



Medicare Supplements

PARAMOUNT MEDIGAP – OHIO

22911142



PARAMOUNT
INSURANCE COMPANY

Affiliate of ProMedica

Getting Started

Finding the right Medicare coverage can be confusing. There are so many options. How do you select the plan that is best for you?

Medicare has four different parts – Parts A, B, C and D. The main two Medicare options – Parts A and B – are known as Original Medicare. Medicare Advantage plans are known as Part C. And, Medicare Part D is for prescription drug coverage.

LET'S BREAK DOWN EACH PART OF MEDICARE EVEN FURTHER



PART A: As part of Original Medicare, Part A covers your hospital care including inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care. The coverage is managed by the Federal government and it requires you to pay a deductible. That's money you pay for your health care before your coverage begins to apply.



PART B: Like Part A, Part B coverage is also included in Original Medicare and is managed by the Federal government. Part B covers your medical care including certain doctors' services, outpatient care, medical supplies and preventive services. It, too, requires you to meet your deductible before your coverage begins to apply.



PART C: Called Medicare Advantage, Part C covers the same things as Parts A and B. But, it is not part of Original Medicare, the Federal government plan. Instead, you purchase this Medicare insurance plan through a private insurance company, like Paramount. With this type of coverage, you will only use the hospitals and providers within a set network.



PART D: This part covers your prescription drugs. Part D plans are offered through private insurance companies. But, you must have Original Medicare (Parts A and B) or Medicare Advantage (Part C) to enroll in any Part D plan.



MEDIGAP PLANS: Supplemental insurance coverage is called Medigap. It is only available to those enrolled in Original Medicare (Parts A and B). Supplemental coverage helps to cover gaps in your health care coverage for costs that are not paid by Original Medicare.



Good
to Know

With Parts A and B, you generally pay a set amount for your health care (your deductible) before Medicare pays its share. When you've met your deductible, Medicare pays its share. You continue to pay your share in the form of a coinsurance or copayment for covered services and supplies.

With Parts A and B, there is no limit to how much you pay out-of-pocket each year. That's why many consider a supplemental plan because it caps your out-of-pocket costs.

PARAMOUNT MEDIGAP PLANS

While Medicare Parts A and B provide some healthcare coverage for you, they do not cover all of the costs for medical services. That's where purchasing a Paramount Medicare Supplement Plan (Medigap) could help.

Paramount offers five Medigap plans — A, C, F, G and N. Each plan is designed to meet a different need and budget. The Federal government requires standardized benefits across all Medicare supplemental plans — no matter which insurance company you choose. Remember: Medicare supplemental plans are only available to those enrolled in Original Medicare. They are not available to those enrolled in Medicare Advantage.

We know Medicare can be overwhelming. That's why choosing Paramount may be the right choice for you. We are a local insurance company with experts ready to take the confusion out of Medicare and put your mind at ease.

In this kit, you will find information about Paramount Medicare supplemental plan offerings, including plan comparisons, eligibility for enrollment, an overview of the benefits and much more. This will get you started. But, we are available face-to-face or over the phone to explain Paramount plans to you and help find one that best meets your needs.





WHY PURCHASE A PARAMOUNT MEDICARE SUPPLEMENTAL PLAN?

- Five plans to choose from to meet your needs and your budget.
- No network restrictions.
- See any physician in the United States that accepts Original Medicare.
- Go to any hospital that accepts Original Medicare.
- Medicare Supplements go with you when you travel and if you decide to move to another state.
- Foreign travel benefits.

INNOVATIVE BENEFITS

- SilverSneakers® at no additional cost.
- Member wellness programs.
- Personal call center representative and live chat.

MEDICARE SUPPLEMENT INSURANCE PREMIUM

Your premium is based on your current age and will go up as you get older. This is called attained-age-related pricing.

Other things that could cause the cost of your premium to change include: costs of overall health care and changes in Medicare, such as Medicare Parts A and B deductibles.

