You can tell how much your friends truly care by the little things they do for you. Shouldn’t you expect as much from your health plan? We think so. That’s why Health Alliance Plan (HAP) offers this booklet and many other resources to help you make sense out of an important decision that affects you and your family. In this booklet, we will share the main points, as well as the extras you can expect when you decide on a HAP Medicare Solution.

We all can use a little reassurance.

Alliance Medicare Supplement helps fill the gaps in Original Medicare.

With Original Medicare, you are covered for many hospital and medical expenses, but there are some gaps in that coverage that you may have to pay — such as deductibles, coinsurance and copays — and those costs can add up quickly:

• Medicare Part A has an upfront deductible of $1,184* for hospitalization — a deductible you pay before your Medicare coverage begins.
• If you stay in the hospital more than 60 days, you begin paying a copay of $296* per day.
• After 90 days in the hospital, your copay increases to $592* per day.
• You pay 20% coinsurance for most doctors’ services.
• You pay 100% for emergency care received outside the U.S., except under limited circumstances.

Protect your health with Alliance Medicare Supplement.

With Alliance Medicare Supplement (Medigap) plans, you can fill the coverage gaps listed above and know that you are protected with a plan from Alliance Health and Life Insurance Company (Alliance). With Alliance Medicare Supplement, you can receive care anywhere throughout the U.S. that accepts Medicare, and with some plans, you have emergency care anywhere in the world.

A dependable, Michigan-based partner.

Medicare beneficiaries have relied on us and our Medicare plans for 25 years. By listening carefully to our members, we have been able to make our health plans and services more responsive. With Alliance, you’ll have the comfort that comes from knowing you have a partner in Michigan that is dedicated to delivering inspired customer service. Alliance is a wholly owned subsidiary of Health Alliance Plan (HAP), a Michigan-based company that has been serving the community for more than 50 years.

*These are 2013 amounts. 2014 amounts may be higher.
Reliable, easy-to-use coverage.

Freedom and choice.

With an Alliance Medicare Supplement plan, you are covered wherever you go.

- You can use any doctor, specialist or hospital that participates in Medicare, anywhere in the U.S.
- No referrals are necessary or required to see a specialist.
- Your benefits start on day one — there is no waiting period for protection to begin.*
- You get worldwide emergency coverage.**

Taking care of you wherever you go.

With some of our plans, you are covered for emergencies at home as well as when you travel anywhere in the world.

We also provide our members a unique program, Assist America®, a valuable program for our members who travel. Anytime you travel at least 100 miles from home or outside the U.S. for up to 90 days, a single phone call is all it takes to put Assist America in motion on your behalf 24/7. Some of its fully paid services include emergency medical evacuation, medical repatriation, and assistance with lost luggage and lost documents.

Assist America does not replace your Alliance Medicare Supplement coverage. You are covered for emergency care based on your policy.

*If you delay enrollment and have a health problem that is diagnosed before your Medigap policy starts, the insurance company can refuse to cover that health problem for up to six months. However, you will still be covered under Original Medicare.

**Plan C, Plan F and Plan N.

Convenient and simple.

When you enroll in an Alliance Medicare Supplement plan:

- There is virtually no paperwork for you with our automatic claims processing.
- Your health claims are processed quickly.
- Your benefits through Alliance Medicare Supplement change automatically when Original Medicare deductibles, coinsurance or copays change, so you know you’re covered.
- Your coverage renews automatically every year as long as you continue to pay your premiums.

Inspired customer service.

Customer service is deeply rooted in the HAP culture. It is what each HAP employee strives for each day with every phone call, every email, every member touchpoint. We make it easy for you to focus your attention on doing what’s best for you and your family.

One of the ways we provide this high level of service is making sure all new HAP members have their very own Personal Service Coordinator for two years — someone fully trained in our Medicare Supplement plans, who understands the decisions you face and has the answers to your questions. Your Personal Service Coordinator is here for you, ready to provide assistance and explain plan details.

After the first two years, whenever you want extra assistance or information, you can call any of our Medicare Customer Service Representatives. These are dedicated men and women who specialize in Medicare, work here in southeast Michigan and can access your plan records immediately.

