

SERFF Tracking Number: QUAC-127839892 State: Arkansas
Filing Company: QualChoice Life and Health Insurance Company, State Tracking Number: 50310
Inc.
Company Tracking Number:
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: MediQ65
Project Name/Number: 2012 Outline of Coverage and Overview/

Filing at a Glance

Company: QualChoice Life and Health Insurance Company, Inc.

Product Name: MediQ65 SERFF Tr Num: QUAC-127839892 State: Arkansas
TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed- State Tr Num: 50310
Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: State Status: Filed-Closed
Other 2010

Filing Type: Form/Advertisement

Reviewer(s): Stephanie Fowler
Authors: Jim Couch, Niki Thomas Disposition Date: 11/22/2011
Date Submitted: 11/21/2011 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2012 Outline of Coverage and Overview

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 11/22/2011

State Status Changed: 11/22/2011

Created By: Niki Thomas

Corresponding Filing Tracking Number:

Filing Description:

2012 Outline of Coverage and Overview

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Niki Thomas

Company and Contact

Filing Contact Information

Jim Couch, VP of Compliance
12615 Chenal Parkway, Suite 300
Little Rock, AR 72211

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501-228-7111 [Phone] 5118 [Ext]
501-707-6729 [FAX]

Filing Company Information

SERFF Tracking Number: QUAC-127839892 State: Arkansas
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 Product Name: MediQ65
 Project Name/Number: 2012 Outline of Coverage and Overview/
 QualChoice Life and Health Insurance CoCode: 70998 State of Domicile: Arkansas
 Company, Inc.
 12615 Chenal Parkway, Suite 300 Group Code: Company Type: Life & Health
 Little Rock, AR 72211 Group Name: State ID Number:
 (501) 228-7111 ext. [Phone] FEIN Number: 71-0386640

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 Forms at \$50 a form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QualChoice Life and Health Insurance Company, Inc.	\$100.00	11/21/2011	53932299

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	11/22/2011	11/22/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing	Note To Reviewer	Niki Thomas	11/21/2011	11/21/2011

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Disposition

Disposition Date: 11/22/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: QUAC-127839892 State: Arkansas

Filing Company: QualChoice Life and Health Insurance Company, State Tracking Number: 50310
Inc.

Company Tracking Number:

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed-Closed	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	2012 Outline of Coverage	Filed-Closed	Yes
Form	2012 Overview	Filed-Closed	Yes

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Note To Reviewer

Created By:

Niki Thomas on 11/21/2011 10:40 AM

Last Edited By:

Stephanie Fowler

Submitted On:

11/22/2011 02:41 PM

Subject:

Filing

Comments:

Ms. Stephanie Fowler:

Please find attached QualChoice Life and Health Insurance Company, Inc.'s 2012 Medicare Supplement Overview and Outline of Coverage filing for your approval.

If you have any questions or concerns, please feel free to contact me directly.

J. Nicole Thomas

Associate Corporate Counsel

501-219-5129

Nicole.Thomas@qualchoice.com

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 11/22/2011	0311+MK+ 018_MQO CC-Rev1	Outline of Coverage	2012 Outline of Coverage	Initial			MediQ65 Outline of Coverage_11. 04.11.pdf
Filed-Closed 11/22/2011	0111+MK+ 021_MQOV W-REV1	Advertising	2012 Overview	Initial			MediQ65 Overview_11. 04.11.pdf

Medicare Supplement Insurance



OUTLINE OF COVERAGE

MediQ65®

*Picking up where
Medicare leaves off...*

QualChoice®

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

Benefit Chart of Medicare Supplement Plans sold with an effective Date of Coverage on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in Arkansas. *QualChoice offers benefit plans A, F, G and N.* Plans E, H, I, and J are no longer available for sale.