ELIGIBILITY REQUIREMENTS FOR MEDIGAP

To enroll in Medicare supplement insurance you must:

- Be 65 or older.
- Be eligible and enrolled in a both Medicare Part A (hospital coverage) and Part B (medical coverage).

When you turn 65, you are guaranteed to be accepted into a Medigap plan – as long as you apply within six months of your enrolling in Medicare Part B. If you apply during this one-time-only, six-month period, you will not need to meet any medical underwriting requirements. That means, there are no pre-existing conditions that could cause your denial for the insurance.

You can still apply after this time frame. However, your health and medical information may be evaluated before you are accepted into the plan. Although your information will be evaluated, you will not be required to have a physical exam.

Once enrolled in any Medigap plan, it is guaranteed to be renewed.



**Good
to Know**

When shopping for an insurance company, it's important to only work with a licensed agent. All of Paramount's agents are licensed. You may verify agent licensing by contacting:

**The Ohio Department
of Insurance**
50 West Town St. Suite 300
Columbus, Ohio 43215

Toll-free: 800-686-1526
TDD: 614-644-3745
ohioinsurance.gov

Your Medicare Options

The chart below summaries the main benefits of a Medicare supplement plan as compared to a Medicare Advantage plan. Take a look and see what plan type may be a better fit for your health needs and lifestyle.

	MEDIGAP PLANS	MEDICARE ADVANTAGE
	Original Medicare (Parts A and B) + Medigap Supplemental	Medicare Advantage Plan (Part C)
MONTHLY PREMIUMS	✓ Higher monthly premiums, but limited copays for services.	✓ Lower monthly premiums, but will have copays for most services.
PROVIDER NETWORKS	✓ No network restrictions. Choose any Medicare approved doctor within the United States.	Care is restricted to a network of hospitals and providers.
SPECIALIST REFERRALS	✓ Freedom to see specialists without a referral from a primary care provider.	A referral to see specialists is required by a primary care provider. * Referrals are not required for Paramount Elite Medicare Advantage plans.
NETWORK	✓ Covered throughout the United States.	Network restrictions apply. Emergency care and urgent care is covered outside of network service area. However, many plans include worldwide coverage.
PRESCRIPTION COVERAGE	Part D prescription drug coverage is not included, and will need to be purchased separately.	✓ Part D prescription drug coverage is included.



SILVERSNEAKERS®

SilverSneakers® is a fitness program for seniors that comes with qualifying Medicare health plans and provides access to thousands of fitness locations across the country. Paramount has partnered with SilverSneakers as one of the Medigap benefits at no additional charge. From weights to machines to group classes led by trained instructors. SilverSneakers has something for everyone at all levels of ability.

Here's what SilverSneakers offers its members:

1. 15,000 LOCATIONS

There are over 15,000 locations¹ nationwide, and you can enroll at multiple locations. In fact, you have access to every single participating gym and fitness center in the network. If you want to work out at a handful of local gyms, you can. If you prefer one location near your winter residence and one location near your summer residence, that's okay, too. It's also great for people who want to stay fit while they travel. Visit **SilverSneakers.com/locations** to find a location near you.

2. FITNESS EQUIPMENT

There's no need to invest in a home gym when you have access to treadmills, stationary bikes, rowing machines, elliptical machines, stair climbers, weightlifting machines, free weights and more. Some locations even have pools, tennis courts and walking tracks.¹

3. EXCLUSIVE CLASSES

You also have access to a variety of exclusive classes², which range from high intensity to low impact and everything in between. Plus, they're designed for seniors and take your fitness level and ability into consideration. Classes include SilverSneakers Classic, SilverSneakers Circuit, Cardio Mix, SilverSneakers Yoga, SilverSneakers Splash, SilverSneakers Stability®, SilverSneakers BOOM™ MUSCLE, MIND and MOVE.

4. STAY ACTIVE AT HOME

Exercise is a key part of maintaining a healthy lifestyle. You can use your SilverSneakers benefit to stay active without leaving home.

Videos when and where you want: Check out hundreds of online workout videos with SilverSneakers On-Demand™. Videos range from easy, low-impact exercises to cardio workouts.

