

# NEA® GROUP MEDICARE SUPPLEMENT PLAN ENROLLMENT GUIDE



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# HOW TO ENROLL

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## It's Easy To Enroll In The NEA Group Medicare Supplement Plan ... Here's How:

1. Call 1-844-213-1556 to complete your enrollment over the phone or you can complete the Enrollment Form on the next page.  
**IMPORTANT:** You must answer all the questions completely. If you are enrolling in Medicare Part B for the first time, you do not have to answer questions 7-12.
2. Be sure to indicate your Plan Option and your Payment Option on your Enrollment Form. You may choose to pay Annually, Semi-annually, Quarterly or Monthly by check. You may also pay monthly by enrolling in our Automatic Payment Plan (see page 3 of the Enrollment Form). Please include a personal check along with your completed Enrollment Form.
3. Please provide your NEA Membership Number as well as your Medicare Claim Number, which can be found on your Medicare card. This number facilitates the automatic claim filing process.
4. **Effective Date Of Coverage:**  
Your coverage will become effective on the first day of the month following acceptance of your Enrollment Form, but no earlier than the first of the month in which you turn 65. Please indicate the month you would like your coverage to begin on the Enrollment Form.

### Complete Answers Are Very Important

Review the Enrollment Form carefully before you sign it. Be certain that all the information has been properly recorded.

### Reminder

Don't forget to enclose your initial monthly premium check with your completed Enrollment Form.

#### Please Mail Your Enrollment Form To:

NEA Retiree Health Program  
ATTN: Special Markets  
P.O. Box 8080  
McKinney, TX 75070

### QUESTIONS?

Please call us toll-free at **1-844-213-1556** Monday – Friday  
7:00 am – 5:00 pm; CT.

# NEA GROUP MEDICARE SUPPLEMENT PLAN ENROLLMENT FORM

ENROLLMENT FORM FOR INSURANCE • UNITED AMERICAN INSURANCE COMPANY  
 P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
 A NEBRASKA STOCK COMPANY • HOME OFFICE: MCKINNEY, TEXAS

RAENNEWF01 G:9814

**1. Please verify name and address and complete other information requested.**

Phone Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Medicare Beneficiary Identifier  
 (Copy this number from your Medicare I.D. card.)

Date of Birth \_\_\_\_\_  
 / /  
 Month Day Year  Male  
 Female

**2. Fill out this section only if you want spouse coverage.**

Is spouse enrolling for coverage?  Yes  No

Spouse's Name \_\_\_\_\_

Medicare Beneficiary Identifier  
 (Copy this number from your Medicare I.D. card.)

Date of Birth \_\_\_\_\_  
 / /  
 Month Day Year  Male  
 Female

**3. Choose the coverage you want.**

**APPLICANT MEMBER: Check one plan only:**

**PLANS IF ELIGIBLE FOR MEDICARE BEFORE 2020**

- ME8 Basic Plan
- ME9 Basic Plan + Part A Deductible
- MF1 Basic + Part A Deductible + Part B Deductible + Excess Expense
- MF2 Basic + Part A Deductible + Excess Expense

**PLANS IF ELIGIBLE FOR MEDICARE 1/1/2020 OR AFTER**

- ME8 Basic Plan
- ME9 Basic Plan + Part A Deductible
- MF2 Basic + Part A Deductible + Excess Expense

**APPLICANT SPOUSE: Check one plan only:**

**PLANS IF ELIGIBLE FOR MEDICARE BEFORE 2020**

- ME8 Basic Plan
- ME9 Basic Plan + Part A Deductible
- MF1 Basic + Part A Deductible + Part B Deductible + Excess Expense
- MF2 Basic + Part A Deductible + Excess Expense

**PLANS IF ELIGIBLE FOR MEDICARE 1/1/2020 OR AFTER**

- ME8 Basic Plan
- ME9 Basic Plan + Part A Deductible
- MF2 Basic + Part A Deductible + Excess Expense

**Member Payment Method Selected:**

Monthly  Quarterly  Semi-Annual  Annual  
 Premium Submitted For Applicant: \$ \_\_\_\_\_

**Spouse Payment Method Selected:**

Monthly  Quarterly  Semi-Annual  Annual  
 Premium Submitted For Applicant: \$ \_\_\_\_\_

**4. Please answer the questions.**

If spouse is applying for coverage, make sure you answer for both you and your spouse. 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 certificate, or that you had certain rights to buy such a policy or certificate, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please enclose a copy of the notice from your prior insurer with your enrollment form. PLEASE ANSWER ALL QUESTIONS.

