

SERFF Tracking Number: QUAC-127383035 State: Arkansas
Filing Company: QualChoice Life and Health Insurance Company, State Tracking Number: 49674
Inc.
Company Tracking Number:
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010
Standard Plans 2010
Product Name: MediQ65
Project Name/Number: /

Filing at a Glance

Company: QualChoice Life and Health Insurance Company, Inc.

Product Name: MediQ65 SERFF Tr Num: QUAC-127383035 State: Arkansas
TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 49674
Standard Plans 2010 Closed
Sub-TOI: MS08I.012 Multi-Plan 2010 Co Tr Num: State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Authors: Jim Couch, Niki Thomas Disposition Date: 09/21/2011
Date Submitted: 08/30/2011 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/21/2011
State Status Changed: 09/21/2011
Deemer Date: Created By: Jim Couch
Submitted By: Jim Couch Corresponding Filing Tracking Number:
Filing Description:
Filing of web pages for MediQ65 product.

Company and Contact

Filing Contact Information

Jim Couch, VP of Compliance jim.couch@qualchoice.com
12615 Chenal Parkway, Suite 300 501-228-7111 [Phone] 5118 [Ext]
Little Rock, AR 72211 501-707-6729 [FAX]

Filing Company Information

SERFF Tracking Number: QUAC-127383035 State: Arkansas
 Filing Company: QualChoice Life and Health Insurance Company, State Tracking Number: 49674
 Inc.
 Company Tracking Number:
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010
 Standard Plans 2010
 Product Name: MediQ65

Project Name/Number: /
 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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QualChoice Life and Health Insurance Company, Inc.	\$50.00	08/30/2011	51088862

SERFF Tracking Number: QUAC-127383035 State: Arkansas
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 Standard Plans 2010
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/21/2011	09/21/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
MediQ65 Web Pages	Note To Reviewer	Jim Couch	08/30/2011	08/30/2011

SERFF Tracking Number: QUAC-127383035 State: Arkansas
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Standard Plans 2010
Product Name: MediQ65
Project Name/Number: /

Disposition

Disposition Date: 09/21/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: QUAC-127383035 State: Arkansas

Filing Company: QualChoice Life and Health Insurance Company, State Tracking Number: 49674
Inc.

Company Tracking Number:

TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.012 Multi-Plan 2010
Standard Plans 2010

Product Name: MediQ65

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	MediQ65 Overview_06.22.119(Web)-8	Filed-Closed	Yes

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TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010
Standard Plans 2010
Product Name: MediQ65
Project Name/Number: /

Note To Reviewer

Created By:

Jim Couch on 08/30/2011 09:39 AM

Last Edited By:

Stephanie Fowler

Submitted On:

09/21/2011 03:12 PM

Subject:

MediQ65 Web Pages

Comments:

This filing is to seek approval of the web pages for QualChoice Life and Health Insurance Company, Inc.'s Medicare supplemental insurance product. Because of the size of the file, we had to break the various pages up into 6 different .pdf documents in order to make the filing.

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 Standard Plans 2010
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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-	MediQ65	Advertising	MediQ65	Initial			MediQ65
Closed	Overview_0		Overview_06.22.119(Web Pages
09/21/2011	6.22.119(W		Web)-8				6.pdf
	eb)-8						MediQ65
							Web Pages
							1.pdf
							MediQ65
							Web Pages
							2.pdf
							MediQ65
							Web Pages
							3.pdf
							MediQ65
							Web Pages
							4.pdf
							MediQ65
							Web Pages
							5.pdf

Home

Manage Your Health

Medicare Basics

Resource Locator

Help & Support

Health & Drug Plans

Facilities & Doctors

MyMedicare.gov

New to Medicare?

Finding Plans

[Compare Drug and Health Plans](#)

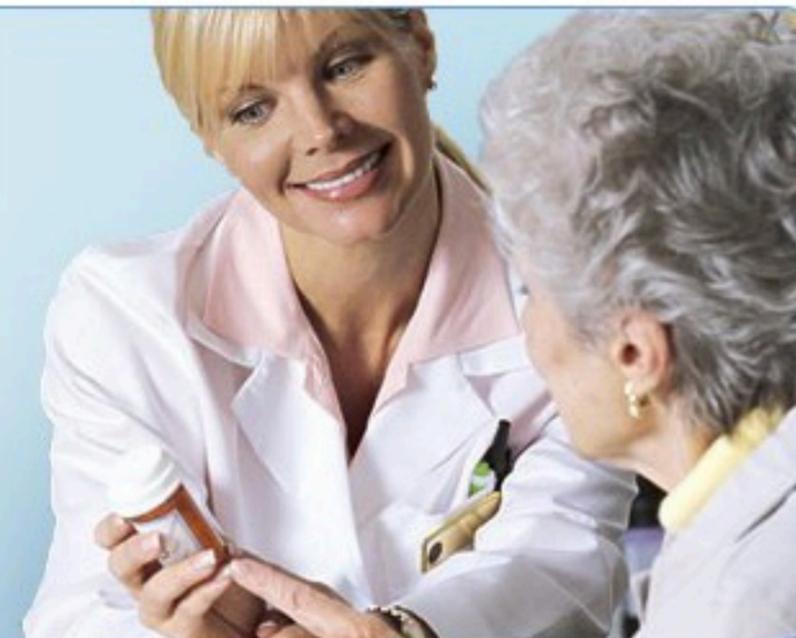
[Compare Medigap Policies](#)