Live classes and workshops: Feel like you're at class, without leaving home. Enjoy SilverSneakers LIVE™ full-length virtual classes and workshops. A SilverSneakers instructor leads each class and workshop. Multiple classes are offered per day.

Log in at **SilverSneakers.com** to get started.

5. SILVERSNEAKERS COMMUNITY

SilverSneakers Community classes have a small student-to-teacher ratio and are led by trained instructors. The best part? These classes give you a chance to stay active outside the gym, as they're located in the community. Think yoga at a recreation center or boot camp in the park.

6. SILVERSNEAKERS GO™ APP

The SilverSneakers GO™ app helps you find and design a workout that's right for you. It also lets you schedule workouts, find locations and classes, log your workouts, track your progress and more.

7. TUITION REWARDS THROUGH SILVERSNEAKERS

As a SilverSneakers member, you know more participating location visits add up to better health. Now those visits can also add up to college tuition savings for designated students, thanks to our partnership with SAGE Scholars, creators of the Tuition Rewards® program³. Learn more at **SilverSneakers.TuitionRewards.com**.

8. SOCIAL NETWORKING AND ONLINE RESOURCES

Did you know – 88% of participants say SilverSneakers has improved their quality of life and 52% say they have made new and valuable friendships through SilverSneakers.⁴ Feeling a part of a community like this has its own health benefits. Plus, you can access online fitness and nutrition information.

9. HEALTH BENEFITS

SilverSneakers can help you reach and maintain a healthy body weight, increase muscle strength and bone density, become more flexible, improve your balance and memory, and even prevent, delay or treat certain medical conditions.⁵

10. NO ADDITIONAL COST

While SilverSneakers isn't covered by Original Medicare, Part A or Part B, it is a common benefit for Paramount members. In fact, all Paramount Elite Medicare plans include SilverSneakers at no additional cost.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. SilverSneakers is administered by a third party and can be discontinued at any time.
3. Tuition Rewards® are NOT awarded in cash. If all requirements have been met, by submitting the Tuition Rewards, you are guaranteeing that the student will be awarded scholarships, grants, or other awards at least equal to the amount of points submitted. Eligible students include children, grandchildren and other students in your extended family who have not yet started 11th grade. Tuition Rewards that you earn must be transferred to /allocated to a student prior to August 31st of the year that the student begins 12th grade. A student's Tuition Rewards must be submitted within ten (10) days of application to any participating college or university. Students must be admitted to participating colleges based upon standard admissions criteria. All program requirements, including deadlines and procedures, can be found in the Terms of Service at tuitionrewards.com.
4. 2021 SilverSneakers Annual Participant Survey
5. <https://www.nia.nih.gov/health/real-life-benefits-exercise-and-physical-activity>

The SAGE Scholars Tuition Rewards program is offered and administered by an independent service provider, SAGE Scholars, Inc. SAGE Scholars, Inc. is not owned or operated by Tivity Health, Inc. or its affiliates.

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Always talk with your doctor before starting an exercise program.



MediGap

Plans A, C, F, G and N

2024

OHIO

OUTLINE OF MEDICARE
SUPPLEMENT COVERAGE



PARAMOUNT
INSURANCE COMPANY

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS
SOLD FOR EFFECTIVE DATES ON OR AFTER JUNE 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans with an effective date for coverage on or after June 1, 2010. Every company must make available Plan “A”. Some plans may not be available in your state.

Basic Benefits:

- Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plan N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood – First three pints of blood each year.
- Hospice – Part A coinsurance.

A	B	C	D	F	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
	\$240			\$240					
				Part B Excess (100%)	Part B Excess (100%)				
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-Pocket Limit \$7,060; paid at 100% after limit reached	Out-of-Pocket Limit \$3,530; paid at 100% after limit reached		

*Plan F has an option called a high deductible plan F. This high deductible plan pays the same benefits as plan F after one has paid a calendar year \$2,800 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,800 Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the Plan’s separate foreign travel emergency deductible.

Paramount determines premiums for its Medicare Supplement policies based upon attained age. This means your premium will increase automatically as you get older. Your premium may also change if premiums for these policies change.

