

YOU'VE EARNED THE RIGHT TO CHOOSE

2018 STANDARD MEDICARE
SUPPLEMENT INSURANCE PLANS

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TRANSAMERICA®



**WE'VE GOT YOU
COVERED**



Transamerica Premier Life Insurance Company's Medicare Supplement Insurance Plans can help with your out of pocket costs that Medicare does not cover for Parts A and B charges.

WHAT'S MORE, YOU HAVE:

- Multiple plans from which to select the coverage that best meets your needs.
- Thirty days to review your policy; if you're not happy with it, we'll refund your premium.
- Virtually no claims paperwork to file.

Put a Transamerica Premier Life Medicare Supplement Insurance Plan to work for you today!

CHOOSE THE MEDICARE SUPPLEMENT INSURANCE PLAN THAT'S RIGHT FOR YOU.

In some states, plans are available to individuals under the age of 65 who are disabled and eligible for Medicare. This is a solicitation for insurance. Your call to customer service may connect you with a licensed agent/producer. Not connected with or endorsed by the U.S. Government or the federal Medicare program.

WHICH MEDICARE SUPPLEMENT INSURANCE PLAN BEST MEETS YOUR NEEDS?

SERVICES AND SUPPLIES	MEDICARE PAYS	PLAN A* PAYS	PLAN F* PAYS	PLAN G* PAYS	PLAN N* PAYS
MEDICARE PART A HOSPITAL COVERAGE					
Deductible			\$1,340	\$1,340	\$1,340
First 60 days	All but \$1,340				
Co-Insurance 61-90 days	All but \$335 per day	\$335 per day	\$335 per day	\$335 per day	\$335 per day
Co-Insurance 91-150 days (Lifetime Reserve)	All but \$670 per day	\$670 per day	\$670 per day	\$670 per day	\$670 per day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)		Medicare eligible expenses	Medicare eligible expenses	Medicare eligible expenses	Medicare eligible expenses
Benefit for Blood	All but first three pints	First three pints	First three pints	First three pints	First three pints
HOSPICE CARE					
	All but very limited co-insurance/ co-payment for outpatient drugs and inpatient respite care	Medicare co-insurance/ co-payment	Medicare co-insurance/ co-payment	Medicare co-insurance/ co-payment	Medicare co-insurance/ co-payment
SKILLED NURSING FACILITY CARE					
First 20 days	100% of all approved amounts				
Co-Insurance 21-100 days	All but \$167.50 per day		Up to \$167.50 per day	Up to \$167.50 per day	Up to \$167.50 per day
MEDICARE PART B PHYSICIAN'S SERVICES AND SUPPLIES					
Deductible			\$183		
Co-Insurance	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Balance ***
Excess Benefits			100% up to Medicare's limit	100% up to Medicare's limit	
Benefit for Blood	80% after first three pints & deductible are met	First three pints	First three pints	First three pints	First three pints
ADDITIONAL BENEFITS**					
Emergency Care Received Outside the U.S.			80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000
YOUR PREMIUM		\$ _____	\$ _____	\$ _____	\$ _____

* Additional plans may be available in your state. Please consult your agent to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

** Refer to the next page and your Outline of Coverage for more information.

*** Balance, except up to a \$20 co-payment per office visit and up to \$50 co-payment per emergency room visit. The co-payment of \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

COVERED BENEFITS

MEDICARE PART A HOSPITAL COVERAGE

Plans F, G and N pay the \$1,340 Part A (inpatient) deductible for each benefit period.

First 60-days - After the Part A Deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semi-private room and board, general nursing and miscellaneous hospital services, and supplies.

Co-insurance - Plans A, F, G, and N pay \$335 per day when you are hospitalized from the 61st day through the 90th day. When you are hospitalized from the 91st day through the 150th day, these plans pay \$670 per day for each Lifetime Reserve day used.

Extended Hospital Coverage - If you are in the hospital longer than 150 days during a benefit period and you have exhausted your 60 days of Medicare Lifetime Reserve plans A, F, G, and N pay the Part A Medicare eligible expenses for hospitalization. Expenses are paid at the same rate Medicare would have paid had Medicare Part A hospital days not been exhausted, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood - Medicare has a one calendar year deductible for blood that is the cost of the first three pints. Plans A, F, G, and N pay the deductible.

Skilled Nursing Facility Care - Medicare pays all eligible expenses for the first 20 days. Plans F, G, and N pay up to \$167.50 from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care - Medicare pays all but a very limited co-insurance/co-payment for outpatient drugs and inpatient respite care. Plans A, F, G, and N pay the co-insurance/co-payment.

