



Alliance Medicare Supplement
Alliance Health and Life Insurance Company

Outline of Coverage for Plans A, C, D, F, G and N

Medicare Supplement 2023

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

Understanding Your Options.

Health Alliance Plan (HAP) offers many resources to help you make sense of important Medicare decisions. In this booklet, you'll find important premium information, as well as details on Alliance Medicare Supplement Plans and extras you can expect when you decide on a HAP Medicare Solution.

Need help choosing a plan? Call (833) 923-1797 (TTY: 711)

8 a.m. to 8 p.m. ET, seven days a week (Oct. 1 – March 31)

8 a.m. to 6 p.m. ET, Monday through Friday (April 1 – Sept. 30)

Alliance Medicare Supplement premiums.

The following charts can help you determine your Alliance Medicare Supplement plan premium.

For Alliance Medicare Supplement plans, certain factors may affect your monthly premium. Your premium is based on your age, gender and whether you use tobacco.

The deductibles, coinsurance and copay amounts listed in this booklet are 2022 approved values and are subject to change in 2023.

How to estimate your monthly premium:

Premium rates are subject to Underwriting approval. Rates shown are for both Standard and Preferred for Smoker and Non-smoker*. Notification of rate and approval are sent by mail within 10 business days following receipt of application.

Refer to the charts inside and follow these steps:

1. Select the chart for Non-smoker or Smoker

2. Choose your plan: A, C, D, F, G or N

To apply for Guarantee Issue for loss of coverage, please select Plan A, C, D, F or G. Guarantee Issue for loss of coverage is not offered on Plan N with Health Alliance Plan.

3. Scan for your age

(as of January 1, 2023)

4. Select Male or Female

If you selected a Dental and Vision Package, you will need to add the cost of the package selected to the medical rate.

*Standard and Preferred rates may be given outside the special election period and subject to claims experience and health status.

Extra Value:

Fitness membership

The Peerfit® Move program provides members, at no cost, access to memberships at participating fitness centers/YMCAs or independent classes (such as yoga, Pilates, HIIT, Barre, etc.). As well as access to FitOn Streaming Fitness and At-Home FitKits for members who are unable to participate at a fitness center or prefer to workout at home.

NEW IN 2023. The Peerfit® Move **Out of Network Benefit** is designed to minimize member disruption as the member moves from one fitness program to another. For any gyms or studios not yet contracted with the Peerfit® Move program, Peerfit® Move will provide reimbursement for the gym/studio membership for up to six months (limited to one monthly membership per member per month, not to exceed the total cost of an in network location) Members are not eligible to use in network and out of network benefits within the same month.

Dental and Vision Package options

These optional dental and vision packages can be purchased with any HAP Medicare Supplement plan. Dental services must be provided by a Delta Dental PPO Dentist or Delta Dental Premier Dentist. You must use a Delta Dental participating provider in Michigan, Indiana or Ohio to maximize your benefits. Vision services must be provided by an Eyemed Insight network provider. Please see Eyemed's online provider locator to find a Eyemed Insight network provider. Members may be required to pay the full retail cost for services received out of network.

Optional Dental and Vision Packages:

PACKAGE 1 - \$32.70 additional monthly premium plan

PACKAGE 2 - \$57.90 additional monthly premium plan

PACKAGE 3 - \$56.40 additional monthly premium plan

Household discount

A \$10/month household discount may apply and is not included in rates shown. Household members may be eligible for a discount when both are enrolled in a HAP Medicare Supplement Plan. Household discount is only available to those that apply after January 1, 2020.

This amount will be included on the billing statement you receive in December for January 2023.

We can only raise your premium if we raise the premium for all policies like yours in this state with a 30-day written notice.

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 booklet to compare benefits and premiums among policies, certificates and contracts.

Please read your policy very carefully

This booklet 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 your rights and duties as well as those of your insurance company.

Right to terminate policy

By paying your premium, you attest your rate and waive the right to appeal/cancel. If you find that you are not satisfied with your policy, you may cancel your plan by phone, by mail or by email.

