations.) (continuous open enrollment)	<b>\$111.16</b>	<b>\$192.28</b>
<b>Transamerica Premier Life            Insurance Company</b> 1-800-458-5736 (Group Medicare Supplement insurance sponsored exclusively for eligible members of the American Medical Association.) <a href="http://www.amainsure.com">www.amainsure.com</a> (continuous open enrollment)	<b>\$97.46</b>	<b>\$168.58</b>

**Medicare Supplement Plans  
Offered in Massachusetts  
in 2016**

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Tufts Insurance Company</b> 1-800-714-3000 sales/apps 1-800-701-9000 member services TDD 1-800-208-9562 (member services) 1-888-899-8977 (sales/apps) <a href="http://www.tuftsmedicarepreferred.org">www.tuftsmedicarepreferred.org</a> (continuous open enrollment)	<b>\$104.76</b>	<b>\$194.00</b>
<b>United Healthcare Insurance Company</b> <u>Only for members of AARP</u> <u>(American Association of Retired Persons)</u> 1-800-523-5800 (continuous open enrollment)	<b>\$122.75</b>	<b>\$219.25</b>

<b>Medigap Carriers</b> Please note that rates may change in 2016	<b>Medicare Select**</b>
<b>Blue Cross &amp; Blue Shield of Massachusetts HMO Blue, Inc.</b> 1-800-258-2226 member services 1-800-522-1254 (TDD) <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> (continuous open enrollment)	<b>\$136.42</b>

\*\* Medicare Select Plans are Medicare Supplement Insurance Plans that require the use of a provider network. Medicare Select In-network benefits will be the same as the Medicare Supplement Core benefits or Medicare Supplement 1 benefits, based on the member's choice of PCP.

In addition to the above-noted Medicare Supplemental plans, Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding these plans please visit the following website:  
<https://www.medicare.gov/find-a-plan/questions/home.aspx>

## Medicare Advantage Plans Offered in Massachusetts in 2016

	Plan Name	Plan Type	Monthly Premium	Drugs	Doctor Choice	Counties
<b>AARP Medicare Complete Provided by United Healthcare</b>  Phone: 1-800-555-5757 TTY: 711	Medicare Complete Plan 1	HMO	\$0.00	Yes	Plan Doctors for Most Services	Bristol Essex Hampden Middlesex Norfolk Plymouth Suffolk
	Medicare Complete Plan 2	HMO	\$45.00	Yes	Plan Doctors for Most Services	Bristol Essex Hampden Middlesex Norfolk Plymouth Suffolk
	Medicare Complete Choice	PPO	\$50.00	Yes	Any Doctor	Barnstable Berkshire Bristol Dukes Essex Franklin Hampden Hampshire Middlesex Nantucket Norfolk Plymouth Suffolk Worcester
<b>Blue Cross Blue Shield of Massachusetts</b>  Phone: 1-800-678-2265 TTY: 1-800-522-1254	Medicare HMO Blue PlusRx	HMO	\$235.50	Yes	Plan Doctors for Most Services	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester

	Plan Name	Plan Type	Monthly Premium	Drugs	Doctor Choice	Counties
<b>Blue Cross Blue Shield of Massachusetts (continued)</b>	Medicare HMO Blue Value Rx	HMO	\$29.00	Yes	Plan Doctors for Most Services	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare HMO Blue FlexRx	HMO-POS	\$99.00	Yes	Plan Doctors for Most Services	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue PlusRx	PPO	\$180.50	Yes	Any Doctor	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue ValueRx	PPO	\$59.00	Yes	Any Doctor	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue SaverRx	PPO	\$0.00	Yes	Any Doctor	Barnstable; Bristol Essex; Franklin Hampden; Hampshire; Middlesex; Norfolk Plymouth; Suffolk Worcester



	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Erickson Advantage</b>  Phone: 1-800-774-9671 TTY: 711	Erickson Advantage Signature with Drugs	HMOP OS	\$190.00	Yes	Plan Doctors Only	Essex Plymouth
	Erickson Advantage Signature without Drugs	HMO-POS	\$149.00	No	Plan Doctors Only	Essex Plymouth
	Erickson Advantage Freedom	HMO-POS	\$49.00	Yes	Plan Doctors Only	Essex Plymouth
<b>Fallon Community Health Plan</b>  Phone: 1-888-377-1980 TTY: 711	Fallon Senior Plan Plus Enhanced Rx	HMO	\$152.00	Yes	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Fallon Senior Plan Plus Enhanced Rx	HMO-POS	\$110.00	Yes	Plan Doctors Only	Hampden Hampshire
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$244.00	Yes	Plan Doctors Only	Franklin Worcester
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$166.00	Yes	Plan Doctors Only	Essex Suffolk
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$201.00	Yes	Plan Doctors Only	Barnstable
	Fallon Senior Plan Saver	HMO	\$27.00	No	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Fallon Senior Plan Saver	HMO	\$19.00	No	Plan Doctors Only	Essex Suffolk
	Fallon Senior Plan Saver	HMO	\$61.00	No	Plan Doctors Only	Franklin Worcester
	Fallon Senior Plan Saver	HMO	\$0.00	No	Plan Doctors Only	Hampden Hampshire
	Fallon Senior Plan Saver	HMO	\$65.00	No	Plan Doctors Only	Barnstable
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$46.00	Yes	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$30.00	Yes	Plan Doctors Only	Hampden Hampshire
	Fallon Senior Plan Saver Enhanced RX	HMO	\$79.00	Yes	Plan Doctors Only	Franklin Worcester
Fallon Senior Plan Saver Enhanced Rx	HMO	\$86.00	Yes	Plan Doctors Only	Barnstable	

