



Here when you need us

Medicare Supplement overview

The right coverage can make all the difference

Choosing the right Medicare supplemental insurance coverage can be one of the most important decisions you make. We provide meaningful coverages that protect your health and well-being, and offer you the benefits that help you meet your health goals. An ACE Medicare Supplement insurance policy can help you manage your health care expenses.

Medicare does not provide coverage for all your medical needs. An ACE Medicare Supplement plan is designed to help fill in the gaps in your Medicare coverage. Most importantly, you want to be sure that when you require medical treatment your Medicare Supplement coverage provides sufficient benefits. There are several plans from which you can choose to provide the coverage that best fits your needs and budget.



Choose from these plans

ACE offers Medicare Supplement plans A, F, G and N with varying amounts of coverage, designed to fit various lifestyles, budgets and needs. The plans presented may vary by state. Premiums vary according to the amount of coverage provided by each plan. A household premium discount may be available for eligible applicants – reference the policy application for details.

Benefits	Plan A	Plan F ¹	Plan G ²	Plan N
Basic benefits (including hospice care)	●	●	●	●
Part B coinsurance	●	●	●	● ³
Part A deductible		●	●	●
Skilled nursing facility coinsurance		●	●	●
Foreign travel emergency		●	●	●
Part B excess charges		●	●	
Part B deductible		●		

Premiums and benefits vary by plan selected. Refer to the Outline of Coverage for details.

¹Plan F available for people first eligible for Medicare before 2020 only.

²Plan G has a high deductible option

³Plan N requires up to \$20 copay for office visits, and up to \$50 copay for emergency room visits. Copays do not count toward the annual Part B deductible.

Covering your needs

Use this checklist as a starting point to help you decide what you'd like your Medicare Supplement plan to cover.

- There are no pre-existing condition limitations.
- Guaranteed renewable for life (providing that premiums are paid when due).*

- Basic benefits (including hospice care)
- Medicare Part A deductible
- Medicare Part B deductible
- Medicare Part B coinsurance
- Medicare Part B excess charges
- Skilled nursing facility coinsurance
- Foreign travel emergency

* The insurer may change premium rates or benefits by class or by age.



About us

ACE Medicare Supplement is presented by ACE Property & Casualty Insurance Company, a Chubb company. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

With over 120 years of experience, Chubb has become the world's largest publicly traded P&C insurance company and the leading commercial lines insurer in the U.S. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

Exclusions:

We will not pay benefits for:

- (a) Expenses incurred while this Policy is not in force except as provided in the EXTENSION OF BENEFITS section;**
- (b) That portion of any expense incurred which is paid for by Medicare;**
- (c) Services for non-Medicare Eligible Expenses unless specifically covered in the Policy, including, but not limited to, routine exams, take-home drugs and eye refractions;**
- (d) Services for which a charge is not normally made in the absence of insurance; or**
- (e) Loss or expense that is payable under any other Medicare Supplement insurance Policy or certificate. This exclusion is in reference to the extension of benefits under a prior plan period.**

Important terms to know

Benefit period: Starts the day you go to a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing facility care for 60 consecutive days.

Coinsurance: The portion of charges covered but not reimbursed by Medicare, excluding the Medicare deductibles, for which you are responsible.

Copay: A fixed fee amount that subscribers to a medical plan must pay when using specific services covered by an insurance plan.

Deductible: Amount that you pay for Medicare approved expenses before Medicare begins to pay.

Medicare Eligible Expenses: Health care expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Emergency care: Immediate medical care needed because of an injury or an illness of sudden and unexpected onset.

Excess charges: The difference between what a health care provider is permitted to charge and the Medicare-approved amount.

Hospice care: A program of care and support for someone who is terminally ill. This helps them live out the time they have remaining to the fullest extent possible.

Hospital: means a hospital that is approved or eligible to be approved to receive payments from Medicare or is accredited by the Joint Commission on Accreditation of Hospitals.

Loss: The incurring of Medicare Eligible Expenses while the policy is in force.

Medically Necessary: services and supplies that Medicare determines are necessary for the treatment of illness or injury.

Medicare-approved amount: In original Medicare, the amount that a physician who accepts assignment can be paid, including what Medicare pays and any other deductibles, coinsurance, or copayments.

Premium: The periodic payment to Medicare, an insurance company, or a health care plan for coverage.



This is a brochure for individual Medicare Supplement insurance policy forms 15032-TX-A, 15035-TX-G, 15036-TX-G+,15037-TX-N and 15044-TX-F and is not a contract of insurance. For complete details of all benefits, please read your Outline of Coverage carefully.

THIS IS LIMITED INSURANCE DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE DOES NOT COVER.

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

This is a solicitation of insurance. Contact may be made by an insurance agent or company upon inquiry.

There is a 30-day free examination period for this product.

Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.

Open enrollment is the six-month period beginning on the first day of the month in which you are enrolled in Medicare Part B. If you are on Medicare under age 65, you will also have a six-month open enrollment period when you reach age 65.

Medically Necessary Emergency Care in a Foreign Country:
coverage to the extent not covered by Medicare for 80 percent of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

ACE Medicare Supplement

Coverage is underwritten by ACE Property & Casualty Insurance Company, a Chubb company.