**TO THE BEST OF YOUR KNOWLEDGE:**

1. (a) Did you turn age 65 in the last 6 months?  
 (b) Did you enroll in Medicare Part B in the last 6 months?  
 (c) If "YES", what is the effective date?

**Applicant Member** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Applicant Spouse** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. 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 answer "NO" to this question. If you answer "YES"  
 (a) Will Medicaid pay your premiums for this Medicare Supplement policy or certificate?  
 (b) Do you receive any benefits from Medicaid OTHER THAN payments towards your Medicare Part B premium?

3. (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end date below. If you are still covered under this plan, leave "END Date" blank

**Applicant Member** START Date \_\_\_\_\_ END Date \_\_\_\_\_

**Applicant Spouse** START Date \_\_\_\_\_ END Date \_\_\_\_\_

- (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy or certificate?  
 (c) Was this your first time in this type of Medicare plan?  
 (d) Did you drop a Medicare Supplement policy or certificate to enroll in the Medicare plan?

4. (a) Do you have another Medicare Supplement policy or certificate in force?  
 (b) If so, with what company, and what plan do you have?

**Applicant Member** \_\_\_\_\_ **Applicant Spouse** \_\_\_\_\_

(c) If so, do you intend to replace your current Medicare Supplement policy or certificate with this certificate?

	<u>APPLICANT MEMBER</u>	<u>APPLICANT SPOUSE</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)  
(a) If so, with what company and what kind of policy or certificate?

Yes  No

Yes  No

**Applicant Member** \_\_\_\_\_ **Applicant Spouse** \_\_\_\_\_

(b) What are your dates of coverage under the other policy or certificate? (If you are still covered under the other policy or certificate, leave "END Date" blank.)

**Applicant Member** START Date \_\_\_\_\_ END Date \_\_\_\_\_

**Applicant Spouse** START Date \_\_\_\_\_ END Date \_\_\_\_\_

6. Are you within 6 months of your enrollment in Medicare Part B or otherwise qualified for guaranteed issue? (Questions 7-12 not required if the answer to question 6 is "YES.")

Yes  No

Yes  No

**IF YOU ARE APPLYING DURING OPEN ENROLLMENT OR YOUR GUARANTEE ISSUE PERIOD, DO NOT ANSWER QUESTIONS 7-12.**

7. Are you currently hospitalized, confined to a nursing facility or receiving Medicare approved home health care; or have you been hospitalized or received Medicare approved home health care 2 or more times in the past 12 months?

Yes  No

Yes  No

8. Are you bedridden, or confined to a wheelchair, or have you been diagnosed by a licensed health care provider with Gaucher's Disease or any other type of lipidosis, or during the past 2 years, have you had any type of amputation caused by disease?

Yes  No

Yes  No

9. Within the past year, have you been medically advised by a licensed health care provider to have surgery for cataracts, or for joint replacement, or for a heart condition, but not had such surgery?

Yes  No

Yes  No

10. Within the past year, have you been diagnosed or treated by a licensed health care provider for internal cancer?

Yes  No

Yes  No

11. Within the past 2 years, have you had heart valve surgery, or been diagnosed or treated by a licensed health care provider for Alzheimer's disease or cirrhosis of the liver?

Yes  No

Yes  No

12. Within the past 2 years, have you had or been advised by a licensed health care provider to have kidney dialysis?

Yes  No

Yes  No

**5. Please read and sign your name below.**

(1) You do not need more than one Medicare Supplement policy or certificate.

(2) If you purchase this certificate 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 or certificate.

(4) If, after purchasing this certificate, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement certificate 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 certificate (or, if that is no longer available, a substantially equivalent certificate) will be reinstated if requested within 90 days of losing Medicaid eligibility.

The reinstated certificate will not have an additional waiting period with respect to treatment of pre-existing conditions. Coverage will be substantially equivalent to the coverage in effect before the date of suspension. The premium will be at least as favorable as the premium that would have applied had the coverage not been suspended.

(5) If you are eligible for, and have enrolled in a Medicare Supplement certificate 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 certificate can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement certificate under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement certificate (or, if that is no longer available, a substantially equivalent certificate) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. The reinstated certificate will not have an additional waiting period with respect to treatment of pre-existing conditions. Coverage will be substantially equivalent to the coverage in effect before the date of suspension. The premium will be at least as favorable as the premium that would have applied had the coverage not been suspended.

(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).

