



MEDICARE SUPPLEMENT INSURANCE

Plan Options

Give your clients the ability to alleviate some of the expenses that Medicare will not cover with a Medicare Supplement Insurance policy from Transamerica Premier Life Insurance Company.

PLANS AVAILABLE*	MEDICARE PAYS	Standardized Benefit	Standardized Benefit	Standardized Benefit	Standardized Benefit
		PLAN A* PAYS	PLAN F* PAYS	PLAN G* PAYS	PLAN N* PAYS
SERVICES AND SUPPLIES					
MEDICARE PART A Hospital Coverage					
Deductible			\$1,316	\$1,316	\$1,316
First 60 days	All but \$1,316				
Co-Insurance 61-90 days	All but \$329 a day	\$329 a day	\$329 a day	\$329 a day	\$329 a day
Co-Insurance 91-150 days (Lifetime Reserve)	All but \$658 a day	\$658 a day	\$658 a day	\$658 a day	\$658 a 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 \$164.50 a day		Up to \$164.50 a day	Up to \$164.50 a day	Up to \$164.50 a 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 and 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

POLICY FEE \$25 per applicant. Fee not applicable in all states.

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

** Refer to the next page and the 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.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.



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WIDELY RECOGNIZED INDUSTRY NAME

The Transamerica companies offer a wide array of innovative financial services and products with a common purpose: to help individuals, families, and businesses build, protect and preserve their hard-earned assets. With more than a century of experience, we have built a solid reputation on solid management, sound decisions.

A COMMITMENT TO SERVICE

Applications submitted in good order should have final decisions within a few business days after receipt in our Administrative Office.

Policy form MSH1 is underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA. Not available in FL and NY.