A healthy advantage for our members.

As an Alliance Medicare Supplement member, you receive discounts, preferred rates and other special savings through HAP Advantage. It’s a free, value-added program that helps you save money on a variety of health-supporting services and products, including exercise programs, weight management programs, massage therapy, personal health items and more.
Pick your plan.

Alliance Medicare Supplement offers a choice of plans — Plan A, Plan C, Plan F and Plan N. The benefits of each of these plans are standardized by the federal government. Plan A provides basic benefits. Plans C, F and N provide coverage over and above the basic benefits.

All four plans offer the basic benefits.

The basic benefits include:

- **Hospitalization:** Coverage for Medicare (Part A) daily copays, plus 365 additional days (lifetime) after Medicare benefits end
- **Medical expenses:** Coverage for Medicare Part B coinsurance (20% of Medicare-approved costs) or copays for doctors’ services, hospital outpatient services and other medical services
- **Blood:** First three pints of blood each year
- **Hospice:** Coinsurance for inpatient respite care and copays for hospice outpatient prescription drugs

Note: Plans do not include Medicare Part D prescription drug benefits. For Part D coverage, you might want to consider our Alliance Medicare Rx (pdp) plan.

Take a look at the chart on the next page and choose the plan that best meets your needs. (Also see pages 8 and 9 for more information about the plans.)

Alliance Medicare Supplement

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan C</th>
<th>Plan F</th>
<th>Plan N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A is the most basic Medigap plan. It helps fill some of the gaps in Medicare’s coverage.</td>
<td>Plan C provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.</td>
<td>Plan F may be a good choice if some of your doctors do not accept Medicare’s approved amount as payment in full.</td>
<td>Plan N* has a low monthly premium and copays for visits to the doctor’s office and the emergency room.</td>
</tr>
</tbody>
</table>

Plan A covers:
- **Basic benefits** (see the list at the left)

Plan C covers:
- **Basic benefits,** plus:
  - Skilled nursing facility copay
  - Part A deductible
  - Part B deductible
  - Worldwide emergency coverage**

Plan F covers:
- **Basic benefits,** plus:
  - Skilled nursing facility copay
  - Part A deductible
  - Part B deductible
  - Worldwide emergency coverage**
  - Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount)

Plan N covers:
- **Basic benefits,** plus:
  - Skilled nursing facility copay
  - Part A deductible
  - Worldwide emergency coverage**

*Plan N pays 100% of Part B services except the $147 (in 2013) deductible. Member pays up to $20 copay for doctor’s office visits and up to $50 for emergency room visits.

**$250 deductible each year. Lifetime maximum of $50,000. Subscriber pays all amounts over $50,000.
Take a closer look at the benefits.

Alliance Medicare Supplement plan is not connected with or endorsed by the United States government or the federal Medicare program. Neither Alliance Medicare Supplement nor its agents are connected with Medicare. The outline of coverage in this chart is thorough, but does not cover every detail.

Contact your local Social Security office or consult the booklet “Medicare & You” for more details.

* A benefit period begins the day you go into the hospital and ends when you have been out of the hospital for 60 days in a row. If you go into the hospital again after 60 days have passed, you begin a new benefit period.

** You must meet Medicare’s requirements, including having been in a hospital for at least three days, and enter a Medicare-approved facility within 30 days after leaving the hospital.

† Subscriber pays all amounts over $50,000.

†† These are 2013 amounts. 2014 amounts may be higher.