[Enroll Now](#)

[Coverage Gap Information](#)

[Formulary Finder - 2011 Plan Data](#)

[Check Your Enrollment](#)



Stay Healthy

Share the News...
Share the Health!
Medicare Preventive Benefits



Get Checked for Prostate Cancer



Get Your Blood Pressure Checked,
Free

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Top 6 Services

[Apply Online for Medicare Now](#)

[Find Out if Medicare Covers Your
Test, Item or Service](#)

[Find Health and Drug Plans](#)

[Get Extra Help with Prescription Drug
Costs](#)

[Find Out How Medicare Works with
Your Other Insurance](#)

[Get a New Medicare Card](#)

Medicare News

[The "Extra Help" Program.
Something to talk about.](#)

[Find High-Quality Health Care
Options](#)

MyMedicare.gov

[Secure Sign In](#)

[Create an Account](#)

[Learn More](#)

Medicare Benefits

[Part A Hospital Coverage](#)

[Part B Medical Insurance](#)

[Part C Medicare Advantage Plans](#)

[Part D Prescription Drug Plans](#)

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[Get Financial Help](#)



ARKANSAS

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Senior Health Insurance Information Program

Phone: (800) 224-6330, (501) 371-2782, (501) 371-2781 fax

Email: insurance.shiip@arkansas.gov

What is SHIIP? The Senior Health Insurance Information Program (**SHIIP**) is a health insurance information program that provides free one-on-one counseling, education, and information to individuals with Medicare of all ages. We answer questions in the following areas: Medicare health coverage, Medicare supplemental insurance, long-term care insurance, Medicare Advantage Plans, general Medicaid, senior referral services, Medicare prescription drug coverage, and retiree health plan coverage.



Did you know
you could receive **help paying**
for your **Medicare**
prescription drug costs?



Medicare and the Affordable Care Act

- [2011 Medicare Changes Related to Health Care Reform](#)
- [Medicare and the New Health Care Law - What it Means to You](#)

- [Meet the Staff](#)
- [2011 Original Medicare Premiums, Deductibles & Coinsurances](#)
- [Medigap Changes in 2010: Q&A](#)
- [Extra Help Paying for Medicare Prescription Drug Plan Costs](#)
- [Apply Online for Medicare](#)
- [Student Volunteer Information](#)
- [Intern Program Information](#) and [Intern Program Application](#)
- [Arkansas Long-Term Care Partnership](#)
- **Publications:**

[To request a printed copy of a publication listed below, please click here.](#)

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[The Gap 2011](#)

supplemental plans and the companies licensed to sell in

[Medicare Protection Toolkit](#)

Protect your Medicare and use the tools to help you make an informed decision.



APPLICATION PACKET

- Open Enrollment Period
- Application for Coverage
- Important Information for Applicant Form
- Authorization to Disclose Protected Health Information (PHI) Form
- Payment Authorization Form
- Fair Credit Reporting Act Notice

Quick Checklist

Complete, sign and return the following forms in the enclosed postage-paid return envelope.

Application for Coverage

Important Information for Applicant Form

Authorization to Disclose PHI Form

Payment Authorization Form
(attach check marked 'VOID' if selecting 'Monthly Bank Draft')

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QualChoice®

IMPORTANT INFORMATION!

Please read carefully before beginning the application process.

Do You Qualify For A Medigap Policy?

You may apply for a Medicare Supplement policy at any time. However, there is an important enrollment period to take advantage of called the Medigap **Open Enrollment Period** (OEP).

- State and federal laws guarantee that for a period of six months from the date you become enrolled in Medicare Part B and you are age 65 or older you have a right to buy a Medicare supplement policy of your choice, regardless of medical history, health status, or prior claims.
- The six-month period begins the first day of the month you are enrolled in Medicare Part B **and** are age 65 or older.
- If your birthday falls on the first day of the month, your Medicare coverage will begin the first day of the previous month, while you are age 64. Your Open Enrollment Period will also begin at that time.

Medicare Part B Coverage Deferred

If you are age 65 or older and have deferred your Medicare Part B coverage, your Open Enrollment Period begins with the date your Medicare Part B coverage becomes effective and continues for six months.

Medicare disabled

Federal law does not require that people under the age of 65 with Medicare Part B as a result of disability or permanent kidney failure be given an Open Enrollment Period. However, when you turn 65, you will have an Open Enrollment Period opportunity. Your Open Enrollment Period begins with the first day of the month in which you turn age 65 and continues for six months.

FOR MORE INFORMATION ABOUT MEDICARE AND MEDIGAP

MediQ65 Medicare Supplement Plan / Weekdays 8am to 5pm Central Time

Toll Free **1.855.MEDIQ65 (1.855.633.4765)**
www.qualchoice.com

Senior Health Insurance Information Program (SHIIP – State of Arkansas) provides free one-on-one counseling, education, and information to individuals with Medicare of all ages.