To cancel by phone:

Contact us at 800-873-7526

To cancel by email:

Contact us at ms_web1@hap.org

To cancel by mail:

Send a signed written request to: Alliance Health and Life Insurance Company,

ATTN: Government Membership And Billing 2850 W. Grand Blvd. Detroit, MI 48202

If you cancel your policy 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.

Fill out the application completely

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

Dental and Vision Package policy notice

This policy does not automatically include dental and vision coverage. Failure to pay the total premium on either medical or dental and vision will result in termination of both policies. You must pay your plan premiums to continue being a member of our plan. If you selected the optional dental benefit (Package 1, 2 or 3), your plan premiums include the additional amount you pay each month for these extra benefits.

Package 3 is a PPO narrow network plan that offers extensive dental coverage on a limited provider network. Please consult the Delta Dental Provider Directory to ensure your Provider participates in the PPO Network. All dental and vision services are a bundled optional supplemental benefit package with an additional premium.

Enrollees that select enrollment in a dental and vision package on the Alliance Medicare Supplement application will have the same effective date as the Medicare Supplement plan. To add a dental and vision package, request must be made within 30 days of the Medicare Supplement effective date and it will be effective 1 of the month following the received request.

Members can disenroll from the optional dental and vision benefits any time of the year, the disenrollment will be effective the 1 of the following month.

Existing members can enroll and change their dental and vision option. A request received between October 1 and December 31 will be effective on January 1 of the new plan year. A request received from January 1 through March 31 will be effective on the first of the month following request. Newly enrolled members can add or remove dental and vision benefits within the first 30 days following enrollment effective date. Please contact Customer Service at 800-873-7526 (TTY: 711) to enroll in the optional dental plan.

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.

Premium information - Preferred Non-smoker

Age	Plan A Non-smoker		Plan C Non-smoker		Plan D Non-smoker		Plan F Non-smoker		Plan G Non-smoker		Plan N Non-smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	\$586	\$ 542	\$ 850	\$ 789	N/A	N/A	N/A	N/A	\$505	\$462	N/A	N/A
65	\$158	\$ 148	\$ 232	\$ 215	\$145	\$133	\$221	\$205	\$135	\$125	\$117	\$108
66	\$163	\$ 152	\$ 240	\$ 222	\$149	\$138	\$229	\$212	\$140	\$130	\$121	\$113
67	\$ 169	\$ 157	\$ 248	\$ 230	\$154	\$141	\$236	\$218	\$144	\$134	\$125	\$116
68	\$ 174	\$ 161	\$ 256	\$ 238	\$159	\$148	\$244	\$226	\$148	\$138	\$128	\$120
69	\$ 181	\$ 168	\$ 265	\$ 246	\$163	\$152	\$253	\$233	\$153	\$143	\$134	\$123
70	\$ 190	\$ 175	\$ 278	\$ 257	\$172	\$161	\$263	\$245	\$163	\$150	\$140	\$130
71	\$ 196	\$ 181	\$ 288	\$ 266	\$177	\$165	\$272	\$254	\$168	\$157	\$146	\$134
72	\$ 202	\$ 187	\$ 296	\$ 274	\$183	\$170	\$281	\$261	\$174	\$161	\$150	\$139
73	\$ 207	\$ 193	\$ 306	\$ 285	\$190	\$176	\$291	\$270	\$179	\$166	\$156	\$144
74	\$ 216	\$ 200	\$ 317	\$ 294	\$196	\$182	\$302	\$279	\$186	\$173	\$161	\$149
75	\$ 226	\$ 210	\$ 332	\$ 309	\$206	\$190	\$315	\$293	\$195	\$182	\$169	\$157
76	\$ 233	\$ 215	\$ 343	\$ 318	\$212	\$197	\$326	\$302	\$202	\$187	\$175	\$162
77	\$ 241	\$ 224	\$ 355	\$ 329	\$220	\$204	\$336	\$312	\$209	\$194	\$181	\$168
78	\$ 250	\$ 231	\$ 366	\$ 340	\$227	\$211	\$349	\$323	\$215	\$200	\$188	\$173
79	\$ 258	\$ 239	\$ 379	\$ 351	\$234	\$217	\$359	\$334	\$223	\$207	\$193	\$180
80	\$ 270	\$ 251	\$ 398	\$ 369	\$246	\$228	\$376	\$349	\$236	\$217	\$204	\$188
81	\$ 279	\$ 259	\$ 410	\$ 380	\$254	\$235	\$390	\$361	\$242	\$226	\$211	\$195
82	\$ 288	\$ 268	\$ 424	\$ 393	\$263	\$242	\$404	\$374	\$251	\$233	\$217	\$201
83	\$ 299	\$ 277	\$ 437	\$ 407	\$271	\$252	\$415	\$386	\$259	\$240	\$226	\$209
84	\$ 307	\$ 286	\$ 452	\$ 420	\$281	\$259	\$430	\$399	\$269	\$248	\$233	\$215
85 Plus	\$ 385	\$ 357	\$ 566	\$ 525	\$350	\$325	\$537	\$498	\$336	\$311	\$291	\$269