I hereby apply to United American Insurance Company for a certificate to be issued in reliance on my written answers to the above questions. The answers are, to the best of my knowledge and belief, true. I agree the certificate shall not be effective unless it has actually been issued.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an enrollment form or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**APPLICANT MEMBER**

Signed at \_\_\_\_\_  
(City) (State)

This \_\_\_\_\_ day of \_\_\_\_\_  
(Year)

Signed \_\_\_\_\_  
(Applicant Member Signature)

Please make this certificate effective on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**APPLICANT SPOUSE**

Signed at \_\_\_\_\_  
(City) (State)

This \_\_\_\_\_ day of \_\_\_\_\_  
(Year)

Signed \_\_\_\_\_  
(Applicant Spouse Signature)

Please make this certificate effective on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**6. Complete this ONLY if you answered "YES" to any Questions 7 - 12 in Section 4.**

**I. INVOLUNTARY TERMINATION OF COVERAGE:**

*If your previous coverage was terminated involuntarily, please provide a copy of the notice of termination of coverage and attach it to this form.*

**APPLICANT MEMBER**

What type of coverage was terminated? \_\_\_\_\_  
Date of termination? \_\_\_\_\_  
Reason for termination? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**APPLICANT SPOUSE**

What type of coverage was terminated? \_\_\_\_\_  
Date of termination? \_\_\_\_\_  
Reason for termination? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**II. VOLUNTARY TERMINATION OF COVERAGE:**

*If you voluntarily terminated your present coverage, please attach evidence of previous coverage to this form.*

**APPLICANT MEMBER**

What type of coverage was terminated? \_\_\_\_\_  
Date of termination? \_\_\_\_\_  
Reason for termination? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**APPLICANT SPOUSE**

What type of coverage was terminated? \_\_\_\_\_  
Date of termination? \_\_\_\_\_  
Reason for termination? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*If you voluntarily terminated coverage under a Medicare Advantage plan\* or Medicare Select policy or certificate, please answer the following questions:*

**TO THE BEST OF YOUR KNOWLEDGE:**

1. Was this the first time you were ever enrolled in a Medicare Advantage plan or purchased a Medicare Select policy or certificate?  
If so, did you have the Medicare Advantage plan or Medicare Select policy or certificate for less than 12 months?
2. Did you have a Medicare Supplement policy or certificate before applying for the Medicare Advantage plan or Medicare Select policy or certificate?  
If "YES," with which company and which Medicare Supplement plan?

**Applicant Member** \_\_\_\_\_

**Applicant Spouse** \_\_\_\_\_

Is that company still offering that Medicare Supplement plan?

**APPLICANT MEMBER**

Yes  No

Yes  No

Yes  No

Yes  No

**APPLICANT SPOUSE**

Yes  No

Yes  No

Yes  No

Yes  No

\*Medicare Advantage plan means a plan of coverage for health benefits under Medicare Part C as defined in Section 1859 found in Title IV, Subtitle A, Chapter 1 of P.L. 105-33, and includes: (1) Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; (2) Medical savings account plans coupled with a contribution into a Medicare Advantage medical savings account; and, (3) Medicare Advantage private fee-for-service plans.

**AUTOMATIC PAYMENT PLAN AUTHORIZATION TO MY BANK**

**SAVE \$2 PER PAYMENT BY SELECTING MONTHLY BANK DRAFT — YOUR AUTOMATIC PAYMENT PLAN!**

**An attached personalized, voided check and signed authorization are required to begin Monthly Bank Draft.**

As a convenience to me, I hereby authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of United American Insurance Company, McKinney, Texas, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or electronic debit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

\_\_\_\_\_ Date

X

\_\_\_\_\_ Signature (as it appears on bank records)

**PLEASE MAIL YOUR CHECK FOR YOUR INITIAL PREMIUM AND COMPLETED ENROLLMENT FORM TO:**

**NEA RETIREE HEALTH PROGRAM • ATTN: SPECIAL MARKETS • P.O. BOX 8080 • MCKINNEY, TX 75070**

# COVERAGE COMPARISON CHART

## NEA Group Medicare Supplement Coverage Comparison Chart

### Outline Of Plan Options ME8, ME9, MF1<sup>++</sup> and MF2

This chart shows a summary of the benefits included in each Plan Option. The following pages provide you more detail about the benefits for plans ME8, ME9, MF1<sup>++</sup> and MF2. Two of the most popular Plan Options are MF1<sup>++</sup> and MF2. The Best Benefits Discounts<sup>®</sup> provides nine discounts to give you more for your money.<sup>1</sup> The NEA Group Medicare Supplement Plan is fully underwritten by United American Insurance Company and governed by the Employee Retirement Income Security Act of 1974 (ERISA). The Discount Program is provided by Best Benefits<sup>®</sup>.<sup>1</sup>

PLAN ME8	PLAN ME9	PLAN MF1 <sup>++</sup>	Plan MF2
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible	
		Part B Excess (100%)	Part B Excess (100%)

<sup>++</sup>Only applicants who are first eligible for Medicare before January 1, 2020 may purchase MF1.