Toll Free **1.800.224.6330 or 501.371.2782**
www.insurance.arkansas.gov

Medicare / 24 hours a day, 7 days a week

Toll Free **1.800.633.4227 (1.800.MEDICARE) • TTY/TDD users call 1.877.486.2048**

“Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare”
 available at www.medicare.gov/publications

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Thank you for selecting QualChoice MediQ65™ for your Medicare Supplement insurance coverage. You must have both Medicare Part A and Medicare Part B to apply for these plans.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY to assure prompt processing of your application. A MediQ65™ Application Packet is also available at www.qualchoice.com.

1. This application is a legal document. If you are approved for coverage, it will become part of your contract. Therefore, it is very important that you provide all requested information and that it is accurate and legible.
2. You must reside in Arkansas to apply for a MediQ65™ Medicare Supplement plan.
3. This form can be completed by an agent/broker authorized to sell QualChoice MediQ65™ policies, or you can fill it in yourself.
4. Answer each required question completely using dark blue or black ink. No pencil please.
5. Do not use liquid paper, correction tape or “white out” to correct any mistakes.
6. If you make a mistake, mark through the incorrect information, initial it and then provide the correct information.
7. All required sections must be completed to avoid delays in processing.
8. Any attached sheets must be **signed** and **dated**.
9. Be sure to make a photocopy of this completed application and any attachments for your records.
10. The information provided here will be used and disclosed only as permitted by our *Notice of Privacy Practices* which can be viewed at www.qualchoice.com.
11. You must **sign** and **date** the application.
12. DO NOT send money with this application. You will be billed later.
13. Return this entire application and **any** attachments in the postage-paid return envelope provided.

Policy Effective Dates

The policy effective date will be the 1st of the month after your completed application is approved and processed.

Rules For Effective Dates:

- You cannot have an effective date prior to your Medicare Part A and Part B effective dates.
- You cannot have an effective date prior to your termination from a Medicare Advantage plan.
- You cannot have an effective date prior to your application submission date.

Questions or Need Assistance?

1.855.MEDIQ65 (1.855.633.4765)

Monday - Friday 8am to 5pm

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SECTION I. WHO IS APPLYING

FIRST NAME	MI	LAST NAME
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SOCIAL SECURITY NUMBER □□ □□ □□□□	DATE OF BIRTH (MM/DD/YYYY) □□ □	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	COUNTY OF RESIDENCE
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PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	BEST TIME TO CALL AM PM
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MAILING ADDRESS (No PO Box, please)	CITY	STATE AR	ZIP CODE
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BILLING ADDRESS (Complete only if different from residential address)	CITY	STATE AR	ZIP CODE
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RESIDENTIAL ADDRESS (Complete only if different from residential address)	CITY	STATE AR	ZIP CODE
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EMAIL ADDRESS Please Check (✓) One. Yes No

IMPORTANT DECISION: *I want to do my part for the environment and reduce waste. By checking "Yes", I agree that QualChoice can deliver all documents, notices and any other communications with respect to my MediQ65™ coverage electronically to my email address below. This includes, but is not limited to, my Insurance Certificate of Coverage, all explanation of benefits describing how my claims have been adjudicated, billing invoices, renewal notices, and any other communications. I understand I can change my mind at any time and revoke my decision to have these documents and communications sent to me electronically simply by contacting QualChoice at 1.855.MEDIQ65 (1.855.633.4765). I also understand that I can ask QualChoice at any time to provide me with any of these documents in paper form by regular mail. I agree to contact QualChoice if my email address changes so that these important documents, notices and communications will come to my new email address.*

PLEASE PRINT YOUR EMAIL ADDRESS BELOW

SECTION II. BILLING PREFERENCE Check (✓) Only One.

Please check your preferred billing option **and** complete **Section XII: PAYMENT AUTHORIZATION FORM** If billing option is left blank, your policy will automatically default to Monthly Invoice Billing (a \$2.00 monthly service fee will apply).

Monthly Bank Draft Monthly Billing (\$2.00 monthly service fee) Quarterly Billing

SECTION III. Choose Your Plan

Check (✓) Only One Please enroll me in the following MediQ65™ Plan.	<input type="checkbox"/> MediQ65™ Plan A	<input type="checkbox"/> MediQ65™ Plan F	<input type="checkbox"/> MediQ65™ Plan G	<input type="checkbox"/> MediQ65™ Plan N
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Do you currently have QualChoice health coverage?	<input type="checkbox"/> No If YES, please write your QualChoice ID No. below. <input type="checkbox"/> Yes _____
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SECTION IV. EFFECTIVE DATE

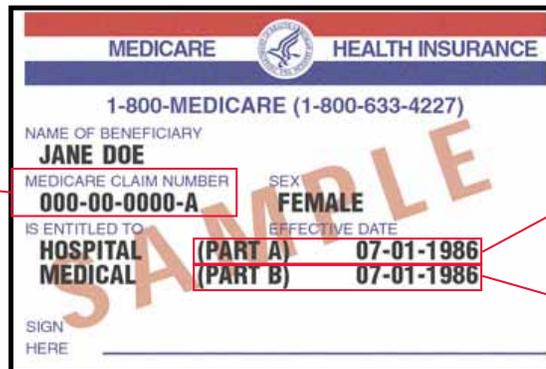
Your effective date will be the *1st of the month* after your completed application is approved and processed. Effective date of coverage cannot be prior to your Medicare Part B effective date.

SECTION V. YOUR MEDICARE INSURANCE INFORMATION

You must have both Medicare Hospital (Part A) and Medical (Part B) coverage to apply for MediQ65™

Please **FILL IN THE BLANKS** below to match your red, white and blue Medicare Health Insurance card.

