



2024 Overview of Coverage for Arkansas Residents





Medicare Supplement Insurance Plans from QualChoice

If you are ready for Medicare, there's a lot to think about! That's why we're here to help you through the steps. We'll help you decide what your needs are by looking at your choices and answering your questions.

Once you have Medicare Parts A and B in place, review your coverage. Think about your healthcare needs both short- and long-term. Adding a Medicare Supplement plan may be a good idea.

Why do I need a Medicare Supplement Insurance (Medigap) plan?

Medicare Parts A and B provide useful coverage, but they will not cover all your costs. This is when Medicare Supplement Insurance plans help. Also known as Medigap plans, they are designed to cover costs not covered by Medicare. Medicare Supplement Insurance plans are offered through private insurance companies such as QualChoice.

MediQ65° Medicare Supplement Insurance plans from QualChoice provide a range of choices to meet your needs. Review the chart on page 3 to decide which MediQ65° plan might be best for you. Our representatives can talk with you about your needs and help you choose a plan. Call toll-free at 855.MEDIQ65 (855.633.4765) Monday through Friday, 8:00 a.m. to 5:00 p.m. (Central Time).

When do I need to select a Medicare Supplement Insurance plan?

You can sign up for the first time with guaranteed coverage during the Medicare Supplement (Medigap) Open Enrollment Period (OEP). This six-month period starts on the first day of the month in which you

are age 65 or older and enrolled in Medicare Part A and B or qualified for Medicare due to disability. During this time, you are guaranteed the right to buy any Medicare Supplement Insurance plan without answering medical questions.

There are times outside the Medicare Supplement OEP when you may be able to apply without medical underwriting. One example is when you lose other qualified health coverage. If you apply for a supplement plan within 63 days of the qualified loss of coverage, there will be no pre-existing condition penalty or waiting period if you enroll in a guaranteed issue plan. This is called the guarantee-issue period. Be sure to talk with a MediQ65° representative for guidance.

Before reviewing your Medicare Supplement Insurance plan choices, review what Medicare Parts A and B will cover. Also think about any future healthcare costs you may have and plan for some surprise costs, too.

In most cases, unless you apply during a guarantee-issue period (required by federal and state law), you must answer health questions. You may not be accepted for coverage.

Things to Know About Medicare Supplement Insurance Plans

Medicare Supplement Insurance plans do not cover prescription drugs. They are designed only to fill in the coverage gaps in Medicare Parts A and B.

Common Terms

Benefit Period: Original Medicare (Part A and Part B) uses benefit periods to measure your use of hospital and skilled nursing facility (SNF) services. A benefit period starts the day you go into a hospital or SNF. It ends when you've not received either kind of care for 60 days in a row. If you go into a hospital or SNF after a benefit period has ended, a new one starts. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. But inpatient mental healthcare in a psychiatric hospital is limited to 190 days in a lifetime.

Coinsurance: The amount paid by the plan and by you after the deductible is met.

Copayment: An amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B costs. These amounts do not count toward a deductible.

Deductible: An amount that you must pay out-of-pocket before either Medicare or your Medicare Supplement Insurance plan starts to pay.

Excess Charges: If you are on Original Medicare, this is the difference between a healthcare provider's actual charge (which may be limited by Medicare or the state) and the Medicare-approved payment amount.

MediQ65° Medicare Supplement Insurance (Medigap) Options

QualChoice offers Medicare Supplement Insurance standard plans A, G, K, and N. All plans offer these 'basic benefits':

- ✓ Medicare Part A coinsurance and all costs after hospital benefits are used up
- ✓ The first three pints of blood
- ✓ Medicare Part B coinsurance/copayments
- ✓ Hospice care coinsurance/copayments

The Medicare Supplement plan's 'basic benefits' cover the big-ticket item costs. These benefits are in addition to what Medicare Parts A and B cover, giving you more healthcare coverage.

MediQ65® Medicare Supplement Insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program. Plans are guaranteed renewable; premium rates may change on 30 days written notice.

MediQ65° Plans

The chart below shows the MediQ65° Medicare Supplement Insurance plans offered by QualChoice. It also shows some of the benefits not included in Medicare Parts A and B. The "✓" means the benefit is provided in that plan. This table is a summary only. For more details, see the **Outline of Coverage**.

What Medicare Does Not Pay	A	G	K *	N**
PART A: Hospital Services	PLAN PAYS	PLAN PAYS	PLAN PAYS	PLAN PAYS
\$1,632 deductible for days 1-60 per benefit period		✓	50%*	✓
\$408 coinsurance for days 61-90 per benefit period	✓	~	~	✓
\$816 coinsurance for days 91-150 per lifetime reserve days	✓	~	✓	✓
\$204 coinsurance for days 21-100 in a skilled nursing facility per benefit period	✓	~	~	✓
Additional 365 days after Medicare hospital benefits end	✓	~	✓	✓
Blood – Cost of first three pints per calendar year	✓	~	50%*	✓
Hospice care: Coverage of Cost Sharing for all Part A Medicare eligible hospice care and respite care expenses	✓	✓	50%*	~
PART B: Physician Care and Medical Services	1			
\$240 Part B deductible				
Part B coinsurance after deductible is met – typically 20%	✓	✓	50%*	**
Blood – Cost of first 3 pints per calendar year (not by blood replacement). Processing and handling fee for first 3 pints per calendar year	✓	~	50%*	~
Excess charges related to Medicare Part B (up to 15%)		✓		
Other Benefits Not Covered by Medicare PARTS A and B				
Emergency services received in a foreign country		~		✓

^{*}After the annual out-of-pocket limit (\$7,060 in 2024) and annual Part B deductible (\$240 in 2024) has been met, this plan pays 100% of Medicare-covered services for the rest of the calendar year.

