



To Your Health

Medicare Supplement Insurance can help you go on living life to the fullest.



You're planning for tomorrow. Keep life on track with more complete Medicare Supplement coverage.

Choosing the right Medicare Supplement Insurance is the first step toward enjoying every moment of your golden years. And American Family is here to help you find the plan that works best for you. So you always know, whatever happens healthwise down the road, you'll always be adequately covered.

American Family, in partnership with American Republic Corp Insurance Company, is pleased to offer you Medicare Supplement Insurance to help cover expenses Medicare currently does not. Count on your American Family agent to go over all your options, answer all your questions and help you choose the Medicare Supplement Insurance plan that's best for you. Looking out for your best interests—it's what our agents do better than anyone.

Enjoy the freedom to choose your own doctors and hospitals

You're free to see whom you choose without referral, including specialists at any hospital or center of excellence.

Preferred rates for good health

Your good health can save you money. Plus, once you're approved for our preferred rate discount, you'll automatically keep that discount for as long as you have your policy—even if your health changes.

Household discount

Take advantage of additional savings simply for being part of a household, regardless of whether both of you request coverage.¹

No waiting period for existing health conditions

Any health conditions you now have are covered immediately once your policy is issued—no waiting period!

Fast, accurate claims service

With ExpressLane Automatic Claim Service,SM there are virtually no claim forms.

Guaranteed renewable for life

No matter what your health, so long as you pay premiums on time, your coverage can never be canceled.

American Family is proud to offer Medicare Supplement plans in conjunction with American Republic Corp, which, like us, has established a proven track record in providing exceptional insurance solutions. And though you'll address your monthly Medicare Supplement Insurance payment to American Republic Corp, you can be certain that your American Family agent will always be ready to answer all your questions and handle any of your concerns with regard to coverage. After all, looking out for you is what American Family agents do best.



Medicare Supplement Insurance Overview

Here's how our Medicare Supplement Insurance works with Medicare to help pay hospital and medical expenses that Medicare approves but doesn't pay.

Medicare Part A — Hospital Expenses (per benefit period)

Benefits	Medicare Pays	Medicare Supplement Pays	You Pay ²
Hospital Stay			
First 60 days	All but \$1,156 (Part A deductible)	If you select the Part A Deductible Option, then \$1,156 covered OR If you do not select the Part A Deductible Option, then \$1,156 not covered	Nothing \$1,156
Days 61–90	All but \$289 per day	\$289 per day	Nothing
Days 91–150 (lifetime reserve days)	All but \$578 per day	\$578 per day	Nothing
<i>After lifetime reserve days are used:</i>			
Additional 365 days lifetime	Nothing	All costs	Nothing ³
Beyond the additional 365 days	Nothing	Nothing	All costs
Inpatient Psychiatric Care			
	Up to 190 days lifetime in a Medicare-approved psychiatric hospital	Up to 175 days lifetime	Remaining days
Blood			
	All but the first 3 pints (blood deductible)	First 3 pints of blood	Nothing
Skilled Nursing Facility			
First 20 days	All approved costs	Nothing	Nothing
Days 21–100	All but \$144.50 per day	\$144.50 per day	Nothing
Beyond 100 days	Nothing	Nothing	All costs
Hospice Care			
Available for the terminally ill who elect to receive these services	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	100% of coinsurance or copayment	Nothing

Medicare Part B – Medical Expenses (per calendar year)

Benefits	Medicare Pays	Medicare Supplement Pays	You Pay ²
Physician Services and Other Medical Expenses In or Out of the Hospital			
First \$140 of Medicare-approved expenses each calendar year	Nothing	If you select the Part B Deductible Option, then \$140 covered OR If you do not select the Part B Deductible Option, then \$140 not covered	Nothing \$140
After the \$140 deductible, remainder of Medicare-approved amounts	Generally 80% (Part B coinsurance)	100% of the Medicare Part B coinsurance, the amount approved but not paid by Medicare	Nothing
Covered charges in excess of Medicare-approved amounts, up to any charge limitations established by state or federal law ⁵	Nothing	If you select the Part B Excess Charges Option, then all of the difference between the Medicare-approved amounts and the actual billed amount is covered OR If you do not select the Part B Excess Charges Option, then the difference is not covered	Nothing All costs