### Medicare Part A Hospital Coverage

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medicare Pays</th>
<th>Alliance Medicare Supplement A</th>
<th>Alliance Medicare Supplement C</th>
<th>Alliance Medicare Supplement F</th>
<th>Alliance Medicare Supplement N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upfront deductible ($1,184 †† per benefit period*)</td>
<td>Nothing</td>
<td>Nothing</td>
<td>$1,184 ††</td>
<td>Nothing</td>
<td>$1,184 ††</td>
</tr>
<tr>
<td>Copay (61-90 days)</td>
<td>All but $296 † † a day</td>
<td>$296 † † a day</td>
<td>Nothing</td>
<td>$296 † † a day</td>
<td>Nothing</td>
</tr>
<tr>
<td>Copay (91-150 days)</td>
<td>All but $592 † † a day</td>
<td>$592 † † a day</td>
<td>Nothing</td>
<td>$592 † † a day</td>
<td>Nothing</td>
</tr>
<tr>
<td>Extended hospital coverage (up to an additional 365 days in your lifetime)</td>
<td>Nothing</td>
<td>100% of Medicare-eligible expenses</td>
<td>Nothing</td>
<td>100% of Medicare-eligible expenses</td>
<td>Nothing</td>
</tr>
<tr>
<td>Benefit for blood in total out-of-pocket costs</td>
<td>All but first 3 pints</td>
<td>3 pints</td>
<td>Nothing</td>
<td>3 pints</td>
<td>Nothing</td>
</tr>
</tbody>
</table>

### Skilled Nursing Facility**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medicare Pays</th>
<th>Alliance Medicare Supplement A</th>
<th>Alliance Medicare Supplement C</th>
<th>Alliance Medicare Supplement F</th>
<th>Alliance Medicare Supplement N</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 20 days</td>
<td>100%</td>
<td>Nothing</td>
<td>Nothing</td>
<td>Nothing</td>
<td>Nothing</td>
</tr>
<tr>
<td>CoInsurance 21-100 days</td>
<td>All but $148 † † a day</td>
<td>Nothing</td>
<td>Up to $148 † † a day</td>
<td>Nothing</td>
<td>Up to $148 † † a day</td>
</tr>
</tbody>
</table>

### Medicare Part B Physician’s Services and Supplies

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medicare Pays</th>
<th>Alliance Medicare Supplement A</th>
<th>Alliance Medicare Supplement C</th>
<th>Alliance Medicare Supplement F</th>
<th>Alliance Medicare Supplement N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upfront deductible ($147 † † per year)</td>
<td>Nothing</td>
<td>Nothing</td>
<td>$147 † †</td>
<td>Nothing</td>
<td>$147 † †</td>
</tr>
<tr>
<td>Coinsurance/copay</td>
<td>80%</td>
<td>20%</td>
<td>Nothing</td>
<td>20%</td>
<td>Nothing</td>
</tr>
<tr>
<td>Excess benefits (the amount a doctor charges in excess of the Medicare-approved amount)</td>
<td>Nothing</td>
<td>Nothing</td>
<td>All costs up to 15% above Medicare-approved amount</td>
<td>Nothing</td>
<td>All costs up to 15% above Medicare-approved amount</td>
</tr>
<tr>
<td>Benefit for blood in total out-of-pocket costs</td>
<td>All but first 3 pints</td>
<td>3 pints</td>
<td>Nothing</td>
<td>3 pints</td>
<td>Nothing</td>
</tr>
</tbody>
</table>

### Additional Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medicare Pays</th>
<th>Alliance Medicare Supplement A</th>
<th>Alliance Medicare Supplement C</th>
<th>Alliance Medicare Supplement F</th>
<th>Alliance Medicare Supplement N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency care received outside of the U.S. (except under limited circumstances)</td>
<td>Nothing</td>
<td>Nothing</td>
<td>80% to a lifetime maximum of $50,000†</td>
<td>$250 deductible. 20% to a lifetime maximum of $50,000†</td>
<td>80% to a lifetime maximum of $50,000†</td>
</tr>
</tbody>
</table>
Important things to know about Alliance Medicare Supplement.

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.

Disclosure.

Use the charts in the brochure to compare benefits and premiums among policies, certificates and contracts.

Please read your policy very carefully.

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

Right to return policy.

If you find that you are not satisfied with your policy, you may return it to:

HAP Medicare Division
2850 W. Grand Boulevard
Detroit, Michigan 48202

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.

Notice.

This policy may not fully cover all of your medical costs. Neither Alliance Medicare Supplement nor its agents are connected with Medicare and are not connected with or endorsed by the United States government or the federal Medicare program. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the booklet “Medicare & You” for more details.