MEDICARE PART B PHYSICIAN SERVICES AND SUPPLIES

Deductible - Plan F pays the \$183 calendar-year deductible.

Co-insurance - After the Part B Deductible, Plans A, F, G, and N generally pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

After the Part B deductible, Plan N pays the balance of the eligible expenses for physician's services, supplies, physical and speech therapy, diagnostic tests, and durable medical equipment except up to a \$20 co-payment for office visits and up to a \$50 co-payment for emergency room visits.

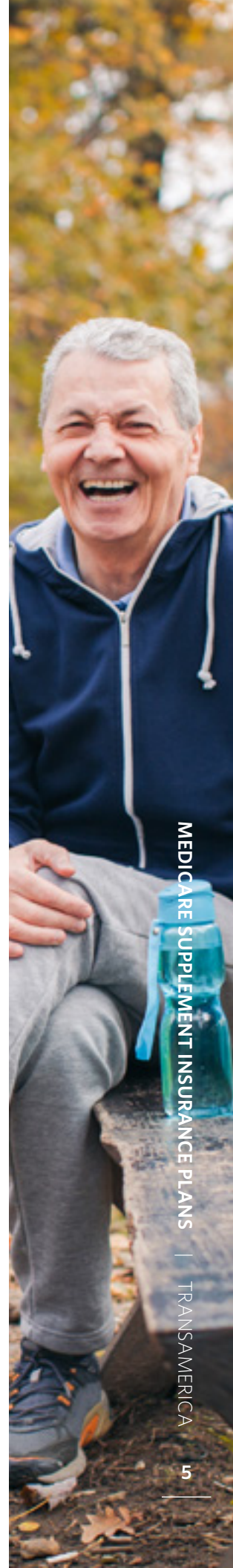
For hospital outpatient services, the co-payment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits - Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, plans F and G pay 100% up to the charge limitation established by Medicare.

Benefit for Blood - Plans A, F, G, and N pay expenses for the first three pints of blood.

ADDITIONAL BENEFITS

Emergency Care received outside the U.S. - After you pay a \$250 calendar-year deductible, Plans F, G, and N pay you 80% of eligible expenses for care which begins during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.





MEDICARE SUPPLEMENT INSURANCE PLANS

MEDICARE SUPPLEMENT INSURANCE

Medicare Supplement insurance helps pay eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges that exceed what Medicare and your insurance policy will pay.

MEDICARE ELIGIBLE EXPENSES

“Medicare Eligible Expenses” means expenses covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

MEDICARE PART A ELIGIBLE EXPENSES FOR HOSPITAL/ SKILLED NURSING FACILITY CARE

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semi-private room and board, general nursing and miscellaneous services and supplies.

BENEFIT PERIOD

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 consecutive days.

MEDICARE PART B ELIGIBLE EXPENSES FOR MEDICAL SERVICES

Medicare Part B Eligible Expenses for Medical Services include expenses for physician’s services, hospital outpatient services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

CO-INSURANCE

Co-Insurance is the portion of the eligible expense not paid by Medicare and paid by Medicare Supplement insurance.

BENEFITS

Benefits are paid to you, your hospital, or doctor.

GUARANTEED RENEWABLE

Your policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information on your application is correct.

PAYING YOUR PREMIUM

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

RATE INCREASE

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes when the same premium change is made on all in-force Medicare Supplement insurance policies of the same form issued to persons of your classification in the same geographic area of your state.

TRANSAMERICA PREMIER LIFE'S MEDICARE SUPPLEMENT INSURANCE POLICIES WILL NOT PAY FOR:

- Any expense incurred before your policy date.
- Services for which no charge is made.
- Expenses paid by Medicare.
- Hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force.



This is a brief description of your coverage. This brochure must be accompanied by the Outline of Coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your policy. The first premium includes a one-time, non-commissionable enrollment fee of \$25.00 paid by the applicant.

Transamerica Premier Life nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. Government or the federal Medicare program.

Put a Transamerica Premier Life Medicare Supplement Insurance Plan to work for you today!



TRANSAMERICA®

Make every day count.

To learn more about Transamerica's Medicare Supplement insurance plans:

 **Contact:** Your Insurance Agent

Medicare Supplement Insurance policies underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA. Policy Form Nos. MSH1A, MSH1F, MSH1G, MSH1N. Medicare Supplement insurance plans are not connected with or endorsed by the U.S. Government or Federal Medicare Program.

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