### NEA BEST BENEFITS<sup>®</sup> Discounts

If you choose Plan:	Plan ME8	Plan ME9	Plan MF1 <sup>++</sup>	Plan MF2
Prescriptions <sup>1</sup>			✓	✓
Dental			✓	✓
Chiropractic			✓	✓
Vision			✓	✓
Hearing			✓	✓
Vitamins			✓	✓
Podiatry			✓	✓
Travel Assistance			✓	✓
Medical Records			✓	✓

Best Benefits<sup>®</sup> is not affiliated with Medicare, Social Security or any other government agency.

<sup>1</sup> Discounts are not insurance. RX discounts not valid if you have another discount program.

See pages 6 through 13 for more details on Plan Options ME8, ME9, MF1<sup>++</sup> and MF2.

# NEA Group Medicare Supplement: **PLAN OPTION ME8**

## Medicare 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 ME8 PAYS	YOU PAY
<b>HOSPITALIZATION *</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,600	\$0	\$1,600 (Part A Deductible)
61st through 90th day:	All but \$400 a day	\$400 a day	\$0 <sup>†</sup>
91st day and after:			
While using 60 lifetime reserve days:	All but \$800 a day	\$800 a day	\$0 <sup>†</sup>
Once lifetime reserve days are used:			
Additional 365 days:	\$0	100% of Medicare-Eligible Expenses	\$0 <sup>†</sup>
Beyond the Additional 365 days:	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE *</b>			
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 <sup>†</sup>
21st through 100th day:	All but \$200 a day	\$0	Up to \$200 a day
101st day and after:	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints:	\$0	3 pints	\$0 <sup>†</sup>
Additional amounts:	100%	\$0	\$0 <sup>†</sup>
<b>HOSPICE CARE</b>			
You must meet Medicare requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare coinsurance or copayment	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

# NEA Group Medicare Supplement: **PLAN OPTION ME8** CONTINUED

## Medicare Part B – Medical Services Per Calendar Year\*

\*Once you have been billed \$226 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.

SERVICES	MEDICARE PAYS	PLAN ME8 PAYS	YOU PAY
<b>MEDICAL EXPENSES *</b>			
In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$226 of Medicare-approved amounts*:	\$0	\$0	\$226 (Part B Deductible)
Remainder of Medicare-approved amounts:	Generally 80%	Generally 20%	\$0 <sup>†</sup>
<b>PART B EXCESS CHARGES</b>			
Above Medicare-approved amounts:	\$0	\$0	All Costs
<b>BLOOD *</b>			
First 3 pints:	\$0	All costs	\$0 <sup>†</sup>
Next \$226 of Medicare-approved amounts*:	\$0	\$0	\$226 (Part B Deductible)
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services:	100%	\$0	\$0 <sup>†</sup>

## Medicare Parts A & B

<b>HOME HEALTH CARE *</b>			
Medicare-approved services:			
Medically necessary skilled care services and medical supplies:	100%	\$0	\$0 <sup>†</sup>
Durable medical equipment:			
First \$226 of Medicare-approved amounts*:	\$0	\$0	\$226 (Part B Deductible)
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.



# NEA Group Medicare Supplement: **PLAN OPTION ME9**

## Medicare 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 ME9 PAYS	YOU PAY
<b>HOSPITALIZATION *</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,600	\$1,600 (Part A Deductible)	\$0 <sup>†</sup>
61st through 90th day:	All but \$400 a day	\$400 a day	\$0 <sup>†</sup>
91st day and after:			
While using 60 lifetime reserve days:	All but \$800 a day	\$800 a day	\$0 <sup>†</sup>
Once lifetime reserve days are used:			
Additional 365 days:	\$0	100% of Medicare-Eligible Expenses	\$0 <sup>†</sup>
Beyond the additional 365 days:	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE *</b>			
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 <sup>†</sup>
21st through 100th day:	All but \$200 a day	\$0	Up to \$200 a day
101st day and after:	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints:	\$0	3 pints	\$0 <sup>†</sup>
Additional amounts:	100%	\$0	\$0 <sup>†</sup>
<b>HOSPICE CARE</b>			
You must meet Medicare requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare coinsurance or copayment	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

NEA Group Medicare Supplement: **PLAN OPTION ME9** CONTINUED

**Medicare Part B – Medical Services Per Calendar Year\***

\*Once you have been billed \$226 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.