If you choose to pay directly by check, you will be billed monthly for the applicable premium listed below. If you choose to pay your premium through our automated bank deduction program, premiums will be withdrawn from your bank monthly.

To find the amount of premium you will pay, find your age as of December 31 of the previous year in the first column then choose the plan in which you are interested from one of the next five columns.

OHIO 2024 MONTHLY MEDICARE SUPPLEMENT RATES

Attained Age	MediGap Plan A without discount	MediGap Plan A with discount	MediGap Plan A without discount	MediGap Plan A with discount
	MALE	MALE	FEMALE	FEMALE
65	\$123.86	\$117.67	\$113.19	\$107.53
66	\$125.20	\$118.94	\$114.42	\$108.70
67	\$127.36	\$120.99	\$116.39	\$110.57
68	\$130.34	\$123.82	\$119.11	\$113.15
69	\$134.09	\$127.39	\$122.54	\$116.41
70	\$138.29	\$131.38	\$126.38	\$120.06
71	\$142.85	\$135.71	\$130.55	\$124.02
72	\$147.82	\$140.43	\$135.09	\$128.34
73	\$153.12	\$145.46	\$139.93	\$132.93
74	\$158.64	\$150.71	\$144.98	\$137.73
75	\$164.33	\$156.11	\$150.17	\$142.66
76	\$170.04	\$161.54	\$155.39	\$147.62
77	\$175.75	\$166.96	\$160.62	\$152.59
78	\$181.54	\$172.46	\$165.90	\$157.61
79	\$187.52	\$178.14	\$171.37	\$162.80
80	\$193.66	\$183.98	\$176.98	\$168.13
81	\$199.95	\$189.95	\$182.73	\$173.59
82	\$206.61	\$196.28	\$188.81	\$179.37
83	\$213.59	\$202.91	\$195.19	\$185.43
84	\$220.81	\$209.77	\$201.79	\$191.70
85	\$227.53	\$216.15	\$207.93	\$197.53
86	\$233.75	\$222.06	\$213.62	\$202.94
87	\$239.48	\$227.51	\$218.86	\$207.92
88	\$244.72	\$232.48	\$223.64	\$212.46
89	\$249.46	\$236.99	\$227.97	\$216.57
90+	\$253.70	\$241.02	\$231.85	\$220.26

OHIO 2024 MONTHLY MEDICARE SUPPLEMENT RATES

Attained Age	MediGap Plan C without discount	MediGap Plan C with discount	MediGap Plan C without discount	MediGap Plan C with discount
	MALE	MALE	FEMALE	FEMALE
65	\$162.99	\$154.84	\$148.95	\$141.50
66	\$164.76	\$156.52	\$150.57	\$143.04
67	\$167.59	\$159.21	\$153.16	\$145.50
68	\$171.52	\$162.94	\$156.74	\$148.90
69	\$176.45	\$167.63	\$161.25	\$153.19
70	\$181.98	\$172.88	\$166.31	\$157.99
71	\$187.99	\$178.59	\$171.80	\$163.21
72	\$194.52	\$184.79	\$177.77	\$168.88
73	\$201.49	\$191.42	\$184.14	\$174.93
74	\$208.77	\$198.33	\$190.79	\$181.25
75	\$216.24	\$205.43	\$197.62	\$187.74
76	\$223.76	\$212.57	\$204.49	\$194.27
77	\$231.28	\$219.72	\$211.36	\$200.79
78	\$238.89	\$226.95	\$218.31	\$207.39
79	\$246.76	\$234.42	\$225.51	\$214.23
80	\$254.84	\$242.10	\$232.89	\$221.25
81	\$263.12	\$249.96	\$240.46	\$228.44
82	\$271.88	\$258.29	\$248.47	\$236.05
83	\$281.07	\$267.02	\$256.86	\$244.02
84	\$290.57	\$276.04	\$265.54	\$252.26
85	\$299.41	\$284.44	\$273.62	\$259.94
86	\$307.60	\$292.22	\$281.11	\$267.05
87	\$315.14	\$299.38	\$288.00	\$273.60
88	\$322.03	\$305.93	\$294.30	\$279.59
89	\$328.27	\$311.86	\$299.99	\$284.99
90+	\$333.85	\$317.16	\$305.10	\$289.85