Fill out the application completely.

When you fill out the application for your new policy, be sure to answer, truthfully and completely, all questions about your medical and health history. Alliance reserves the right to 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.

Premium information.

Please refer to the following charts (Non-Smoker and Smoker) to determine your specific Alliance Medicare Supplement plan premium effective January 1, 2014.

<table>
<thead>
<tr>
<th>Age</th>
<th>Plan A Male</th>
<th>Plan A Female</th>
<th>Plan C Male</th>
<th>Plan C Female</th>
<th>Plan F Male</th>
<th>Plan F Female</th>
<th>Plan N Male</th>
<th>Plan N Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>$139</td>
<td>$139</td>
<td>$158</td>
<td>$158</td>
<td>$188</td>
<td>$186</td>
<td>$129</td>
<td>$129</td>
</tr>
<tr>
<td>70-74</td>
<td>$176</td>
<td>$160</td>
<td>$204</td>
<td>$186</td>
<td>$243</td>
<td>$219</td>
<td>$167</td>
<td>$152</td>
</tr>
<tr>
<td>75-79</td>
<td>$201</td>
<td>$175</td>
<td>$240</td>
<td>$212</td>
<td>$286</td>
<td>$252</td>
<td>$196</td>
<td>$174</td>
</tr>
<tr>
<td>80-84</td>
<td>$212</td>
<td>$177</td>
<td>$269</td>
<td>$230</td>
<td>$320</td>
<td>$274</td>
<td>$219</td>
<td>$189</td>
</tr>
<tr>
<td>85+</td>
<td>$220</td>
<td>$191</td>
<td>$285</td>
<td>$243</td>
<td>$344</td>
<td>$289</td>
<td>$234</td>
<td>$199</td>
</tr>
</tbody>
</table>

Medicare beneficiaries younger than age 65 are only eligible to apply for Plan A or Plan C. Monthly premiums would be the same as the premiums for ages 85+.

Alliance Health and Life Insurance Company can raise your premium only if we raise the premium for all policies like yours in Michigan (subject to state approval). Rates may change annually. You may keep your plan active by paying the required monthly premium amount when due.
Answers to some of the top questions.

How do I know if I am eligible for Alliance Medicare Supplement?

Generally, if you are a Michigan resident enrolled in both Medicare Parts A and B, you are eligible for Alliance Medicare Supplement. You will have to continue to pay the monthly Medicare Part B premium. In addition, you will have to pay a premium for your Alliance Medicare Supplement policy.

When can I sign up for Alliance Medicare Supplement?

You can purchase Alliance Medicare Supplement at any time. The best time to purchase your policy is when you become eligible for Medicare and enroll in Medicare Part B.

Am I covered when I travel?

Yes. Your coverage goes with you anywhere in the United States. With Plan C, Plan F and Plan N, you also have worldwide emergency coverage, with limitations.

Do I need a referral to see a specialist?

No. Referrals are not required. You can see any doctor or specialist who participates in Medicare.

Can my coverage be denied?

When you turn 65, participate in Medicare Part A and enroll in Medicare Part B, you have a guaranteed right to buy an Alliance Medicare Supplement plan for six months. You cannot be refused if you sign up during this open enrollment period.

If you try to enroll in a Medicare Supplement plan after your first six months of eligibility, an insurance company can refuse to sell you a policy or charge you higher premiums based on certain health conditions.

In some cases, if you have a health problem that was diagnosed before your Medicare Supplement policy starts, the insurance company can refuse to cover that health problem for up to six months. This is called a “pre-existing condition waiting period.” The insurance company can only use this kind of waiting period if your health problem was diagnosed or treated during the six months before the policy started. If you buy a Medigap policy when you have special Medigap protections or guaranteed issue rights, you will not be subject to a pre-existing condition waiting period.

Once you are enrolled in a Medicare Supplement plan, your coverage will continue to be renewed as long as you pay the premium.

Can I keep my Alliance Medicare Supplement policy if I move out of state?