BASIC BENEFITS

Hospitalization	Medical Expenses	Blood	Hospice
Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.	Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured to pay a portion of Part B coinsurance or copayments.	First three pints of blood each year.	Part A coinsurance

READING THE CHART: If the '■' mark appears in a column the Medigap policy covers 100% of the desired benefit. If a column lists a percentage, then the policy covers that percentage of the described benefit. If a column is blank, then the policy does not cover that benefit.
Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible)

MEDIGAP BENEFITS

	A	B	C	D	F	F'	G	K	L	M	N
Medicare Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up (cost varies based on day)	■	■	■	■	■	■	■	■	■	■	■
Medicare Part B Coinsurance or Copayment (20% of Medicare Assignment)	■	■	■	■	■	■	■	50%	75%	■	■
Blood (First 3 Pints)	■	■	■	■	■	■	■	50%	75%	■	■
Part A Hospice Care Coinsurance or Copayment	■	■	■	■	■	■	■	50%	75%	■	■
Skilled Nursing Facility Care Coinsurance (cost varies based on day)								50%	75%	■	■
Medicare Part A Deductible (\$1,156 per benefit period)		■	■	■	■	■	■	50%	75%	50%	■
Medicare Part B Deductible (\$140 per year)			■								
Medicare Part B Excess Charges (up to 15% above Medicare-Approved amount if provider does not accept Medicare assignment)							■				
Foreign Travel Emergency Services (Up to Plan Limits)			■	■	■	■	■			■	■
Medicare Preventive Part B Coinsurance (most preventive screenings no longer require coinsurance payment)	■	■	■	■	■	■	■	■	■	■	■
Out-of-pocket annual limit (will increase each year for inflation)								\$4,640	\$2,320		

¹Plan F has an option called a high deductible plan. This high deductible plan pays the same benefits as Plan F after you've paid a calendar year deductible of \$2,000. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A & Part B, but do not include the plan's separate foreign travel emergency deductible.

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

PREMIUM INFORMATION – MediQ65® Medicare Supplement Plans

Premium rates are determined by the service area in which you reside. If you are approved for coverage and then move to a different service area, your premium rate may change. The new premium rate will be effective on the first day of the next premium billing period.

RATES EFFECTIVE JULY 1, 2011

Service Area 1 Counties

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clay, Cleveland, Columbia, Craighead, Crawford, Crittenden, Desha, Drew, Franklin, Fulton, Grant, Greene, Jefferson, Johnson, Lafayette, Lee, Lincoln, Logan, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Newton, Phillips, Poinsett, Polk, Pope, Prairie, Randolph, Scott, Searcy, Sebastian, St. Francis, Stone, Union, Washington, White, Woodruff, and Yell

PREMIUM	Plan A	Plan F	Plan G	Plan N
Monthly Rate*	103.23	135.78	122.76	100.44
Quarterly Rate	309.69	407.34	368.28	301.32

Service Area 2 Counties

Clark, Cleburne, Conway, Cross, Dallas, Faulkner, Garland, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Lawrence, Little River, Lonoke, Nevada, Ouachita, Perry, Pike, Pulaski, Saline, Sevier, Sharp, and Van Buren

PREMIUM	Plan A	Plan F	Plan G	Plan N
Monthly Rate*	111.00	146.00	132.00	108.00
Quarterly Rate	333.00	438.00	396.00	324.00

*If monthly invoice is selected as method of payment on **Payment Authorization Form** (see **Application Packet**), a monthly \$2.00 service charge will apply.

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

PREMIUM INFORMATION

QualChoice can only raise your premium if we raise the premium for all policies like yours in the same service area as yours.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your **MediQ65**[®] policy, you have the right to return any policy within 30 days of receiving that policy to:

QualChoice Life and Health Insurance Company, Inc.
P.O. Box 25626
Little Rock, AR 72221-5626

If the policy is returned 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.

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.

NOTICE

This policy may not fully cover all of your medical costs. Neither QualChoice Life and Health Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult **Medicare and You** for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may 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. Keep a copy for your own file.