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Fallon Community Health Plan (continued)</b>	Fallon Senior Plan Saver Enhanced Rx	HMO	\$56.00	Yes	Plan Doctors Only	Essex Suffolk
	Fallon Senior Plan Super Saver Rx	HMO	\$0.00	Yes	Plan Doctors Only	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Fallon Senior Plan Standard	HMO	\$134.00	No	Plan Doctors Only	Franklin Worcester
	Fallon Senior Plan Standard Enhanced Rx	HMO	\$184.00	Yes	Plan Doctors Only	Franklin Worcester
<b>Harvard Pilgrim Healthcare</b>  Phone: 1-888-609-0692 TTY: 1-800-720-3480	Stride Value Rx Plus	HMO	\$138.00	Yes	Plan Doctors Only	Bristol Essex Middlesex Norfolk Plymouth Suffolk Worcester
	Stride Value Rx	HMO	\$48.00	Yes	Plan Doctors Only	Bristol Essex Middlesex Norfolk Plymouth Suffolk Worcester

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Health New England</b>  Phone: 1-413-787-0010 TTY: 1-800-439-2370	HNE Medicare Basic No Rx	HMO	\$27.00	No	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Basic Rx	HMO	\$83.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Plus Rx	HMO	\$114.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Premium No Rx	HMO	\$97.00	No	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Premium Rx	HMO	\$164.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
	HNE Medicare Value	HMO	\$28.00	Yes	Plan Doctors Only	Berkshire Franklin Hampden Hampshire
<b>Tufts Health Plan</b>  Phone: 1-877-218-4835 TTY: 1-888-899-8978	Medicare Preferred HMO Basic	HMO	\$33.00	No	Plan Doctors Only	Worcester
	Medicare Preferred HMO Basic	HMO	\$34.00	No	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Basic Rx	HMO	\$0.00	Yes	Plan Doctors Only	Hampden Hampshire

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Tufts Health Plan (continued)</b>	Medicare Preferred HMO Basic Rx	HMO	\$35.90	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Basic Rx	HMO	\$55.90	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Basic Rx	HMO	\$65.60	Yes	Plan Doctors Only	Worcester
	Medicare Preferred HMO Prime No Rx	HMO	\$130.00	No	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime No Rx	HMO	\$52.00	No	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime No Rx	HMO	\$154.00	No	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Prime No Rx	HMO	\$148.00	No	Plan Doctors Only	Worcester
	Medicare Preferred HMO Prime Rx	HMO	\$154.40	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime Rx	HMO	\$76.40	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime Rx	HMO	\$178.40	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Prime Rx	HMO	\$183.50	Yes	Plan Doctors Only	Worcester
	Medicare Preferred HMO Prime Rx Plus	HMO	\$110.20	Yes	Plan Doctors Only	Hampden Hampshire

	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>Tufts Health Plan (continued)</b>	Medicare Preferred HMO Prime Rx Plus	HMO	\$188.20	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime Rx Plus	HMO	\$212.20	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Value No Rx	HMO	\$96.00	No	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Value No Rx	HMO	\$22.00	No	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Value No Rx	HMO	\$117.00	No	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Value No Rx	HMO	\$109.00	No	Plan Doctors Only	Worcester
	Medicare Preferred HMO Value Rx	HMO	\$120.30	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Value Rx	HMO	\$46.30	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Value Rx	HMO	\$141.30	Yes	Plan Doctors Only	Essex Suffolk
	Medicare Preferred HMO Value Rx	HMO	\$144.60	Yes	Plan Doctors Only	Worcester
	Medicare Preferred HMO Saver Rx	HMO	\$0.00	Yes	Plan Doctors Only	Barnstable Bristol Essex Middlesex Norfolk Plymouth Suffolk Worcester

**HMO = Health Maintenance Organization** A type of plan in which you can only go to doctors, hospitals and other providers that belong to the plan network, except in an emergency.

**MSA = Medical Savings Account** A plan that has two parts. The first part is a high-deductible Medicare Advantage MSA Health Plan. This health plan won't begin to pay covered costs until you have met the annual deductible, which varies by plan. The second part is a Medical Savings Account into which Medicare deposits money that you may use to pay health care costs.

**PPO = Preferred Provider Organization** A type of plan in which you pay less if you use doctors, hospitals, and other providers that belong to the plan network. You can use doctors, hospitals, and other providers outside of the network for an additional cost.

**PFFS = Private Fee for Service** A type of Medicare Health Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and how much you will pay for the services you have. Under this type of plan you may pay more or less for Medicare-covered benefits and you may have extra benefits that Original Medicare Plan doesn't cover.