2023 Premium rates are listed.

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

Note: You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown above are Preferred Non-smoker.

Premium information - Preferred Smoker

Age	Plan A Smoker		Plan C Smoker		Plan D Smoker		Plan F Smoker		Plan G Smoker		Plan N Smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	\$645	\$596	\$935	\$868	N/A	N/A	N/A	N/A	\$556	\$508	N/A	N/A
65	\$174	\$163	\$255	\$237	\$160	\$146	\$243	\$226	\$149	\$138	\$129	\$119
66	\$179	\$167	\$264	\$244	\$164	\$152	\$252	\$233	\$154	\$143	\$133	\$124
67	\$186	\$173	\$273	\$253	\$169	\$155	\$260	\$240	\$158	\$147	\$138	\$128
68	\$191	\$177	\$282	\$262	\$175	\$163	\$268	\$249	\$163	\$152	\$141	\$132
69	\$199	\$185	\$292	\$271	\$179	\$167	\$278	\$256	\$168	\$157	\$147	\$135
70	\$209	\$193	\$306	\$283	\$189	\$177	\$289	\$270	\$179	\$165	\$154	\$143
71	\$216	\$199	\$317	\$293	\$195	\$182	\$299	\$279	\$185	\$173	\$161	\$147
72	\$222	\$206	\$326	\$301	\$201	\$187	\$309	\$287	\$191	\$177	\$165	\$153
73	\$228	\$212	\$337	\$314	\$209	\$194	\$320	\$297	\$197	\$183	\$172	\$158
74	\$238	\$220	\$349	\$323	\$216	\$200	\$332	\$307	\$205	\$190	\$177	\$164
75	\$249	\$231	\$365	\$340	\$227	\$209	\$347	\$322	\$215	\$200	\$186	\$173
76	\$256	\$237	\$377	\$350	\$233	\$217	\$359	\$332	\$222	\$206	\$193	\$178
77	\$265	\$246	\$391	\$362	\$242	\$224	\$370	\$343	\$230	\$213	\$199	\$185
78	\$275	\$254	\$403	\$374	\$250	\$232	\$384	\$355	\$237	\$220	\$207	\$190
79	\$284	\$263	\$417	\$386	\$257	\$239	\$395	\$367	\$245	\$228	\$212	\$198
80	\$297	\$276	\$438	\$406	\$271	\$251	\$414	\$384	\$260	\$239	\$224	\$207
81	\$307	\$285	\$451	\$418	\$279	\$259	\$429	\$397	\$266	\$249	\$232	\$215
82	\$317	\$295	\$466	\$432	\$289	\$266	\$444	\$411	\$276	\$256	\$239	\$221
83	\$329	\$305	\$481	\$448	\$298	\$277	\$457	\$425	\$285	\$264	249	\$230
84	\$338	\$315	\$497	\$462	\$309	\$285	\$473	\$439	\$296	\$273	256	\$237
85 Plus	\$424	\$393	\$623	\$578	\$385	\$358	\$591	\$548	\$370	\$342	320	\$296

2023 Premium rates are listed.

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown are Preferred Smoker.