1. MEDICARE CLAIM NUMBER										2. HOSPITAL (Part A) EFFECTIVE DATE (MM/DD/YYYY)				3. MEDICAL (Part B) EFFECTIVE DATE (MM/DD/YYYY)							
			-				-														



1. MEDICARE CLAIM #

2. HOSPITAL (Part A)

3. MEDICAL (Part B)

SECTION VI. ELIGIBILITY INFORMATION

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans.

Please
Check (✓) Either
YES or NO

Please include a copy of the notice from your prior insurer with this application.

1. Did you turn age 65 in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Did you enroll in Medicare Part B in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If YES , what is the effective date? (MM/DD/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Are you covered for medical assistance through the state Medicaid program? NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your 'Share Of Cost', please respond NO to this question	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If YES , will Medicaid pay your premiums for this Medicare supplement policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	<input type="checkbox"/> YES <input type="checkbox"/> NO

(Continued on next page)



SECTION VII. MEDICAL QUESTIONS (If this section applies to you, please answer all questions.)

Please Check (✓) Either **YES** or **NO**

1. What is your height? <input style="width: 30px; height: 20px;" type="text"/> ft. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> in.	What is your weight? <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> lbs.
---	---

2. Are you Medicare disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------	--

If **YES**, please indicate disability conditions below.

3. Do you have a pacemaker?	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------	--

4. Are you now a patient in a hospital or nursing home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

5. Have you ever been declined or rated for the issuance of life, accident or health or long term care insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

If **YES**, please explain

6. Have you used any form of tobacco within the past 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

If **YES**, please indicate type of tobacco and amount below:

TYPE OF TOBACCO	AMOUNT OF USE

(Continued on next page)

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SECTION VII. MEDICAL QUESTIONS (contd)

Please Check (✓) Either YES or NO

Have you ever had any diagnosis of or been advised to have treatment for any of the following?
If you respond YES, please complete Section VIII.

7.	Disease or disorder of the heart or circulatory system, or high blood pressure or stroke?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Disease or disorder of the lungs or respiratory system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Disease or disorder of the kidneys, liver, gallbladder, intestines, rectum, stomach, or other vital organs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Diabetes or high blood sugar?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide date of onset: (MM/DD/YYYY)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.	Mental incapacitation, Alzheimer's disease, mental disease, depression or psychiatric treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Physical incapacitation, epilepsy, Parkinson's disease or disorder of the nervous system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Cancer or malignancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Disease or disorder of the blood, glands, or skin?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Arthritis, paralysis, disease or disorder of the muscles, bones or joints?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	Have you consulted a physician or received hospital (inpatient or outpatient care) or rehabilitation services during the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Have you ever had or been advised to have treatment for any condition <u>not</u> listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	In the past 3 years have you taken any medications prescribed by a health care provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, list medications in Section IX.		

SECTION X: IMPORTANT INFORMATION FOR APPLICANT FORM. PLEASE READ CAREFULLY AND SIGN.

Your application cannot be processed without this form being signed and returned.

Send no money with this application. You will be billed.

1. You do not need more than one Medicare supplement policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
3. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
4. If, after purchasing this policy you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
5. If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
6. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

IN SIGNING BELOW, I REPRESENT AND ACKNOWLEDGE

1. That I should not cancel any coverage I currently have until I am notified of QualChoice's decision.
2. An agent/broker involved in this insurance transaction may receive compensation from QualChoice for services related to the placement of this insurance. Any such compensation is included in the insurance premium paid by the insured. For more information on the compensation involved in this transaction, please direct your inquiry to the agent /broker.
3. If my application is accepted relying on my representations on this document, any coverage which may be issued to me shall be invalid if based on false information.
4. I agree any provider of medical services or supplies is authorized and directed to furnish QualChoice all records or copies thereof, relating to such services or supplies.
5. I authorize and release to QualChoice, Title XVIII Medicare claims information needed to coordinate benefits with this policy at any time I am eligible for Medicare benefits

QualChoice may phone me for additional information that may help with the timely processing of my application.

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(Continued on next page)

7. That the statements and answers given in this application and any signed and dated addenda to this application (both front and back) are true, complete and correctly recorded.
8. I have read and understand the **“Important Information for Applicant”** (Section X).

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- I, the applicant, certify that I signed this application in the state of Arkansas.
- I, the applicant or my authorized representative, acknowledge receipt of the following:
- (1) **“Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare”** (available at www.medicare.gov/publications)
- (2) **2011 Outline of Medicare Supplement Coverage** from QualChoice

SIGNATURE OF APPLICANT

DATE SIGNED (MM/DD/YYYY)

X

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FOR AGENT / BROKER ONLY

If application is being made through an agent/broker, he/she must complete the following information.

I have read and understand the MediQ65™ Application for Coverage. I additionally certify that the applicant has received the “Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare” and the 2011 Outline of Medicare Supplement Coverage for the policy applied for and that the applicant has Medicare Parts A and B. The policy applied for will not duplicate any health insurance coverage. I have requested and received documentation that indicates that the applied for policy will not duplicate any coverage.

Before this form can be processed, the agent/broker’s current health and life license must be on file with QualChoice. In addition, the agent/broker must be appointed with QualChoice.