^{**}Except up to a \$20 doctor visit copayment and up to a \$50 emergency room copayment, unless covered by Part A. (Emergency Room copayment waived if admitted to hospital).

What else do I get with my MediQ65° plan?

- The Silver&Fit® Exercise & Healthy Aging Program is available with all MediQ65® Medicare Supplement Insurance plans at no cost.
- Discount preventive dental services are included in MediQ65° Plans A, G, K, and N.
- Members receive discounts from a variety of health services vendors.

Easy-to-use tools to help you manage your account:

- Secure My Account member portal for claims and account information.
- Online library of health and medical information.
- Online message service Send us a question and get a reply within 1 to 2 business days.
- Friendly Customer Service representatives available Monday through Friday, 8:00 a.m. to 5:00 p.m.

Why choose MediQ65° from QualChoice?

Our members get the customer service and one-on-one attention they expect and deserve! We're here to help each step along the way. Even before you become a member, we'll be there to answer all your questions. At QualChoice we know that security and quality healthcare coverage are important to you. We're always improving our services to better meet your changing healthcare needs.

If you're not sure which MediQ65° Medicare Supplement Insurance plan is right for you, we can help. Call a representative at 855.MEDIQ65 (855.633.4765) for answers to all your questions.



Eligibility and Limitations

Eligibility

To be eligible for MediQ65[®] Medicare Supplement Insurance, you must:

- ✓ Be age 65 or older or qualified for Medicare due to disability
- ✓ Be enrolled in Medicare Parts A and B
- ✓ Live in Arkansas

NOTE: No benefit will be payable if you can get these benefits under any other federal or state program.

Lifetime Reserve

After 90 days of hospital care, Medicare benefits are paid from a onetime lifetime reserve of 60 additional days (days 91-150). Reserve days are not renewed with each benefit period. (See the Outline of Coverage for details and limits of these benefits.)

Limitations

- For Medicare Part A and Part B hospital services, supplemental benefits will only be paid if the hospital is a Medicare-participating hospital. Benefits which supplement Medicare Part B will be limited to the reasonable charges as decided by Medicare. The foreign country emergency care benefit is subject to a \$250 deductible and a \$50,000 lifetime maximum (only offered in Plans G and N).
- Plans have terms and conditions that may affect your coverage.
- Premium rates are determined by the service area in which you live and other information provided in your application. If you are approved for coverage then move to a different service area, your premium rate will change. The new premium rate will take effect on the first day of the next premium billing period.

Service Area

MediQ65° Medicare Supplement Insurance plans are offered in all Arkansas counties.

Are you ready to enroll? Here's what you need to do:

Learn whether you're eligible to apply.

You may apply for a MediQ65° plan if you:

- Will be age 65 or older at the time coverage starts
- Qualified for Medicare due to disability
- Are an Arkansas resident
- Are enrolled, or will be enrolled, in Medicare Parts A and B at the time coverage starts

Note: No benefit will be payable if you can get these benefits under any other federal or state program.

Learn when to apply.

- Apply during the Medicare Supplement Insurance (Medigap) Open Enrollment Period (OEP) the six-month period that starts on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B.
- There are times outside the Medicare Supplement OEP when you may be able to apply without medical underwriting. One example is when you lose other qualified health coverage. Call a MediQ65° representative at **855.MEDIQ65** (855.633.4765) for help.

3 Fill out your application.

Review the Application for Coverage online at MediQ65.com. Please call 855.633.4765 to receive a paper copy.

- A. Follow the instructions on the application.
- B. Completely answer all the parts that apply to you. Note: A MediQ65° Medicare Supplement policy covers only one person. If you and your spouse both want coverage, you must each fill out an application.
- C. Submit the online application.

Need help? Call a MediQ65° representative at **855.MEDIQ65** (855.633.4765).

Do not cancel the coverage you have now.

Applications for MediQ65° Medicare Supplement Insurance take time to process. You should keep the coverage you have now until you know your application has been approved.



Underwritten by QualChoice Life and Health Insurance Company, Inc.

For More About Medicare and Medigap Insurance

MediQ65° Medicare Supplement Insurance Plans

Weekdays 8:00 a.m. to 5:00 p.m. (Central Time) Toll-Free 855.MEDIQ65 (855.633.4765)

MediQ65.com

Senior Health Insurance Information Program

(SHIIP – State of Arkansas) Toll-Free 800.224.6330 or 501.371.2782 **insurance.arkansas.gov**

Medicare

Medicare Hotline 800.633.4227 (800.MEDICARE) TTY/TDD users call 877.486.2048 **medicare.gov**

Medigap

To view or print a copy of Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare **medicare.gov**

Social Security Administration

Toll-Free 800.772.1213 TTY users call 800.325.0778 **socialsecurity.gov**

MediQ65® Medicare Supplement Insurance is underwritten by QualChoice Life and Health Insurance Company, Inc. 'QualChoice' is the registered name used for products and services provided by QCA Health Plan, Inc., and QualChoice Life and Health Insurance Company, Inc.



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