Medicare Plan A (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$0	\$1,156 (Part A deductible)
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
<i>Once lifetime reserve days are used:</i> Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	\$0	Up to \$144.50 a day
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements including a doctor’s certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan A (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Parts A & B

HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

Medicare Plan F (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
<i>Once lifetime reserve days are used:</i> Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements including a doctor’s certification of terminal illness.	All but very limited coinsurance/copay- ment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan F (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Parts A & B

HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS <u>NOT</u> 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 U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Medicare Plan G (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements including a doctor’s certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan G (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Parts A & B

HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS <u>NOT</u> 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 U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Medicare Plan N (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
<i>Once lifetime reserve days are used:</i> Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements including a doctor's certification of terminal illness.	All but very limited coinsurance/copay- ment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan N (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	0%	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Continued on next page.

Parts A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS <u>NOT</u> 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 U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 life-time maximum

DISCLAIMER

MediQ65[®] Medicare Supplement plans are not connected with or endorsed by the U.S. government or the federal Medicare program.



MediQ65[®]

Medicare Supplement Insurance

Underwritten by QualChoice Life and Health Insurance Company, Inc.

Toll Free 855.MEDIQ65

(855.633.4765)

Monday - Friday, 8am to 5pm (Central Time)

www.mediq65.com

QualChoice[®]

Street: 12615 Chenal Parkway, Ste. 300 • Little Rock, AR 72211

Mail: P.O. Box 25626 • Little Rock, AR 72221-5626

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 one or more of the QualChoice group of subsidiary companies.

Medicare Supplement Insurance



OVERVIEW

MediQ65[®]

*Picking up where
Medicare leaves off...*

QualChoice[®]

MEDICARE SUPPLEMENT PLAN OPTIONS

Medicare can be difficult to navigate and there is a lot of information out there for those beginning their search for Medicare supplement coverage. Once you have Medicare Parts A and B in place and you review the coverage they provide, it is always a good idea to think about your health care needs – both short term and long term.

WHY DO I NEED A MEDICARE SUPPLEMENT PLAN?

While Medicare Parts A and B provide incredibly useful coverage, they do not pay for everything. This is where Medicare supplement plans come into play. Medicare supplement insurance plans, also known as Medigap, are designed specifically to cover costs associated with the gaps or expenses not covered by Medicare. Medicare supplement plans are offered through private insurance companies such as QualChoice.

The Medicare MediQ65® supplement plans offered by QualChoice can provide comprehensive options to meet your needs. We encourage you to thoroughly review the chart on page 4 to determine which Medicare MediQ65® supplement plan might best meet your needs. Our MediQ65® representatives are available Monday-Friday, 8am to 5pm (Central Time) to discuss your individual needs and to assist in tailoring solutions that are right for you —call us toll-free at **855.MEDIQ65** (855.633.4765).

For more information about Medigap policies visit www.medicare.gov or print a copy of *“Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare”*

Under search tools, select ‘Find A Medicare Publication’

WHEN DO I NEED TO SELECT A MEDICARE SUPPLEMENT PLAN?

There is a specific period in which you can initially enroll in a Medicare supplement plan (Medigap) and are guaranteed coverage. The best time is during your Medigap Open Enrollment Period. This is the six-month period that begins on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B. During this time you are guaranteed the right to buy any Medigap policy sold by any carrier doing Medigap business in any state without submitting a health statement.

There are other situations outside your Medigap Open Enrollment Period when you may be eligible to apply for a Medigap plan. Generally this applies to other health coverage you recently had before applying for a Medigap plan. As long as a Medicare beneficiary applies for a Medigap policy 63 days from the date of a loss of coverage, no pre-existing penalties or waiting periods will apply. This is the guarantee issue period for Medicare supplement. Be sure to contact a MediQ65® representative to discuss your specific eligibility scenario.

IMPORTANT!

In most cases, unless you apply for Medigap coverage during a guarantee issue period (mandated by federal and state law), you must answer health questions, be subjected to medical underwriting and may not be accepted for coverage.

Prior to weighing your Medicare supplement insurance plan options, it is best to know what your Medicare Parts A and B cover. It is also important to consider upcoming medical expenses and to factor in some unknown expenses.