OHIO 2024 MONTHLY MEDICARE SUPPLEMENT RATES

Attained Age	MediGap Plan F without discount	MediGap Plan F with discount	MediGap Plan F without discount	MediGap Plan F with discount
	MALE	MALE	FEMALE	FEMALE
65	\$162.23	\$154.12	\$148.25	\$140.84
66	\$163.99	\$155.79	\$149.87	\$142.38
67	\$166.81	\$158.47	\$152.44	\$144.82
68	\$170.71	\$162.17	\$156.01	\$148.21
69	\$175.62	\$166.84	\$160.50	\$152.48
70	\$181.13	\$172.07	\$165.53	\$157.25
71	\$187.11	\$177.75	\$170.99	\$162.44
72	\$193.61	\$183.93	\$176.94	\$168.09
73	\$200.55	\$190.52	\$183.28	\$174.12
74	\$207.79	\$197.40	\$189.89	\$180.40
75	\$215.23	\$204.47	\$196.70	\$186.87
76	\$222.71	\$211.57	\$203.53	\$193.35
77	\$230.20	\$218.69	\$210.37	\$199.85
78	\$237.77	\$225.88	\$217.29	\$206.43
79	\$245.61	\$233.33	\$224.45	\$213.23
80	\$253.65	\$240.97	\$231.80	\$220.21
81	\$261.89	\$248.80	\$239.34	\$227.37
82	\$270.61	\$257.08	\$247.31	\$234.94
83	\$279.75	\$265.76	\$255.66	\$242.88
84	\$289.21	\$274.75	\$264.30	\$251.09
85	\$298.01	\$283.11	\$272.34	\$258.72
86	\$306.16	\$290.85	\$279.80	\$265.81
87	\$313.67	\$297.99	\$286.65	\$272.32
88	\$320.52	\$304.49	\$292.92	\$278.27
89	\$326.73	\$310.39	\$298.59	\$283.66
90+	\$332.29	\$315.68	\$303.67	\$288.49

OHIO 2024 MONTHLY MEDICARE SUPPLEMENT RATES

Attained Age	MediGap Plan G without discount	MediGap Plan G with discount	MediGap Plan G without discount	MediGap Plan G with discount
	MALE	MALE	FEMALE	FEMALE
65	\$139.53	\$132.55	\$127.51	\$121.13
66	\$141.50	\$134.43	\$129.32	\$122.85
67	\$144.32	\$137.10	\$131.90	\$125.31
68	\$148.23	\$140.82	\$135.47	\$128.70
69	\$153.14	\$145.48	\$139.96	\$132.96
70	\$158.57	\$150.64	\$144.91	\$137.66
71	\$164.47	\$156.25	\$150.31	\$142.79
72	\$170.91	\$162.36	\$156.19	\$148.38
73	\$177.76	\$168.87	\$162.46	\$154.34
74	\$184.93	\$175.68	\$169.01	\$160.56
75	\$192.30	\$182.69	\$175.74	\$166.95
76	\$199.71	\$189.72	\$182.51	\$173.38
77	\$207.12	\$196.76	\$189.28	\$179.82
78	\$214.61	\$203.88	\$196.13	\$186.32
79	\$222.38	\$211.26	\$203.22	\$193.06
80	\$230.33	\$218.81	\$210.49	\$199.97
81	\$238.49	\$226.57	\$217.95	\$207.05
82	\$247.12	\$234.76	\$225.84	\$214.55
83	\$256.18	\$243.37	\$234.12	\$222.41
84	\$265.54	\$252.26	\$242.68	\$230.55
85	\$274.27	\$260.56	\$250.65	\$238.12
86	\$282.34	\$268.22	\$258.02	\$245.12
87	\$289.76	\$275.27	\$264.80	\$251.56
88	\$296.53	\$281.70	\$270.99	\$257.44
89	\$302.65	\$287.52	\$276.59	\$262.76
90+	\$308.21	\$292.80	\$281.67	\$267.59