AGENCY FEDERAL TAX ID # (IF APPLICABLE)	AGENT/BROKER LICENSE #	PHONE NUMBER						
AGENT/BROKER PRINTED NAME	AGENT/BROKER SIGNATURE X	DATE SIGNED (MM/DD/YYYY) <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

List below all health insurance policies you have issued to this applicant that are still in force and any other health insurance issued in the past five (5) years that are no longer in force and submit with this application as required.

NAME OF POLICY	NAME OF INSURANCE COMPANY	POLICY DATE (MM/DD/YYYY)	
		To	From

SECTION XI: AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI) FORM

Your application cannot be processed without this form being signed and returned.

1. I authorize any medical professional, medical care institution, other provider of health care services or supplies, the Medical Information Bureau (MIB), reinsurer, health plan, prior insurance carrier, consumer reporting agency, other third party medical and/or pharmaceutical databases or other organization, institution or person, that has any records on me or my health to provide QualChoice, any third party retained by QualChoice, or its reinsurers, information with respect to any physical or mental condition, treatment or any non-medical information on me.
2. I understand that information obtained as a result of this authorization will be used for the purpose of underwriting and determining eligibility for coverage.
3. This information shall also be used by QualChoice in investigating and adjudicating claims for benefits.
4. I understand that in the course of their business operations, QualChoice may disclose this information to others as required or permitted by law and as set out in the QualChoice *Notice of Privacy Practices*.
5. I specifically authorize QualChoice to release necessary information obtained by QualChoice about me to my broker/agent.
6. This authorization permits release of information related to substance use or abuse, but does not provide for the disclosure of psychotherapy notes as defined in 45 CFR § 164.501.
7. I acknowledge that signing this authorization is a condition of my enrollment for health coverage by QualChoice.
8. I understand that I may terminate this authorization by sending a written revocation to QualChoice, **ATTN: MEDIQ65™, P.O. Box 25626, Little Rock, AR 72221-5626**. However, if I revoke this authorization before I am enrolled in the MediQ65 policy, my application for coverage will be denied.
9. Unless I revoke this authorization, it shall be valid for 30 months from the date of my signature for information collected in connection with review of this application; it is valid for the duration of the coverage for information collected in connection with investigation of claims.
10. A photocopy of this authorization is as valid as the original.
11. Both the federal government and the State of Arkansas have enacted electronic signature laws, which allow the use of electronic signatures in all areas of commerce. See the Electronic Signature in Global and National Commerce Act 15 USC §§ 7001 et seq., the Arkansas Electronic Records and Signature Act A.C.A §§25-31-101 et seq. and the Uniform Electronic Transaction Act, A.C.A. §§25-31-101 et seq. Electronic signatures are specifically authorized in the business of insurance. See 15 USC §§ 7001(i)
12. QualChoice may release any information obtained by it about me to MIB or any member company for purposes described in QualChoice's *Notice of Privacy Practices*.

This authorization must be signed by each proposed insured who is 18 years of age or older.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

X

DATE SIGNED (MM/DD/YYYY)

<input type="text"/>					
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Section XII. PAYMENT AUTHORIZATION FORM

Use this form to select the type of payment method you want QualChoice to apply when billing your MediQ65™ premium. Your application cannot be processed without this form being signed and returned.

CHECK (✓) ONE OF THE PAYMENT METHODS BELOW

- Bank Draft (Monthly).** I authorize QualChoice and the Bank/Financial Institution indicated below, to debit my MediQ65™ premium from the account indicated below. This authority is to remain in full force and effect until my Bank has received written notification from me of the Bank Draft termination in such time and such manner as to afford the Bank a reasonable opportunity to act on it, or until the Bank has sent me ten (10) days' written notice of the Bank's termination of this agreement. I understand that by re-voking the Bank Draft after I have agreed to it, I will also be terminating my MediQ65™ coverage, UNLESS QualChoice has received written notice from me of my desire to continue coverage at least twenty (20) days prior to the Bank Draft withdrawal date. I understand that if my bank rejects a draft due to insufficient funds in my account, QualChoice may charge me a fee of up to \$20.00. In order to use Monthly Bank Draft as my payment method, I understand that I must submit this form to QualChoice and staple a blank check marked VOID in the top left-hand corner of this form. My first month's premium will be drafted upon initial acceptance of coverage. For all other premiums I may select one of two bank draft dates.

I understand and agree that my first month's premium will be drafted upon initial acceptance of coverage.

PLEASE CHECK ONE: For all other bank drafts I select the following date. **Example:** Premiums due in January coverage month can be drafted on the 24th of Dec. or the 5th of Jan.

- 24th of the month preceding the coverage month
 5th of the coverage month

NAME OF BANK OR FINANCIAL INSTITUTION	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
BANK ACCOUNT NUMBER	9 DIGIT BANK ROUTING NO.
ACCOUNT HOLDER NAME	ACCOUNT HOLDER ADDRESS (Street, City, State, Zip)
ACCOUNT HOLDER SIGNATURE X	DATE SIGNED (MM/DD/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- Monthly Billing (\$2.00 monthly service fee applies).** Your monthly invoice will be mailed to your Billing Address as listed in Section I.