THINGS TO KNOW AS YOU REVIEW MEDICARE SUPPLEMENT INSURANCE PLANS

When it comes to choosing a Medigap plan, there's a lot to think about. That's why we're committed to helping you through the entire process. We'll help you identify your needs, review your options and answer your questions. Medicare supplement insurance plans do not include coverage for prescription drugs. They are intended solely to fill in the coverage gaps in Medicare Parts A and B.

Important terminology to note when reviewing Medicare supplement insurance plans is as follows:

- **Benefit period** – Original Medicare (Part A and Part B) uses benefit periods to measure your use of hospital and skilled nursing facility services. A benefit period begins the day you go into a hospital or skilled nursing facility. It ends when you've not received either kind of care for 60 continuous days. If you go into a hospital or skilled nursing facility after a benefit period has ended, a new one begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have, although inpatient mental health care in a psychiatric hospital is limited to 190 days in a lifetime.
- **Coinsurance** – The amount paid by the plan – and the insured – after the deductible is met.
- **Copayment** – This is an amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B expenses. These amounts do not accrue toward a deductible.
- **Deductible** – An amount of money that must be paid out-of-pocket by you before either Medicare or your Medicare supplement plan benefits begin to pay.
- **Excess charges** – If you are on Original Medicare, this is the difference between a doctor or other health care provider's actual charge (which may be limited by Medicare or the state) and the Medicare-approved payment amount.

MEDIQ65® — MEDICARE SUPPLEMENT INSURANCE OPTIONS

QualChoice offers Medigap plans A, F, G, and N. As the federal government standardizes all of the plans we offer, all Medigap plans offer the following 'basic benefits':

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

In a sense, the 'basic benefits' cover the big ticket item health care costs. These benefits are in addition to what Medicare Parts A and B cover and are meant to supplement Medicare coverage, providing you a more complete health care package. If you want more coverage than the 'basic benefits', all of the Medicare supplement plans (except Plan A) have additional benefits. You choose the combination of benefits that best meets your needs.

The chart on page 4 gives you a quick look at the MediQ65® plans offered by QualChoice as well as some of the benefits excluded by Medicare Parts A and B. The "✓" in the box indicates the benefit is provided in that plan. This table is a synopsis only. For detailed plan information, please review the **Outline of Medicare Supplement Coverage** document enclosed in your MediQ65® packet.

MediQ65[®] offers Plans A, F, G and N

WHAT MEDICARE DOES <u>NOT</u> PAY	A Plan Pays	F Plan Pays	G Plan Pays	N Plan Pays
PART A: HOSPITAL SERVICES				
\$1,156 inpatient hospital deductible each benefit period		✓	✓	✓
\$289 copayment for days 61-90 in a hospital	✓	✓	✓	✓
\$578 copayment for days 91-150 in a hospital	✓	✓	✓	✓
\$144.50 copayment for days 21-100 in a skilled nursing facility		✓	✓	✓
Additional 365 days after Medicare hospital benefits end	✓	✓	✓	✓
Calendar year blood deductible	✓	✓	✓	✓
Hospice care: coverage of cost-sharing for all Part A Medicare eligible hospice care and respite care expenses	✓	✓	✓	✓
PART B: PHYSICIAN CARE AND MEDICAL SERVICES				
\$140 Part B deductible		✓		
20% of Part B coinsurance after deductible is met	✓	✓	✓	*
Blood (cost of first 3 pints, if not by blood replacement). Medicare only pays 80% of cost of blood.	✓	✓	✓	✓
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		✓	✓	✓

*Except up to a \$20 doctor visit copayment and \$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?

Your good health is important to us. That's why we offer easy-to-use programs and tools to help you better understand your health and wellness options. Through our secure, members-only web site, you can review your claims history and find extensive medical information on various health conditions. Access to this site is an added benefit when you are a MediQ65[®] member.

We also provide ways to help you stay healthy! In addition to our online library of health information, MediQ65[®] offers an online communication tool that allows you to electronically submit a question to a wide range of clinical experts, as well as nutritionists and fitness experts, and receive a personalized response within 24 hours in most cases. In addition, you will have access to our online QuicQuestions service! You can submit any question regarding your MediQ65[®] coverage and get an online reply within one business day, as well as check on the status of your question and respond back all in one convenient place. Or, you can call and speak directly to a member of our Customer Service team!