**SCO = Senior Care Option** A voluntary program that combines health care services with social support services to help low-income seniors maintain their health and stay in their own homes. With SCO, a team of medical professionals works together to provide you with care that is individually tailored to meet your needs. You must be 65 years of age or older and eligible for MassHealth (Medicaid) to join; you may also have Medicare.

**SNP = Special Needs Plan** A special type of Medicare Advantage Plan that provides all Medicare Part A and Part B health care and services to people who can benefit the most from things like special care for chronic illnesses, care management of multiple diseases, and focused care management. These plans may limit membership to people in certain institutions (like a nursing home), eligible for both Medicare and Medicaid, or with certain chronic or disabling condition.

## Medicare Prescription Drug Plans Offered in Massachusetts in 2016

Company	Prescription Drug Plan	Monthly Premium	Annual Deductible	Customer Service Phone Number
<b>Aetna</b>	<ul style="list-style-type: none"> <li>• Medicare Rx Saver</li> </ul>	\$25.60	\$360	Phone: 1-855-338-7030  TTY/TDD: 711
<b>Blue Medicare Rx</b>	<ul style="list-style-type: none"> <li>• Blue MedicareRx Value Plus</li> </ul>	\$49.60	\$315	Phone: 1-877-479-2227  TTY: 711
	<ul style="list-style-type: none"> <li>• Blue MedicareRx Premier</li> </ul>	\$127.60	\$0	
<b>Envision RxPlus</b>	<ul style="list-style-type: none"> <li>• Envision Rx Plus Silver</li> </ul>	\$33.30	\$360	Phone: 1-866-250-2005  TTY/TDD: 711
	<ul style="list-style-type: none"> <li>• Envision Rx Plus Clear Choice</li> </ul>	\$33.50	\$0	
<b>Express Scripts Medicare</b>	<ul style="list-style-type: none"> <li>• Express Scripts Medicare Choice</li> </ul>	\$72.20	\$360	Phone: 1-866-477-5704  TTY: 1-800-716-3231
	<ul style="list-style-type: none"> <li>• Express Scripts Medicare Value</li> </ul>	\$49.00	\$360	
<b>First Health Part D</b>	<ul style="list-style-type: none"> <li>• First Health Part D Premier Plus</li> </ul>	\$69.70	\$0	Phone: 1-855-389-9688  TTY/TDD: 711
	<ul style="list-style-type: none"> <li>• First Health Part D Value Plus</li> </ul>	\$34.40	\$0	
<b>Humana Insurance Company</b>	<ul style="list-style-type: none"> <li>• Humana Walmart – RX Plan</li> </ul>	\$18.40	\$360	Phone: 1-800-706-0872  TTY/TDD: 711
	<ul style="list-style-type: none"> <li>• Humana Preferred Rx Plan</li> </ul>	\$28.20	\$360	
	<ul style="list-style-type: none"> <li>• Humana Enhanced</li> </ul>	\$64.20	\$0	



Company	Prescription Drug Plan	Monthly Premium	Annual Deductible	Customer Service Phone Number
<b>SilverScript</b>	<ul style="list-style-type: none"> <li>• Choice</li> <li>• Plus</li> </ul>	<p style="text-align: right;">\$24.90</p> <p style="text-align: right;">\$77.60</p>	<p style="text-align: right;">\$0</p> <p style="text-align: right;">\$0</p>	<p>Phone: 1-866-552-6106</p> <p>TTY/TDD: 711</p>
<b>Symphonix Health</b>	<ul style="list-style-type: none"> <li>• PrimeSaver Rx</li> <li>• Value Rx</li> </ul>	<p style="text-align: right;">\$39.70</p> <p style="text-align: right;">\$27.80</p>	<p style="text-align: right;">\$200</p> <p style="text-align: right;">\$360</p>	<p>Phone: 1-855-355-2280</p> <p>TTY/TDD: 711</p>
<b>Transamerica Life Insurance Company</b>	<ul style="list-style-type: none"> <li>• Transamerica MedicareRx Classic</li> </ul>	<p style="text-align: right;">\$118.80</p>	<p style="text-align: right;">\$360</p>	<p>Phone: 1-877-527-1958</p> <p>TTY/TDD: 711</p>
<b>United HealthCare Insurance Company</b>	<ul style="list-style-type: none"> <li>• AARP Medicare Rx Saver Plus</li> <li>• AARP Medicare Rx Preferred</li> </ul>	<p style="text-align: right;">\$31.20</p> <p style="text-align: right;">\$55.40</p>	<p style="text-align: right;">\$360</p> <p style="text-align: right;">\$0</p>	<p>Phone: 1-888-867-5564</p> <p>TTY/TDD: 711</p>
<b>WellCare</b>	<ul style="list-style-type: none"> <li>• WellCare Classic</li> <li>• WellCare Extra</li> </ul>	<p style="text-align: right;">\$30.90</p> <p style="text-align: right;">\$52.70</p>	<p style="text-align: right;">\$360</p> <p style="text-align: right;">\$0</p>	<p>Phone: 1-888-293-5151</p> <p>TTY: 1-888-816-5252</p>