Premium information - Standard Non-smoker

Age	Plan A Non-smoker		Plan C Non-smoker		Plan D Non-smoker		Plan F Non-smoker		Plan G Non-smoker		Plan N Non-smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	\$733	\$678	\$1063	\$986	N/A	N/A	N/A	N/A	\$631	\$578	N/A	N/A
65	\$198	\$185	\$290	\$269	\$181	\$166	\$276	\$256	\$169	\$156	\$ 146	\$135
66	\$204	\$190	\$300	\$278	\$186	\$173	\$286	\$265	\$175	\$163	\$ 151	\$141
67	\$211	\$196	\$310	\$288	\$193	\$176	\$295	\$273	\$180	\$168	\$ 156	\$145
68	\$218	\$201	\$320	\$298	\$199	\$185	\$305	\$283	\$185	\$173	\$ 160	\$150
69	\$226	\$210	\$331	\$308	\$204	\$190	\$316	\$291	\$191	\$179	\$ 168	\$154
70	\$238	\$219	\$348	\$321	\$215	\$201	\$329	\$306	\$204	\$188	\$ 175	\$163
71	\$245	\$226	\$360	\$333	\$221	\$206	\$340	\$318	\$210	\$196	\$ 183	\$168
72	\$253	\$234	\$370	\$343	\$229	\$213	\$351	\$326	\$218	\$201	\$ 188	\$174
73	\$259	\$241	\$383	\$356	\$238	\$220	\$364	\$338	\$224	\$208	\$ 195	\$180
74	\$270	\$250	\$396	\$368	\$245	\$228	\$378	\$349	\$233	\$216	\$ 201	\$186
75	\$283	\$263	\$415	\$386	\$258	\$238	\$394	\$366	\$244	\$228	\$ 211	\$196
76	\$291	\$269	\$429	\$398	\$265	\$246	\$408	\$378	\$253	\$234	\$ 219	\$203
77	\$301	\$280	\$444	\$411	\$275	\$255	\$420	\$390	\$261	\$243	\$ 226	\$210
78	\$313	\$289	\$458	\$425	\$284	\$264	\$436	\$404	\$269	\$250	\$ 235	\$216
79	\$323	\$299	\$474	\$439	\$293	\$271	\$449	\$418	\$279	\$259	\$ 241	\$225
80	\$338	\$314	\$498	\$461	\$308	\$285	\$470	\$436	\$295	\$271	\$ 255	\$235
81	\$349	\$324	\$513	\$475	\$318	\$294	\$488	\$451	\$303	\$283	\$ 264	\$244
82	\$360	\$335	\$530	\$491	\$329	\$303	\$505	\$468	\$314	\$291	\$ 271	\$251
83	\$374	\$346	\$546	\$509	\$339	\$315	\$519	\$483	\$324	\$300	\$ 283	\$261
84	\$384	\$358	\$565	\$525	\$351	\$324	\$538	\$499	\$336	\$310	\$ 291	\$269
85 Plus	\$481	\$446	\$708	\$656	\$438	\$406	\$671	\$623	\$420	\$389	\$ 364	\$336

2023 Premium rates are listed.

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown above are Standard Nonsmoker.