At QualChoice we understand security and quality health care coverage is important to you. That's why we're committed to constantly improving our services to better meet your changing health care needs.

WITH SO MANY MEDICARE SUPPLEMENT INSURANCE PLANS OUT THERE – WHY CHOOSE QUALCHOICE'S MEDIQ65® PLAN?

As an independent Arkansas-based health insurance provider, QualChoice is involved in all facets of medical-related health plans. If you know QualChoice, you know our reputation for making life a little easier. Our members receive the customer service and one-on-one personal attention they expect and deserve! We're here to help at every step along the way. Even before you become a member, we'll be there to answer all your questions.

If you're undecided about which MediQ65® Medicare supplement plan you want, and need help deciding what will work best for you, please let us know. As you read through our MediQ65® packet of information, don't hesitate to contact a MediQ65® representative at **855.MEDIQ65** (855.633.4765) to get answers to all your questions.

ELIGIBILITY AND LIMITATIONS

ELIGIBILITY

To be eligible for MediQ65® Medicare supplement insurance, you must be enrolled in Medicare Part A and B and reside in the state of Arkansas. No benefit will be payable if you can obtain these benefits under any other federal or state program.

LIFETIME RESERVE

After 90 days of hospitalization, Medicare benefits are paid from a onetime lifetime reserve of 60 additional days (days 91-150) which are not renewable each benefit period. (See the enclosed **Outline of Medicare Supplement Coverage** for details and limits of these benefits.)

LIMITATIONS

- For Medicare Part A and Part B services provided by a hospital, 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 determined by Medicare. Emergency care in a foreign country benefit is subject to a \$250 deductible and a \$50,000 lifetime maximum (only offered in MediQ65® Plans F, G, and N).
- 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 are subject to change upon 30 days written notice.
- MediQ65® Medicare supplement insurance plans have terms and conditions that may affect your coverage.
- Premium rates are determined by the service area in which you reside. If you are approved for coverage and then move to a different service area, your premium rate may change. The new premium rate will be effective on the first day of the next premium billing period

IF YOU'RE READY TO ENROLL, HERE'S WHAT YOU NEED TO DO:

1. DETERMINE IF YOU'RE ELIGIBLE TO APPLY

You may apply for a QualChoice MediQ65[®] plan if you:

- Are an Arkansas resident
- Will be age 65 or older at the time of coverage
- Are enrolled, or will be enrolled, in Medicare Parts A and B at the time of coverage

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

2. DETERMINE WHEN YOU CAN APPLY

- Open Enrollment Period - the six month period that begins on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B.
- There are certain other situations outside your Medigap Open Enrollment Period when you may be eligible to apply for a Medigap plan. In most cases these are when you lose or drop other health coverage. Contact a MediQ65[®] representative at **855.MEDIQ65** (855.633.4765) for assistance.

3. APPLY

Medicare paperwork can be exhausting. That's why we've worked hard to make it as easy as possible to apply for a QualChoice MediQ65[®] plan.

Carefully review the enclosed **APPLICATION PACKET**

- A. Follow the instructions on the application.
- B. Complete all the parts that pertain to you. **NOTE:** A MediQ65[®] Medicare supplement policy only covers one person. If you and your spouse both want MediQ65[®] coverage, you will each need to complete an application.
- C. Sign all applicable forms and mail back to us (a return postage paid envelope is enclosed for your use).

Need assistance? Contact a MediQ65[®] representative at **855.MEDIQ65** (855.633.4765).

4. DO NOT CANCEL YOUR CURRENT COVERAGE!

Since applications for MediQ65[®] Medicare supplement insurance plans take time to process, we advise you to keep your current coverage in effect until you are notified whether your application has been approved.