OHIO 2024 MONTHLY MEDICARE SUPPLEMENT RATES

Attained Age	MediGap Plan N without discount	MediGap Plan N with discount	MediGap Plan N without discount	MediGap Plan N with discount
	MALE	MALE	FEMALE	FEMALE
65	\$130.22	\$123.71	\$119.01	\$113.06
66	\$131.64	\$125.06	\$120.30	\$114.29
67	\$133.90	\$127.21	\$122.37	\$116.25
68	\$137.04	\$130.19	\$125.23	\$118.97
69	\$140.98	\$133.93	\$128.84	\$122.40
70	\$145.40	\$138.13	\$132.87	\$126.23
71	\$150.20	\$142.69	\$137.26	\$130.40
72	\$155.42	\$147.65	\$142.03	\$134.93
73	\$160.99	\$152.94	\$147.12	\$139.76
74	\$166.80	\$158.46	\$152.43	\$144.81
75	\$172.77	\$164.13	\$157.89	\$150.00
76	\$178.78	\$169.84	\$163.38	\$155.21
77	\$184.79	\$175.55	\$168.87	\$160.43
78	\$190.87	\$181.33	\$174.43	\$165.71
79	\$197.16	\$187.30	\$180.18	\$171.17
80	\$203.61	\$193.43	\$186.08	\$176.78
81	\$210.23	\$199.72	\$192.12	\$182.51
82	\$217.23	\$206.37	\$198.52	\$188.59
83	\$224.57	\$213.34	\$205.23	\$194.97
84	\$232.15	\$220.54	\$212.16	\$201.55
85	\$239.22	\$227.26	\$218.62	\$207.69
86	\$245.77	\$233.48	\$224.60	\$213.37
87	\$251.79	\$239.20	\$230.10	\$218.60
88	\$257.29	\$244.43	\$235.13	\$223.37
89	\$262.28	\$249.17	\$239.69	\$227.71
90+	\$266.74	\$253.40	\$243.77	\$231.58

PREMIUM INFORMATION

We, Paramount Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. Paramount determines premiums for its Medicare Supplement policies based upon attained age. This means your premium will increase automatically as you get older.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY 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 policy, you may return it to Paramount Insurance Company at our address listed above. If you send the policy back 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 Paramount 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 consult *Medicare & You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely 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.

MEDIGAP PLAN A

MEDICARE (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 A Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. <ul style="list-style-type: none">First 60 daysDays 61–90Day 91 and after:<ul style="list-style-type: none">While using 60 lifetime reserve daysOnce lifetime reserve days are used:<ul style="list-style-type: none">Additional 365 daysBeyond the additional 365 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
	All but \$408 a day	\$408 a day	\$0
	All but \$816 a day	\$816 a day	\$0
	\$0	100% of Medicare-eligible expenses	\$0**
	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. <ul style="list-style-type: none">First 20 daysDays 21–100Day 101 and after	All approved amounts	\$0	\$0
	All but \$204 a day	\$0	Up to \$204 a day
	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">First three pintsAdditional amounts	\$0	3 pints	\$0
	100%	\$0	\$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer 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.

MEDIGAP PLAN A

MEDICARE (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.

Services	Medicare Pays	Plan A 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, and durable medical equipment. <ul style="list-style-type: none">First \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	\$0	\$0	\$240 (Part B deductible)
	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">First three pintsNext \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	\$0	All costs	\$0
	\$0	\$0	\$240 (Part B deductible)
	80%	20%	\$0
CLINICAL LABORATORY SERVICES <ul style="list-style-type: none">Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE Medicare-approved services <ul style="list-style-type: none">Medically necessary skilled care services and medical suppliesDurable medical equipment: First \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	100%	\$0	\$0
	\$0	\$0	\$240 (Part B deductible)
	80%	20%	\$0