SERVICES	MEDICARE PAYS	PLAN ME9 PAYS	YOU PAY
<b>MEDICAL EXPENSES *</b>			
In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$226 of Medicare-approved amounts*:	\$0	\$0	\$226 (Part B Deductible)
Remainder of Medicare-approved amounts:	Generally 80%	Generally 20%	\$0 <sup>†</sup>
<b>PART B EXCESS CHARGES</b>			
Above Medicare-approved amounts:	\$0	\$0	All Costs
<b>BLOOD *</b>			
First 3 pints:	\$0	All costs	\$0 <sup>†</sup>
Next \$226 of Medicare-approved amounts*:	\$0	\$0	\$226 (Part B Deductible)
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services:	100%	\$0	\$0 <sup>†</sup>

**Medicare Parts A & B**

<b>HOME HEALTH CARE *</b>			
Medicare-approved services: Medically necessary skilled care services and medical supplies:	100%	\$0	\$0 <sup>†</sup>
Durable medical equipment: First \$226 of Medicare-approved amounts*:	\$0	\$0	\$226 (Part B Deductible)
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

**Other Benefits – Not Covered By Medicare**

<b>FOREIGN TRAVEL</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year:	\$0	\$0	\$250
Remainder of charges*:	\$0	\$0	Balance

# NEA Group Medicare Supplement: **PLAN OPTION MF1<sup>††</sup>**

## Medicare 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 MF1 PAYS	YOU PAY
<b>HOSPITALIZATION *</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,600	\$1,600 (Part A Deductible)	\$0 <sup>†</sup>
61st through 90th day:	All but \$400 a day	\$400 a day	\$0 <sup>†</sup>
91st day and after:			
While using 60 lifetime reserve days:	All but \$800 a day	\$800 a day	\$0 <sup>†</sup>
Once lifetime reserve days are used:		100% of Medicare-Eligible Expenses	\$0 <sup>†</sup>
Additional 365 days:	\$0		\$0 <sup>†</sup>
Beyond the additional 365 days:	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE *</b>			
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 <sup>†</sup>
21st through 100th day:	All but \$200 a day	Up to \$200 a day	\$0 <sup>†</sup>
101st day and after:	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints:	\$0	3 pints	\$0 <sup>†</sup>
Additional amounts:	100%	\$0	\$0 <sup>†</sup>
<b>HOSPICE CARE</b>			
You must meet Medicare requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	\$0	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

NEA Group Medicare Supplement: **PLAN OPTION MF1<sup>††</sup>** CONTINUED

**Medicare Part B – Medical Services Per Calendar Year\***

\*Once you have been billed \$226 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.

SERVICES	MEDICARE PAYS	PLAN MF1 PAYS	YOU PAY
<b>MEDICAL EXPENSES *</b>			
In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$226 of Medicare-approved amounts*:	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts:	Generally 80%	Generally 20%	\$0 <sup>†</sup>
<b>PART B EXCESS CHARGES</b>			
Above Medicare-approved amounts:	\$0	100%	\$0 <sup>†</sup>
<b>BLOOD *</b>			
First 3 pints:	\$0	All costs	\$0 <sup>†</sup>
Next \$226 of Medicare-approved amounts*:	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services:	100%	\$0	\$0 <sup>†</sup>

**Medicare Parts A & B**

<b>HOME HEALTH CARE *</b>			
Medicare-approved services: Medically necessary skilled care services and medical supplies:	100%	\$0	\$0 <sup>†</sup>
Durable medical equipment: First \$226 of Medicare-approved amounts*:	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>

<sup>†</sup>“0” indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

**Other Benefits – Not Covered By Medicare**

<b>FOREIGN TRAVEL</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year:	\$0	\$0	\$250
Remainder of charges*:	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

Plan Option MF1<sup>††</sup> Certificateholders also receive access to Pharmaceutical, Dental, Chiropractic, Hearing and Vision discounts – see “EXTRA FEATURES” for details.

<sup>††</sup> Only applicants who are first eligible for Medicare before January 1, 2020 may purchase MF1.