- Quarterly Billing.** I authorize QualChoice to bill my MediQ65™ premium on a quarterly basis. This type of billing arrangement is to remain in full force and effect until QualChoice receives written notice of my desire to change my billing arrangement. I must provide QualChoice notice to change my billing arrangement twenty (20) days prior to when my next premium payment is due. In order to use quarterly billing as my payment method, I understand that I must submit this form to QualChoice.

By signing this PAYMENT AUTHORIZATION FORM, I agree to all terms and conditions expressed in the payment method I have chosen above. I understand that not properly following what has been authorized on this form may cause my MediQ65™ policy to be terminated at QualChoice's discretion.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE SIGNED (MM/DD/YYYY)

FAIR CREDIT REPORTING ACT NOTICE

Notice to Proposed Insured

(Please keep for your records)

In connection with your application for insurance an investigative consumer report may be prepared. Information may be obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to:

QualChoice MediQ65™
Underwriting Division
PO Box 25626
Little Rock, AR 72221-5626

MediQ65™

DISCLAIMER

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

 **QualChoice®**

Underwritten by QualChoice Life And Health Insurance Company, Inc.

12615 Chenal Pkwy, Ste 300 • PO Box 25626 • Little Rock, AR 72221 • 1.855.MEDIQ65 • F: 501.707.6765 • www.qualchoice.com

MediQ65 web pages will be posted under Members, Brokers and Employers

Employers

- [Chamber Alliance Program](#)
- [Children's Health Insurance Program -CHIP](#)
- [Pharmacy](#)
- [eEnroll Training](#)
- [Employer Group Plans](#)
- [Forms](#)
- [Group Health Inquiry](#)
- [Medicare Part D Materials](#)
- [Newsletters - A BETTER YOU](#)
- [Our Providers](#)
- [Pre-Authorization List](#)
- [Products & Services](#)
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- [QCARE Health Programs](#)
- [QuicQuestions](#)
- [Third Party Administration](#)

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Password

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Home / Employers / MediQ65

 PRINT THIS PAGE |  SEND TO A FRIEND

MediQ65 Medicare Supplement Plans

What Are Medicare Supplement Plans?



Once you have Medicare **Parts A and B** in place and you review the coverage they provide, it's time to start thinking about your health care needs – both short and long term.

[LEARN MORE](#)

This links to PDF of the Overview brochure (see pgs 2-9)

This sends email addressed to mediq65@qualchoice.com

NEED ASSISTANCE?

Call us Toll Free at
1.855.MEDIQ65 (855.633.4765)
Mon-Fri 8:00am-5:00pm CT

Or email us at
mediq65@qualchoice.com for a same day response in most cases.

MediQ65™ Medicare Supplement Insurance



Cover what Medicare doesn't cover with a MediQ65™ Medicare Supplement plan from QualChoice!

QualChoice offers **Plans A, F, G, & N**

[LEARN MORE](#)

Links to the Outline of Coverage (see pgs 21-34)

Links to page: QualChoice offers Plans A, F, G, N (see pgs 10-20)

MEDICARE RESOURCES

- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [SocialSecurity.gov](#)
- [Medicare.gov](#)
- [SHIIP - Arkansas](#)

Links to various sites (pgs 36-39)

 Ready to Enroll?

[GET STARTED NOW!](#)

Links to MediQ65 Application Packet (see pgs 40-54)

 Questions?

[LET US HELP!](#)

Sends email addressed to mediq65@qualchoice.com

1.855.MEDIQ65
(1.855.633.4765)

MediQ65 Medicare Supplement plans are underwritten by QualChoice Life and Health Insurance Company, Inc. MediQ65 Medicare Supplement Plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

0311MK004

QUALCHOICE QNEWS

> [QualChoice Aligns with CaringBridge to Connect Family and Friends](#)