MEDIGAP PLAN C

MEDICARE (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 C Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. <ul style="list-style-type: none">First 60 daysDays 61–90Day 91 and after:<ul style="list-style-type: none">While using 60 lifetime reserve daysOnce lifetime reserve days are used:<ul style="list-style-type: none">Additional 365 daysBeyond the additional 365 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	All but \$408 a day	\$408 a day	\$0
	All but \$816 a day	\$816 a day	\$0
	\$0	100% of Medicare-eligible expenses	\$0**
	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. <ul style="list-style-type: none">First 20 daysDays 21–100Day 101 and after	All approved amounts	\$0	\$0
	All but \$204 a day	Up to \$204 a day	\$0
	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">First three pintsAdditional amounts	\$0	3 pints	\$0
	100%	\$0	\$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer 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.

MEDIGAP PLAN C

MEDICARE (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.

Services	Medicare Pays	Plan C 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, and durable medical equipment. <ul style="list-style-type: none">First \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	\$0	\$240 (Part B deductible)	\$0
	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">First three pintsNext \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	\$0	All costs	\$0
	\$0	\$240 (Part B deductible)	\$0
	80%	20%	\$0
CLINICAL LABORATORY SERVICES <ul style="list-style-type: none">Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE Medicare-approved services <ul style="list-style-type: none">Medically necessary skilled care services and medical suppliesDurable medical equipment: First \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	100%	\$0	\$0
	\$0	\$240 (Part B deductible)	\$0
	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – Not covered by Medicare Medical emergency care services beginning during the first 60 days of each trip outside of the USA. <ul style="list-style-type: none">First \$250 each calendar yearRemainder of charges	\$0	\$0	\$250
	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

MEDIGAP PLAN F

MEDICARE (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 F Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. <ul style="list-style-type: none">First 60 daysDays 61–90Day 91 and after:<ul style="list-style-type: none">While using 60 lifetime reserve daysOnce lifetime reserve days are used:<ul style="list-style-type: none">Additional 365 daysBeyond the additional 365 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	All but \$408 a day	\$408 a day	\$0
	All but \$816 a day	\$816 a day	\$0
	\$0	100% of Medicare-eligible expenses	\$0**
	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. <ul style="list-style-type: none">First 20 daysDays 21–100Day 101 and after	All approved amounts	\$0	\$0
	All but \$204 a day	Up to \$204 a day	\$0
	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">First three pintsAdditional amounts	\$0	3 pints	\$0
	100%	\$0	\$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer 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.

MEDIGAP PLAN F

MEDICARE (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.

Services	Medicare Pays	Plan F 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, and durable medical equipment. <ul style="list-style-type: none">First \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	\$0	\$240 (Part B deductible)	\$0
	Generally 80%	Generally 20%	\$0
• Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD <ul style="list-style-type: none">First three pintsNext \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	\$0	All costs	\$0
	\$0	\$240 (Part B deductible)	\$0
	80%	20%	\$0
CLINICAL LABORATORY SERVICES <ul style="list-style-type: none">Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE Medicare-approved services <ul style="list-style-type: none">Medically necessary skilled care services and medical suppliesDurable medical equipment: First \$240 of Medicare-approved amounts*Remainder of Medicare-approved amounts	100%	\$0	\$0
	\$0	\$240 (Part B deductible)	\$0
	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – Not covered by Medicare Medical emergency care services beginning during the first 60 days of each trip outside of the USA. <ul style="list-style-type: none">First \$250 each calendar yearRemainder of charges	\$0	\$0	\$250
	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

MEDIGAP PLAN G

MEDICARE (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 G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. <ul style="list-style-type: none">• First 60 days• Days 61–90• Day 91 and after:<ul style="list-style-type: none">• While using 60 lifetime reserve days• Once lifetime reserve days are used:<ul style="list-style-type: none">• Additional 365 days• Beyond the additional 365 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	All but \$408 a day	\$408 a day	\$0
	All but \$816 a day	\$816 a day	\$0
	\$0	100% of Medicare-eligible expenses	\$0**
	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. <ul style="list-style-type: none">• First 20 days• Days 21–100• Day 101 and after	All approved amounts	\$0	\$0
	All but \$204 a day	Up to \$204 a day	\$0
	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">• First three pints• Additional amounts	\$0	3 pints	\$0
	100%	\$0	\$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer 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.