# NEA Group Medicare Supplement: **PLAN OPTION MF2**

## Medicare 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 MF2 PAYS	YOU PAY
<b>HOSPITALIZATION *</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,600	\$1,600 (Part A Deductible)	\$0 <sup>†</sup>
61st through 90th day:	All but \$400 a day	\$400 a day	\$0 <sup>†</sup>
91st day and after:			
While using 60 lifetime reserve days:	All but \$800 a day	\$800 a day	\$0 <sup>†</sup>
Once lifetime reserve days are used:			
Additional 365 days:	\$0	100% of Medicare-Eligible Expenses	\$0 <sup>†</sup>
Beyond the additional 365 days:	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE *</b>			
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 <sup>†</sup>
21st day through 100th day:	All but \$200 a day	Up to \$200 a day	\$0 <sup>†</sup>
101st day and after:	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints:	\$0	3 pints	\$0 <sup>†</sup>
Additional amounts:	100%	\$0	\$0 <sup>†</sup>
<b>HOSPICE CARE</b>			
You must meet Medicare requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	\$0	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

# NEA Group Medicare Supplement: **PLAN OPTION MF2** CONTINUED

## Medicare Part B – Medical Services Per Calendar Year\*

\*Once you have been billed \$226 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.

SERVICES	MEDICARE PAYS	PLAN MF2 PAYS	YOU PAY
<b>MEDICAL EXPENSES *</b>			
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 \$226 of Medicare-approved amounts*: Remainder of Medicare-approved amounts:	\$0 Generally 80%	\$0 Generally 20% after \$226 deductible is met	\$226 (Part B Deductible) \$0 <sup>†</sup> after \$226 deductible is met
<b>PART B EXCESS CHARGES</b>			
Above Medicare-approved amounts:	\$0	100% after \$226 deductible is met	\$0 <sup>†</sup> after \$226 deductible is met
<b>BLOOD *</b>			
First 3 pints: Next \$226 of Medicare-approved amounts*: Remainder of Medicare-approved amounts:	\$0 \$0 80%	All costs \$0 20%	\$0 <sup>†</sup> \$226 (Part B Deductible) \$0 <sup>†</sup>
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services:	100%	\$0	\$0 <sup>†</sup>

## Medicare Parts A & B

<b>HOME HEALTH CARE *</b>			
Medicare-approved services: Medically necessary skilled care services and medical supplies: Durable medical equipment: First \$226 of Medicare-approved amounts*: Remainder of Medicare-approved amounts:	100% \$0 80%	\$0 \$0 20% after \$226 deductible is met	\$0 <sup>†</sup> \$226 (Part B Deductible) \$0 <sup>†</sup> after \$226 deductible is met

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

## Other Benefits – Not Covered By Medicare

<b>FOREIGN TRAVEL</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year: Remainder of charges*:	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over \$50,000 lifetime maximum

Plan Option MF2 Certificateholders also receive access to Pharmaceutical, Dental, Chiropractic, Hearing and Vision discounts – see "EXTRA FEATURES" for details.

# EXTRA FEATURES

## The Best Benefits Discount Card – No Additional Cost To You

### Here's How The Best Benefits Discount Card Works:

You will receive a listing of participating providers in your area for these discount benefits – not for your regular Medicare Supplement benefits. (You can use anyone for your regular Medicare Supplement benefits.) Make an appointment (if necessary) with a provider on the listing. Show your card to the provider (including specialists where available) and receive the discount when you receive the service.

To get a current list of providers in your area, go to [www.neamb.com/rhp](http://www.neamb.com/rhp).

**This exclusive card is automatically included when you enroll in Plan Options MF1<sup>††</sup> or MF2 and entitles you to the following special discounts:**

#### Dental Care

You'll save money on routine and preventative care, as well as more extensive treatments such as fillings, crowns, root canals, dentures, bridges, and oral surgery. Over 57,000 providers nationwide.

#### Vision Care

Through a network of over 12,000 eye care professionals nationwide, you'll save 10% to 60% on eyeglasses, contact lenses (excluding disposables), non-prescription sunglasses and other retail eyewear items.

#### Hearing Care

You'll save money on hearing care and hearing aids, as well as maintenance and repair. You can receive an annual cleaning and check of your hearing aids at no charge.

#### Chiropractic Care

You'll save money on your chiropractic care from one of the nation's largest networks. In fact, you'll receive a free initial consultation, 20% to 40% savings on regular chiropractic fees at participating providers.

#### Emergency Travel Assistance

If a medical emergency strikes when you're more than 100 miles from home this coverage can arrange for emergency evacuations, medical assistance in foreign countries, payment to overseas medical providers, emergency cash advances, travel assistance for family members and more.