Premium information - Standard Smoker

Age	Plan A Smoker		Plan C Smoker		Plan D Smoker		Plan F Smoker		Plan G Smoker		Plan N Smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	\$806	\$745	\$1169	\$1085	N/A	N/A	N/A	N/A	\$694	\$635	N/A	N/A
65	\$217	\$204	\$319	\$296	\$199	\$183	\$304	\$282	\$186	\$172	\$161	\$149
66	\$224	\$209	\$330	\$305	\$205	\$190	\$315	\$292	\$193	\$179	\$166	\$155
67	\$232	\$216	\$341	\$316	\$212	\$194	\$325	\$300	\$198	\$184	\$172	\$160
68	\$239	\$221	\$352	\$327	\$219	\$204	\$336	\$311	\$204	\$190	\$176	\$165
69	\$249	\$231	\$364	\$338	\$224	\$209	\$348	\$320	\$210	\$197	\$184	\$169
70	\$261	\$241	\$382	\$353	\$237	\$221	\$362	\$337	\$224	\$206	\$193	\$179
71	\$270	\$249	\$396	\$366	\$243	\$227	\$374	\$349	\$231	\$216	\$201	\$184
72	\$278	\$257	\$407	\$377	\$252	\$234	\$386	\$359	\$239	\$221	\$206	\$191
73	\$285	\$265	\$421	\$392	\$261	\$242	\$400	\$371	\$246	\$228	\$215	\$198
74	\$297	\$275	\$436	\$404	\$270	\$250	\$415	\$384	\$256	\$238	\$221	\$205
75	\$311	\$289	\$457	\$425	\$283	\$261	\$433	\$403	\$268	\$250	\$232	\$216
76	\$320	\$296	\$472	\$437	\$292	\$271	\$448	\$415	\$278	\$257	\$241	\$223
77	\$331	\$308	\$488	\$452	\$303	\$281	\$462	\$429	\$287	\$267	\$249	\$231
78	\$344	\$318	\$503	\$468	\$312	\$290	\$480	\$444	\$296	\$275	\$259	\$238
79	\$355	\$329	\$521	\$483	\$322	\$298	\$494	\$459	\$307	\$285	\$265	\$248
80	\$371	\$345	\$547	\$507	\$338	\$314	\$517	\$480	\$325	\$298	\$281	\$259
81	\$384	\$356	\$564	\$523	\$349	\$323	\$536	\$496	\$333	\$311	\$290	\$268
82	\$396	\$369	\$583	\$540	\$362	\$333	\$556	\$514	\$345	\$320	\$298	\$276
83	\$411	\$381	\$601	\$560	\$373	\$347	\$571	\$531	\$356	\$330	\$311	\$287
84	\$422	\$393	\$622	\$578	\$386	\$356	\$591	\$549	\$370	\$341	\$320	\$296
85 Plus	\$529	\$491	\$778	\$722	\$481	\$447	\$738	\$685	\$462	\$428	\$400	\$370

2023 Premium rates are listed.

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

The rates shown are Standard Smoker.

Nationwide Medicare Supplement Plans.

Compare benefits of each Medicare Supplement Insurance Plans available in your state.

Alliance Medicare Supplement doesn't offer plans B, K, L, and M.

A check mark (✓) means 100% of this benefit is paid. Blank boxes means plan doesn't cover. Otherwise, the plan pays the percentage shown.

Benefits	Plans										
	A	B	C	D	F*	G*	K**	L**	M	N	
Inpatient hospital services Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice care Medicare Part A coinsurance and copayments	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓
Medicare preventive care Medicare Part B coinsurance when applicable	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare expenses Medicare Part B coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	\$20 office visit copayment and up to a \$50 emergency visit copayment	
Blood First 3 pints under Medicare Parts A and B	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓
Skilled nursing facility care Medicare Part A daily copayments			✓	✓	✓	✓	50%	75%	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓	✓
Medicare Part B deductible			✓		✓						
Medicare Part B excess charges					✓	✓					
Foreign travel Emergency services			80%	80%	80%	80%			80%	80%	80%
Out-of-pocket annual limit							\$6,620	\$3,310			

* Some states may offer Plan F and G as a high-deductible plan. With this option, you must pay Medicare-covered costs up to the deductible amount \$2,940[†] in 2022 before the plan pays anything.

Plans C and F aren't available to people who are newly eligible for Medicare on or after January 1, 2020

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medicare Supplement pays 100% of covered services for the rest of the calendar year.

† 2022 Benefit rates are listed. They may change for 2023.