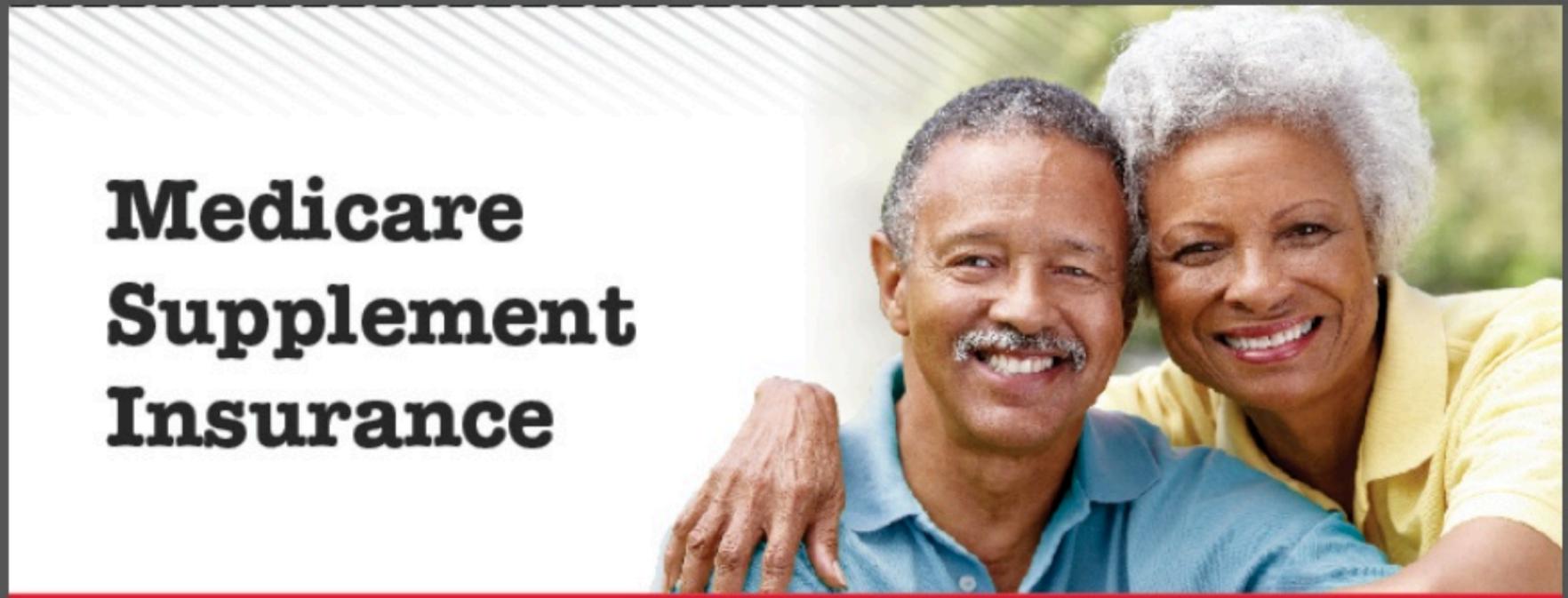
Stay Connected with CaringBridge



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Medicare Supplement Insurance

OVERVIEW

MediQ65™

Picking up where Medicare leaves off...

QualChoice®

The viewer will be able to see the pages in the Overview and click into any specific page



Page 2

MediQ65™

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 to view 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.

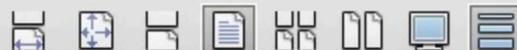
Prior to weighing your Medicare supplement insurance plan options, it is best to know what your Medicare Parts A and B cover. It is also important to consider upcoming medical expenses and to factor in some unknown expenses.

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.

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OVERVIEW

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				
\$1,132* inpatient hospital deductible each benefit period		✓	✓	✓
\$283* copayment for days 61-90 in a hospital	✓	✓	✓	✓
\$566* copayment for days 91-150 in a hospital	✓	✓	✓	✓
\$141.50* 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				
\$162* 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		✓	✓	✓

*This is the 2011 Medicare amount. The amount may change in 2012.

**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.

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OVERVIEW

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

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MediQ65™

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.

will create LINK to this page in the Application Packet

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).

will create LINK to actual Application Packet

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.

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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.qualchoice.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”*.

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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.qualchoice.com

QualChoice®

12615 Chenal Parkway, Ste. 300 • 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.

Employers

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- [Children's Health Insurance Program -CHIP](#)
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MediQ65 Medicare Supplement Plans

PLAN HIGHLIGHTS

Click plan names below to view plan details

Plan <u>A</u>	Plan <u>F</u>	Plan <u>G</u>	Plan <u>N</u>
<p>This plan provides an economical basic benefit package, including coverage benefits for hospital and physician coinsurance, extended hospital stays and more. Plan A benefits are core benefits or basic benefits because all other Medigap plans include these basic or core benefits within their design.</p>	<p>This plan is very popular. Not only does it include basic benefits, skilled nursing coinsurance, full payment for parts A and B deductibles, and foreign travel, it also features full payment for both Medicare Part A and Part B deductibles.</p> <p>Then, Part B excess charges are covered at 100% to round out this as a very comprehensive benefit package.</p>	<p>Plan G combines full coverage of the Part A deductible with payment for Part B excess charges at 100% (member pays Part B deductible).</p> <p>Plan G also includes the core benefits, skilled nursing coinsurance, and a foreign travel benefit.</p>	<p>This Medigap plan covers 100% of the Medicare Part A deductible. It also covers 100% of the Medicare Part B coinsurance, except up to \$20 of the copayment for office visits and up to \$50 for emergency room visits.</p>

SERVICE AREA PLAN RATES

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 [Click here to see Service Area Map](#)

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 <u>A</u>	Plan <u>F</u>	Plan <u>G</u>	Plan <u>N</u>
Monthly Rate*	\$103.23	\$135.78	\$122.76	\$100.44
Quarterly Rate*	\$309.69	\$407.34	\$368.28	\$301.32

Service Area 2 Counties [Click here to see Service Area Map](#)

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 <u>A</u>	Plan <u>F</u>	Plan <u>G</u>	Plan <u>N</u>
Monthly Rate*	\$111.00	\$146.00	\$132.00	\$108.00
Quarterly Rate*	\$333.00	\$438.00	\$ 396.00	\$ 324.00