#### Prescription Drug

You'll save an average of more than 20% on brand name and generic drugs at nearly all of the nation's largest retail drug chains. This is not a Medicare Part D Prescription Drug Plan.

#### Mail Order Prescription Drug Service

You can save an average of more than 20% – and time – on your prescription drugs with this service.

#### Vitamins and Nutritional Supplements

Many members consider a vitamin and mineral supplement program a vital part of their overall health regimen. Now you can also save 25% to 50% when you order vitamins and nutritional supplements through the mail-order service.

#### Podiatric Care

Receive a 50% discount on the provider's fees for initial exams and 20% on fees for other products and services.

#### Medical Records and Retrieval Service

Carrying the Medifile ID Card in your wallet will allow medical personnel to get immediate access to your medical records in an emergency.

None of the above discounts can be used in conjunction with any other discount programs.

**These discounts are not insurance.**

**It is not necessary to spend extra money for another discount card.**

**None of the above discounts can be used in conjunction with any other discount program.**

Administered by Coverdell & Company, 8770 W Bryn Mawr, Suite 1000, Chicago, IL 60631 (1-800-308-0374). To view a listing of participating providers go to [www.findbestbenefits.com](http://www.findbestbenefits.com) and enter promo code 736010. This plan has been provided at no cost to you and will remain active until you call to cancel.

# QUESTIONS & ANSWERS

## Q. Is it difficult to get this coverage?

A. No physical exam is required to get coverage under any Plan Option.

## Q. When can I enroll?

A. All eligible NEA members and their spouses, domestic partners and surviving spouses age 65 and older who are enrolled in Medicare Parts A & B, are guaranteed acceptance, regardless of preexisting health conditions when enrolling during the Open Enrollment Period. During Non-Open Enrollment Periods, a few Y/N health questions must be answered.

## Q. Can my spouse, domestic partner and surviving spouse get this coverage also?

A. Yes. As long as you remain a member of the NEA and this program, your spouse, domestic partner, and surviving spouse is eligible to enroll if they are enrolled in Medicare Parts A and B. Special rules may apply for spouse only coverage.

## Q. What if I already have a Medicare Supplement Policy or Certificate?

A. You can switch to this NEA® Group Medicare Supplement Plan without ever losing a day of coverage.

## Q. Can I choose my own doctor?

A. Yes. There are no lists to limit your choices. You have the freedom to choose any doctor, or medical facility.

## Q. How often will my rate change?

A. Rates can change once each year. The claims experience of the NEA Group Medicare Supplement Plan is reviewed annually by the NEA Members Insurance Trust. If changes are needed in the premium rate schedules due to the overall claims

experience of the program, your premium rate will change for this reason. For certain states, premium rates will also increase based on your attained age, up to and including age 80, regardless of the claims experience of the program. All claims experience premium rate changes and any applicable attained age premium increases are combined into one single rate change for your certificate, once a year.

## Q. What happens if the government increases the Medicare deductibles and co-payments?

A. The NEA Group Medicare Supplement Plan is designed specifically to automatically match any increase in Medicare deductibles or co-payments.

## Q. I'm in great health. Do I really need insurance to supplement Medicare?

A. Yes. Even if you're healthy now, there's always the chance you will be in an accident, or you'll develop an illness later on.

## Q. Is it difficult to file a claim?

A. No. Most hospitals – inpatient or outpatient – and skilled nursing facilities file special forms directly with United American. Part B claims information is received directly from Medicare, virtually eliminating your need to file.

With “Automatic” Claims Filing® (ACF) most claims are handled automatically when doctors accept Medicare assignment. ACF is “paperless!” You do nothing!

## Q. Will my coverage be canceled if I get sick?

A. No. As long as you pay your premiums, remain an NEA member and the Program remains in force, your coverage will continue regardless of your health or the number of claims you make. (Of course, you may cancel your coverage whenever you wish.)

## MORE QUESTIONS? CALL 1-844-213-1556

7:00 am – 5:00 pm; CT

If you have more questions, call the NEA Group Medicare Supplement Plan service hotline. Friendly service representatives will be glad to assist you.



# PROVISIONS

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## Member Eligibility

You are eligible to participate in this program if you are retired and a member of NEA, you are age 65 or older, and you are covered by Medicare Parts A and B.

## Spouse, Domestic Partner and Surviving Spouse Eligibility

Your spouse, domestic partner and surviving spouse may also be eligible to participate. She or he must be age 65 or older, and must be covered by Medicare Parts A and B.