Yes. You can keep your current Medicare Supplement policy regardless of where you live as long as you are still in the Original Medicare plan and maintain your Part B coverage.

How can I get prescription drug coverage?

If you are interested in Medicare prescription drug benefits in addition to your Alliance Medicare Supplement plan, we invite you to consider our Alliance Medicare Rx (pdp) plan. Alliance Medicare Rx (pdp) is a plan with a Medicare contract. Enrollment in Alliance Medicare Rx depends on contract renewal. If you want to learn more about Alliance, just give us a call toll-free at (800) 868-3153 or TTY/TTD (800) 649-3777 and we will be happy to discuss your options and send you a free information package.
Call today.

To enroll in our Medicare plan, you can use one of the following four options.

1. Call a licensed HAP Medicare Sales Representative toll-free at:
   (800) 868-3153 or TTY/TDD (800) 649-3777
   Monday through Friday, 8 a.m. to 5 p.m.

2. Mail a completed application form to:
   HAP Medicare Division
   2850 W. Grand Boulevard
   Detroit, Michigan 48202

3. Apply online at the HAP website at hap.org/medicare

4. Come to a HAP Medicare workshop where you can talk with other Medicare beneficiaries. We hold workshops in Wayne, Oakland, Macomb, Genesee, Lapeer, Livingston, Monroe, St. Clair and Washtenaw counties.

A licensed, Michigan-based HAP Medicare Sales Person will be present with information and applications to assist you. Call us toll-free for dates and locations or for accommodation of persons with special needs at sales meetings: (800) 449-1515 or TTY/TDD (800) 649-3777, Monday through Friday, 8 a.m. to 6 p.m. ET.

If you have questions, or if you are looking for more information about our benefits or enrollment periods, just call a licensed, Michigan-based HAP Medicare Sales Representative toll-free at:

(800) 868-3153 or TTY/TDD (800) 649-3777.

Alliance Medicare Rx (pdp) members who want to learn more about Alliance Medicare Supplement can call us toll-free at the numbers above.

For your convenience, our office hours are:

October 1 through February 14
8 a.m. to 8 p.m., seven days a week

February 15 through September 30
8 a.m. to 8 p.m., Monday through Friday
8 a.m. to noon, Saturday

Outside of those business hours, you may access our Interactive Voice Recording system at the same number and leave your name and phone number. A HAP Medicare Customer Service Representative will return your phone call the next business day.

You can also mail your questions to:
   HAP Client Services
   Attn: Medicare
   2850 W. Grand Boulevard
   Detroit, Michigan 48202

Or visit us on the Web at hap.org/medicare

This is a solicitation of Alliance Medicare Supplement insurance and you may be contacted by a licensed, authorized HAP Medicare Sales Person.

HAP Advantage is a value-added program. Associated costs are not payable by Health Alliance Plan or Alliance Health and Insurance Company. HAP, Alliance, their affiliates, agents and assigns make no representation or warranties regarding the quality, price or effectiveness of the services or products, or the credentialing of the providers made available by HAP Advantage.
Alliance Medicare Supplement

Prospective members:
If you have questions, or if you are looking for more information about our benefits or enrollment periods, call a licensed, Michigan-based HAP Medicare Sales Representative toll-free at:

(800) 868-3153 or TTY/TDD (800) 649-3777

Current members:
If you have any questions, please contact Client Services toll-free at:

Alliance Medicare Supplement
(800) 873-7526 or TTY/TDD (800) 649-3777

Alliance Medicare Rx (pdp)
(800) 765-3436 or TTY/TDD (800) 649-3777

For your convenience, our office hours are:
October 1 through February 14  8 a.m. to 8 p.m., seven days a week
February 15 through September 30  8 a.m. to 8 p.m., Monday through Friday

8 a.m. to noon, Saturday

Outside of those business hours, you may access our Interactive Voice Recording system at the same number and leave your name and phone number. A HAP Customer Service Representative will return your phone call the next business day.

hap.org/medicare

Ask. Learn. Understand your Medicare.
With a little help from HAP.