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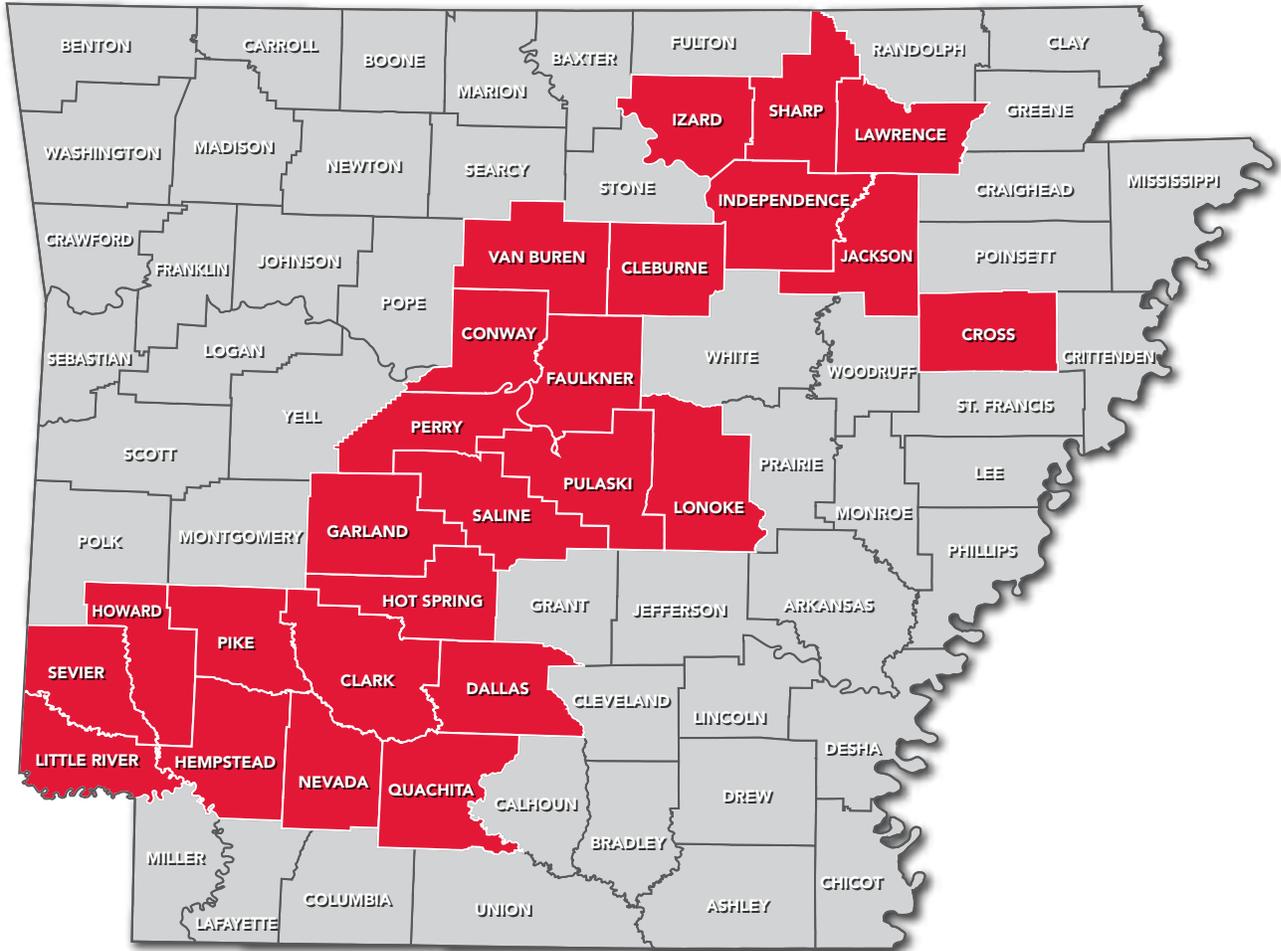
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SERVICE COUNTIES



Service Area 1:

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

Service Area 2:

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, Van Buren

MediQ65™ Medicare supplement plans are not connected with or endorsed by the U.S. Government or the federal Medicare program.

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 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 \$1,132/ benefit period	\$0	\$1,132 (Part A deductible)
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	\$0	Up to \$141.50 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 \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

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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 \$1,132/ benefit period	\$1,132 (Part A deductible)	\$0
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	Up to \$141.50 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 F (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$162 (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 \$1,132/ benefit period	\$1,132 (Part A deductible)	\$0
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	Up to \$141.50 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 \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$1,132/ benefit period	\$1,132 (Part A deductible)	\$0
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	Up to \$141.50 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 N (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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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Medicare Supplement Insurance



OUTLINE OF COVERAGE

MediQ 65™

*Picking up where
Medicare leaves off...*

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QualChoice®

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 ¹	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 (\$1,132 per benefit period)		■	■	■	■	■	■	50%	75%	50%	■
Medicare Part B Deductible (\$162 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.

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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 \$1,132/ benefit period	\$0	\$1,132 (Part A deductible)
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	\$0	Up to \$141.50 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 \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$1,132/ benefit period	\$1,132 (Part A deductible)	\$0
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	Up to \$141.50 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 F (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$162 (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

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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 \$1,132/ benefit period	\$1,132 (Part A deductible)	\$0
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	Up to \$141.50 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 \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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

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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 \$1,132/ benefit period	\$1,132 (Part A deductible)	\$0
61 st through 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 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 \$141.50 a day	Up to \$141.50 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.

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

*Once you have been billed \$162 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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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 \$162 of Medicare-Approved Amounts*	\$0	\$0	\$162 (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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DISCLAIMER

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



QualChoice Life and Health Insurance Company, Inc.

MediQ65™ Medicare Supplement Insurance

12615 Chenal Parkway, Ste. 300 • P.O. Box 25626 • Little Rock, AR 72221-5626

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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.

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