Alliance Medicare Supplement Plans Offered

Plan A	Plan C ¹	Plan D	Plan F ¹	Plan G*	Plan N**
Plan A is the most basic Medicare Supplement plan. It helps fill some of the gaps in Medicare's coverage.	Plan C provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.	Plan D provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.	Plan F may be a good choice if some of your doctors do not accept Medicare's approved amount as payment in full.	Plan G may also be a good choice if some of your doctors do not accept Medicare's approved amount as payment in full.	Plan N has a low monthly premium and copays for visits to the doctor's office and the emergency room.
Plan A covers: <ul style="list-style-type: none"> • Basic benefits (see the list at the left) 	Plan C covers: <ul style="list-style-type: none"> • Basic benefits, plus: • Skilled nursing facility copay • Part A deductible • Part B deductible • Worldwide emergency coverage*** 	Plan D covers: <ul style="list-style-type: none"> • Basic benefits, plus: • Skilled nursing facility copay • Part A deductible • Worldwide emergency coverage*** 	Plan F covers: <ul style="list-style-type: none"> • 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 G covers: <ul style="list-style-type: none"> • Basic benefits, plus: • Skilled nursing facility copay • Part A deductible • Worldwide emergency coverage*** • Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount) 	Plan N covers: <ul style="list-style-type: none"> • Basic benefits, plus: • Skilled nursing facility copay • Part A deductible • Worldwide emergency coverage***

¹ Plans C and F aren't available to people who are newly eligible for Medicare on or after January 1, 2020.

* Plan G pays 100 percent of Part B services except the Part B deductible.

** Plan N pays 100 percent of Part B services except the Part B 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.

Alliance Medicare Supplement Plan Comparison

		Hospital Services - per benefit period ¹ – Semi private room and board, general nursing and miscellaneous services and supplies				
		First 60 days	61st thru 90th day	91st day and after (while using 60 lifetime reserve days)	Once lifetime reserve days are used; additional 365 days	Beyond the additional 365 days
Medicare	Medicare Pays	Nothing	All but \$389 a day	All but \$778 a day	Nothing	Nothing
Plan A	Plan Pays	Nothing	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	\$1,556 (Part A deductible)	Nothing	Nothing	Nothing ²	All costs
Plan C	Plan Pays	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing ²	All costs
Plan D	Plan Pays	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing ²	All costs
Plan F	Plan Pays	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing ²	All costs
Plan G	Plan Pays	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing ²	All costs
Plan N	Plan Pays	\$1,556 (Part A deductible)	\$389 a day	\$778 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing ²	All costs

2022 Medicare values are listed. They may change for 2023.

¹ 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 facilities for 60 days in a row.

² When your Medicare Part A hospital benefits are exhausted, HAP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

continued ►

Alliance Medicare Supplement Plan Comparison (continued)

		Skilled Nursing Facility Care - per benefit period ^{1,3}		
		First 20 days	21st thru 100th day	101st day and after
Medicare	Medicare Pays	100%	All but \$194.50 a day	Nothing
Plan A	Plan Pays	Nothing	Nothing	Nothing
	Subscriber Pays	Nothing	Up to \$194.50 a day	All costs
Plan C	Plan Pays	Nothing	Up to \$194.50 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan D	Plan Pays	Nothing	Up to \$194.50 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan F	Plan Pays	Nothing	Up to \$194.50 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan G	Plan Pays	Nothing	Up to \$194.50 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan N	Plan Pays	Nothing	Up to \$194.50 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs

2022 Medicare values are listed. They may change for 2023.

¹ 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 facilities for 60 days in a row.

³ 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.

continued ►

Alliance Medicare Supplement Plan Comparison (continued)

		Part A Blood ^{††}		Hospice Care ⁴ services
		First three pints	Additional Amounts	Hospice Care
Medicare	Medicare Pays	Nothing	100%	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care
Plan A	Plan Pays	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan C	Plan Pays	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan D	Plan Pays	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan F	Plan Pays	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	Plan Pays	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan N	Plan Pays	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing

2022 Medicare values are listed. They may change for 2023.

†† Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴ You must meet Medicare's requirements including a doctor's certification of terminal illness.

continued ►

Alliance Medicare Supplement Plan Comparison (continued)