MediQ65[®] Medicare supplement insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

FOR MORE INFORMATION ABOUT MEDICARE AND MEDIGAP

MEDIQ65® MEDICARE SUPPLEMENT INSURANCE PLAN

Weekdays – 8am to 5pm – Central Time

Toll Free **855.MEDIQ65** (855.633.4765)

www.mediq65.com

**SENIOR HEALTH INSURANCE INFORMATION PROGRAM
(SHIIP – STATE OF ARKANSAS)**

Toll Free **800.224.6330** or **501.371.2782**

www.insurance.arkansas.gov

MEDICARE

Medicare Hotline **800.633.4227** (800.MEDICARE)

TTY/TDD users call **877.486.2048**

www.medicare.gov

For more information about Medigap policies visit www.medicare.gov to view or print a copy of
“Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare”.

MediQ65[®]

Medicare Supplement Insurance

Underwritten by QualChoice Life and Health Insurance Company, Inc.

Toll Free 855.MEDIQ65

(855.633.4765)

Monday - Friday, 8am to 5pm (Central Time)

www.mediq65.com

QualChoice[®]

Street: 12615 Chenal Parkway, Ste. 300 • Little Rock, AR 72211

Mail: P.O. Box 25626 • Little Rock, AR 72221-5626

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 one or more of the QualChoice group of subsidiary companies.

SERFF Tracking Number: QUAC-127839892 State: Arkansas
 Filing Company: QualChoice Life and Health Insurance Company, State Tracking Number: 50310
 Inc.
 Company Tracking Number:
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: MediQ65
 Project Name/Number: 2012 Outline of Coverage and Overview/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Filed-Closed	11/22/2011
Comments:			
Attachment:			
Flesch Certificate.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	The applicable application for this filing has been previously submitted and approved.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	The actuarial justification for this filing has been previously submitted and approved.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage		
Comments:	This form is also filed under Form Schedule.		
Attachment:			
MediQ65 Outline of Coverage_11.04.11.pdf			

VIA SERFF

November 21, 2011

Ms. Stephanie Fowler
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: QualChoice Life and Health Insurance Company, Inc. Medicare Supplement
Filings

Dear Ms. Fowler:

This certifies that the following Medigap Outline of Coverage does not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. Ann. §23-80-206:

0311+MK+018_MQOCC-REV1 (2012 Outline of Coverage)

Although the score is lower than the minimum required, it should be approved in accordance with Ark. Stat. Ann. §23-80-207 and warranted due to the nature of the policy form and necessary inclusion of medical terminology and language drafted to conform to state and federal law.

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely yours,

Nicole Thomas, J.D.
Associate Corporate Counsel
Nicole.Thomas@qualchoice.com
(501) 219-5129

Medicare Supplement Insurance



OUTLINE OF COVERAGE

MediQ65[®]

*Picking up where
Medicare leaves off...*

QualChoice[®]

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

Benefit Chart of Medicare Supplement Plans sold with an effective Date of Coverage on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in Arkansas. *QualChoice offers benefit plans A, F, G and N.* Plans E, H, I, and J are no longer available for sale.

BASIC BENEFITS

Hospitalization	Medical Expenses	Blood	Hospice
Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.	Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured to pay a portion of Part B coinsurance or copayments.	First three pints of blood each year.	Part A coinsurance

READING THE CHART: If the '■' mark appears in a column the Medigap policy covers 100% of the desired benefit. If a column lists a percentage, then the policy covers that percentage of the described benefit. If a column is blank, then the policy does not cover that benefit.

Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible)

MEDIGAP BENEFITS	A	B	C	D	F	F'	G	K	L	M	N
Medicare Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up (cost varies based on day)	■	■	■	■	■	■	■	■	■	■	■
Medicare Part B Coinsurance or Copayment (20% of Medicare Assignment)	■	■	■	■	■	■	■	50%	75%	■	■
Blood (First 3 Pints)	■	■	■	■	■	■	■	50%	75%	■	■
Part A Hospice Care Coinsurance or Copayment	■	■	■	■	■	■	■	50%	75%	■	■
Skilled Nursing Facility Care Coinsurance (cost varies based on day)								50%	75%	■	■
Medicare Part A Deductible (\$1,156 per benefit period)		■	■	■	■	■	■	50%	75%	50%	■
Medicare Part B Deductible (\$140 per year)			■								
Medicare Part B Excess Charges (up to 15% above Medicare-Approved amount if provider does not accept Medicare assignment)							■				
Foreign Travel Emergency Services (Up to Plan Limits)			■	■	■	■	■			■	■
Medicare Preventive Part B Coinsurance (most preventive screenings no longer require coinsurance payment)	■	■	■	■	■	■	■	■	■	■	■
Out-of-pocket annual limit (will increase each year for inflation)								\$4,640	\$2,320		