MEDIGAP PLAN G

MEDICARE (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.

Services	Medicare Pays	Plan G 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, and durable medical equipment. <ul style="list-style-type: none">• First \$240 of Medicare-approved amounts*• Remainder of Medicare-approved amounts	\$0	\$0	\$240 (Part B deductible)
	Generally 80%	Generally 20%	\$0
• Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	All costs
BLOOD <ul style="list-style-type: none">• First three pints• Next \$240 of Medicare-approved amounts*• Remainder of Medicare-approved amounts	\$0	All costs	\$0
	\$0	\$0	\$240 (Part B deductible)
	80%	20%	\$0
CLINICAL LABORATORY SERVICES <ul style="list-style-type: none">• Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE Medicare-approved services <ul style="list-style-type: none">• Medically necessary skilled care services and medical supplies• Durable medical equipment: First \$240 of Medicare-approved amounts*• Remainder of Medicare-approved amounts	100%	\$0	\$0
	\$0	\$0	\$240 (Part B deductible)
	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – Not covered by Medicare Medical emergency care services beginning during the first 60 days of each trip outside of the USA. <ul style="list-style-type: none">• First \$250 each calendar year• Remainder of charges	\$0	\$0	\$250
	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

MEDIGAP PLAN N

MEDICARE (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 N Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. <ul style="list-style-type: none">• First 60 days• Days 61–90• Day 91 and after:<ul style="list-style-type: none">• While using 60 lifetime reserve days• Once lifetime reserve days are used:<ul style="list-style-type: none">• Additional 365 days• Beyond the additional 365 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	All but \$408 a day	\$408 a day	\$0
	All but \$816 a day	\$816 a day	\$0
	\$0	100% of Medicare-eligible expenses	\$0**
	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital. <ul style="list-style-type: none">• First 20 days• Days 21–100• Day 101 and after	All approved amounts	\$0	\$0
	All but \$204 a day	Up to \$204 a day	\$0
	\$0	\$0	All costs
BLOOD <ul style="list-style-type: none">• First three pints• Additional amounts	\$0	3 pints	\$0
	100%	\$0	\$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer 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.

MEDIGAP PLAN N

MEDICARE (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.

Services	Medicare Pays	Plan N 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, and durable medical equipment. <ul style="list-style-type: none">• First \$240 of Medicare-approved amounts*• Remainder of Medicare-approved amounts	\$0	\$0	\$240 (Part B deductible)
	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 the insured is 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 the insured is 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 <ul style="list-style-type: none">• First three pints• Next \$240 of Medicare-approved amounts*• Remainder of Medicare-approved amounts	\$0	All costs	\$0
	\$0	\$0	\$240 (Part B deductible)
	80%	20%	\$0
CLINICAL LABORATORY SERVICES <ul style="list-style-type: none">• Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE Medicare-approved services <ul style="list-style-type: none">• Medically necessary skilled care services and medical supplies• Durable medical equipment: First \$240 of Medicare-approved amounts*• Remainder of Medicare-approved amounts	100%	\$0	\$0
	\$0	\$0	\$240 (Part B deductible)
	80%	20%	\$0

MEDIGAP PLAN N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – Not covered by Medicare			
Medical emergency care services beginning during the first 60 days of each trip outside of the USA.	\$0	\$0	\$250
<ul style="list-style-type: none"> • First \$250 each calendar year 			
<ul style="list-style-type: none"> • Remainder of charges 	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

NOTES

This brochure contains a summary of benefits only describing our benefit options and most important features. It is not an insurance policy or contract. The Paramount Medicare Supplemental Insurance policy is the insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. Neither Paramount nor any of its agents or Medicare Supplement Insurance plans are connected with or endorsed by the U.S. or state government, Social Security or Federal Medicare program.

This policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or Paramount.

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