		Medicare (Part B) – Medical Services, per calendar year ⁵		
		First \$233 of Medicare approved amounts	Remainder of Medicare approved amounts	Part B Excess Charges (above Medicare approved amounts)
Medicare	Medicare Pays	Nothing	80%	Nothing
Plan A	Plan Pays	Nothing	20%	Nothing
	Subscriber Pays	\$233 (Part B deductible)	Nothing	All costs
Plan C	Plan Pays	\$233 (Part B deductible)	20%	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan D	Plan Pays	Nothing	20%	Nothing
	Subscriber Pays	\$233 (Part B deductible)	Nothing	All costs
Plan F	Plan Pays	\$233 (Part B deductible)	20%	100%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	Plan Pays	Nothing	20%	100%
	Subscriber Pays	\$233 (Part B deductible)	Nothing	Nothing
Plan N	Plan Pays	Nothing	20%†	Nothing
	Subscriber Pays	\$233 (Part B deductible)	Nothing	All costs

2022 Medicare values are listed. They may change for 2023.

⁵ Medical expenses – In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical services and surgical services, physical and speech therapy, diagnostic tests, durable medical equipment.

† 20% except up to a \$20 office visit and up to a \$50 emergency visit copay.

continued ►

Alliance Medicare Supplement Plan Comparison (continued)

		Part B Blood ^{††}		
		First three pints	Next \$233 of Medicare approved amounts ^{††}	Remainder of Medicare approved amounts
Medicare	Medicare Pays	Nothing	Nothing	80%
Plan A	Plan Pays	All costs	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing
Plan C	Plan Pays	All costs	\$233 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan D	Plan Pays	All costs	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing
Plan F	Plan Pays	All costs	\$233 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	Plan Pays	All costs	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing
Plan N	Plan Pays	All costs	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing

2022 Medicare values are listed. They may change for 2023.

†† Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

continued ►

Alliance Medicare Supplement Plan Comparison (continued)

		Clinical Laboratory Services	Parts A & B Home Health Care – Medicare approved services	
		Tests for diagnostic lab services	Medically necessary skilled care services and medical supplies/ durable medical equipment (First \$233 of Medicare approved amounts)	Remainder of Medicare approved amounts
Medicare	Medicare Pays	100%	Nothing	80%
Plan A	Plan Pays	Nothing	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing
Plan C	Plan Pays	Nothing	\$233 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan D	Plan Pays	Nothing	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing
Plan F	Plan Pays	Nothing	\$233 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	Plan Pays	Nothing	Nothing	20%
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing
Plan N	Plan Pays	Nothing	Nothing	20%†
	Subscriber Pays	Nothing	\$233 (Part B deductible)	Nothing

2022 Medicare values are listed. They may change for 2023.

† 20% except up to a \$20 office visit and up to a \$50 emergency visit copay.

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Alliance Medicare Supplement Plan Comparison (continued)

		Other Benefits – Not covered by Medicare
		Foreign Travel – Not covered by Medicare, medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First \$250 each year/Remainder of charges
Medicare	Medicare Pays	Nothing (except under limited circumstances)
Plan A	Plan Pays	Nothing
	Subscriber Pays	Nothing
Plan C	Plan Pays	\$0/80% to a lifetime maximum of \$50,000
	Subscriber Pays	\$250/20% and amounts over the \$50,000 lifetime maximum
Plan D	Plan Pays	\$0/80% to a lifetime maximum of \$50,000
	Subscriber Pays	\$250/20% and amounts over the \$50,000 lifetime maximum
Plan F	Plan Pays	\$0/80% to a lifetime maximum of \$50,000
	Subscriber Pays	\$250/20% and amounts over the \$50,000 lifetime maximum
Plan G	Plan Pays	\$0/80% to a lifetime maximum of \$50,000
	Subscriber Pays	\$250/20% and amounts over the \$50,000 lifetime maximum
Plan N	Plan Pays	\$0/80% to a lifetime maximum of \$50,000
	Subscriber Pays	\$250/20% and amounts over the \$50,000 lifetime maximum

2022 Medicare values are listed. They may change for 2023.

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