¹Plan F has an option called a high deductible plan. This high deductible plan pays the same benefits as Plan F after you've paid a calendar year deductible of \$2,000. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A & Part B, but do not include the plan's separate foreign travel emergency deductible.

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

PREMIUM INFORMATION – MediQ65[®] Medicare Supplement Plans

Premium rates are determined by the service area in which you reside. If you are approved for coverage and then move to a different service area, your premium rate may change. The new premium rate will be effective on the first day of the next premium billing period.

RATES EFFECTIVE JULY 1, 2011

Service Area 1 Counties

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clay, Cleveland, Columbia, Craighead, Crawford, Crittenden, Desha, Drew, Franklin, Fulton, Grant, Greene, Jefferson, Johnson, Lafayette, Lee, Lincoln, Logan, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Newton, Phillips, Poinsett, Polk, Pope, Prairie, Randolph, Scott, Searcy, Sebastian, St. Francis, Stone, Union, Washington, White, Woodruff, and Yell

PREMIUM	Plan A	Plan F	Plan G	Plan N
Monthly Rate*	103.23	135.78	122.76	100.44
Quarterly Rate	309.69	407.34	368.28	301.32

Service Area 2 Counties

Clark, Cleburne, Conway, Cross, Dallas, Faulkner, Garland, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Lawrence, Little River, Lonoke, Nevada, Ouachita, Perry, Pike, Pulaski, Saline, Sevier, Sharp, and Van Buren

PREMIUM	Plan A	Plan F	Plan G	Plan N
Monthly Rate*	111.00	146.00	132.00	108.00
Quarterly Rate	333.00	438.00	396.00	324.00

*If monthly invoice is selected as method of payment on **Payment Authorization Form** (see **Application Packet**), a monthly \$2.00 service charge will apply.

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

PREMIUM INFORMATION

QualChoice can only raise your premium if we raise the premium for all policies like yours in the same service area as yours.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your **MediQ65**[®] policy, you have the right to return any policy within 30 days of receiving that policy to:

QualChoice Life and Health Insurance Company, Inc.
P.O. Box 25626
Little Rock, AR 72221-5626

If the policy is returned 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.

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.

NOTICE

This policy may not fully cover all of your medical costs. Neither QualChoice Life and Health Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult **Medicare and You** for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may 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. Keep a copy for your own file.

Medicare Plan A (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$0	\$1,156 (Part A deductible)
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
<i>Once lifetime reserve days are used:</i> Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	\$0	Up to \$144.50 a day
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements including a doctor’s certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan A (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Parts A & B

HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

Medicare Plan F (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
<i>Once lifetime reserve days are used:</i> Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements including a doctor’s certification of terminal illness.	All but very limited coinsurance/copay- ment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan F (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Parts A & B

HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS <u>NOT</u> 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 U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Medicare Plan G (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements including a doctor’s certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan G (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Parts A & B

HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS <u>NOT</u> 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 U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Medicare Plan N (Part A) – Hospital Services – Per Benefit Period

*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 facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room & board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,156/ benefit period	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
<i>Once lifetime reserve days are used:</i> Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements including a doctor's certification of terminal illness.	All but very limited coinsurance/copay- ment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, QualChoice stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare Plan N (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - in or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	0%	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

Continued on next page.

Parts A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<i>Durable Medical Equipment:</i> First \$140 of Medicare-Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS <u>NOT</u> 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 U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 life-time maximum

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