Blood

	All but the first 3 pints (blood deductible)	First 3 pints of blood	Nothing
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Home Health Care

	All costs for Medicare-approved home care visits	Usual and customary expenses for up to 40 visits per 12-month period An optional home health care rider is available covering a total of 365 visits per year including those covered by Medicare	Balance
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Clinical Laboratory Services

Tests for diagnostic services	100%	Nothing	Nothing
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Preventive Medical Care

First \$500 each calendar year	Nothing	\$500	Balance
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Medicare Supplement protection also pays for these expenses not covered by Medicare

Medicare Benefits	Medicare Pays	Medicare Supplement Pays	You Pay ²
Optional Foreign Travel Benefits			
Medically necessary emergency hospital and medical care beginning during the first 60 days of each trip outside the USA	Nothing	If you select this option, pays 80% of charges for hospital and medical expenses and supplies received in a foreign country which are not paid by Medicare or under Parts A or B of the policy up to \$50,000 lifetime OR If you do not select this option, foreign travel is not covered	Balance All costs

Questions & Answers



Q: I've applied for coverage. What happens next?

A: Once we receive your request for coverage, a representative may contact you to review the health questions you answered on the application.

Q: I've been approved for coverage. What happens now?

A: You'll receive a kit that includes all the information you need to start using your plan—including your ID card.

Q: Can I see the same doctor I see now?

A: Yes, you can choose any doctor you wish. There are no networks, so you're free to use the doctors and hospitals of your choice—even when you travel.

Q: Do we both have to have this coverage to get the household discount?

A: No, you can get additional savings just for being part of a household¹—regardless of whether you both sign up for coverage with American Republic Corp.

Q: What is the ExpressLane Automatic Claim Service?

A: ExpressLane Automatic Claim Service is a free service that works with Medicare to make sure your claims get paid quickly and accurately with no paperwork on your part in most cases. ExpressLane is available in all 50 states, so it will take care of your claims no matter where you receive treatment.

How ExpressLane Automatic Claim Service works ▶

How ExpressLane Automatic Claim Service works:

1: Your cards

Show the doctor/hospital your Medicare Supplement and Medicare cards



2: Automatically filed

Provider files claim with Medicare for you



3: Your bill

Medicare pays its portion of Medicare-approved expenses and automatically sends the balance of the claim to us



4: We pay

We automatically pay the remaining eligible expenses covered under your plan

PREMIUMS AND RENEWABILITY. Your coverage may be renewed for life so long as your premiums are paid on time. Your benefits and premiums will vary depending on the plan options selected. Should a necessary premium change be made, it will only be made on a renewal date and only if it is made on all policies in the same class as determined by us. Your premium could change if you move to a different area. Premiums will increase because a person is one year older or as Medicare benefits change.

READ YOUR POLICY CAREFULLY. This booklet provides a very brief description of the important features of your policy. It is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. **THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE DOES NOT COVER.** It is, therefore, important that you READ YOUR POLICY CAREFULLY.

Coverage is available for qualified Medicare beneficiaries under age 65.

This is a solicitation of insurance and an agent may contact you.

Not connected with or endorsed by the United States government or the federal Medicare program.

1. A household is defined as two people over 18 years of age living in the same household.
2. This is your liability for covered charges. You are responsible for all other non-covered charges.
3. 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 the balance based on any difference between its billed charges and the amount Medicare would have paid for Medicare-covered items or services.
4. Under federal law, doctors who do not accept assignment can charge up to 115% of the fee schedule amount for nonparticipating physicians. The patient does not have to pay charges that exceed that amount.



Underwritten by:



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SM ExpressLane Claim Service is a servicemark of American Republic Insurance Company.

Plan availability varies by state.

Policy Forms: A3103AC Endorsements: R4815AC, R4816AC, R4817AC, R4818AC, R4819AC

Z-2474-H 0811

31 114 2840 0112 WI

Offered through:



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1-800-MY AMFAM (692-6326)

American Family Mutual Insurance Company

Home Office – Madison, WI 53783

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