Your spouse, domestic partner and surviving spouse is eligible to participate even if you do not participate as long as you are an NEA member in good standing and are participating in another program of the NEA Members Insurance Trust (NEA Group Term Life, NEA Level Premium Term Life, NEA Guaranteed Issue Life or NEA AD&D Insurance).

## Acceptance

No physical exam is required to get coverage under any Plan Option.

## How To Select The Best Plan For You

The Plan Option that's best for you is the one that most closely meets your specific needs. All of the Plan Options offered are outlined on the Summary shown on page 2. Details are provided for these plans.

Each of the Plan Options provides a different level of insurance protection. You should compare them and fit them to your personal needs and budget. To help you make an informed decision, if you need more information about the Plans offered, please call 1-844-213-1556.

## For Your Protection

- You do NOT need more than one Medicare Supplement policy or certificate.
- Depending on your age and income situation, you may be approved for benefits under Medicaid and may not need a Medicare Supplement policy or certificate.
- The benefits and payments under your Medicare Supplement certificate will be suspended 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 certificate will be reinstated if requested within 90 days of losing Medicaid eligibility.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning Medicaid.
- This Program is offered by the NEA Members Insurance Trust, underwritten by United American Insurance Company, exclusively for NEA members and their eligible spouses. Once you are a participant in the Program, if you wish to terminate your coverage and transfer to another Medicare supplement program, you may be subject to underwriting and/or pre-existing conditions or other limitations.

## GLOSSARY OF TERMS

**Lifetime Reserve Days** are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period. (See plan descriptions.)

**Medicare-Eligible Expenses** are the health care expenses which Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare's Eligible Expense as their fee amount. Your physician or surgeon may charge you more.

**Hospital or Skilled Nursing Facility** – A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare, or is qualified to receive such approval if so requested. Custodial care does not qualify as an eligible expense.

**Excess Charge** is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

# ADDITIONAL PROVISIONS

## Cost Information

The NEA program's exclusive premium rates are extremely competitive – we have lower rates on average than most popular Medicare Supplement Programs. The NEA Members Insurance Trust evaluates the plans offered and the premium rates annually to ensure these remain competitive. In most states, your premium rate is determined by your age when you enroll. Please review the applicable plans and premium rate schedules offered in your residence state to understand your cost when you enroll. Premium rate schedules are subject to change annually.

## Coverage Replacement

If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new Certificate of Coverage and are sure you want to keep it.

## Read Your Plan Description Very Carefully

This is only an outline describing your Program's most important features. The Certificate of Coverage is your insurance contract. You must read the Certificate of Coverage itself to understand all of the rights and duties of both you and United American Insurance Company.

## Right To Return Your Plan Description

If you find you are not satisfied with your coverage, you may return your Certificate of Coverage to United American Insurance Company at P.O. Box 8080; McKinney, TX 75070. If you send it back within 30 days after you receive it – without having made any claim – it will be treated as if it had never been issued and all of your payments will be returned.

## What This Program Does Not Cover

Coverage is not provided for any expenses which are not Medicare-approved, except as otherwise specified.

## Disclosures

Use the detailed benefit sheets that start on page 5 to compare benefits and payments.

## What To Do If You Already Have A Medicare Supplement Policy Or Certificate

If you already have Medicare Supplement coverage, you can

switch to this NEA Group Medicare Supplement Plan without ever losing a day of coverage. You'll even be covered for pre-existing conditions if you are replacing an existing plan.

Simply complete the Application and send it in. (Do not cancel your existing coverage until you receive confirmation of your acceptance into this Program.)

See rates at [www.neamb.com/rhp](http://www.neamb.com/rhp).

## Pre-Existing Conditions

Loss due to injury or sickness for which medical advice was received or treatment was recommended or given by a physician within three months prior to the effective date is not covered unless the loss is incurred more than 60 days after the certificate effective date, subject to the terms and conditions of the Certificate of Coverage.

If this coverage replaces currently in force Medicare Supplement or primary hospital and medical reimbursement insurance coverage, then this pre-existing conditions limitation will be waived to the extent it was satisfied under the replaced coverage.

All of the provisions of the NEA Group Medicare Supplement Plan described are contained in the Certificate of Coverage, which is underwritten by United American Insurance Company.

## Notice

This insurance may not fully cover all of your medical costs.

United American Insurance Company is not connected with Medicare, Social Security or any other government agency.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for more details.



NEA GROUP MEDICARE SUPPLEMENT PLAN  
P.O. Box 8080 • McKinney, TX 75070

**If you have questions, please call us at 1-844-213-1556.**

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