

FirstCommunity

SENIOR SELECT

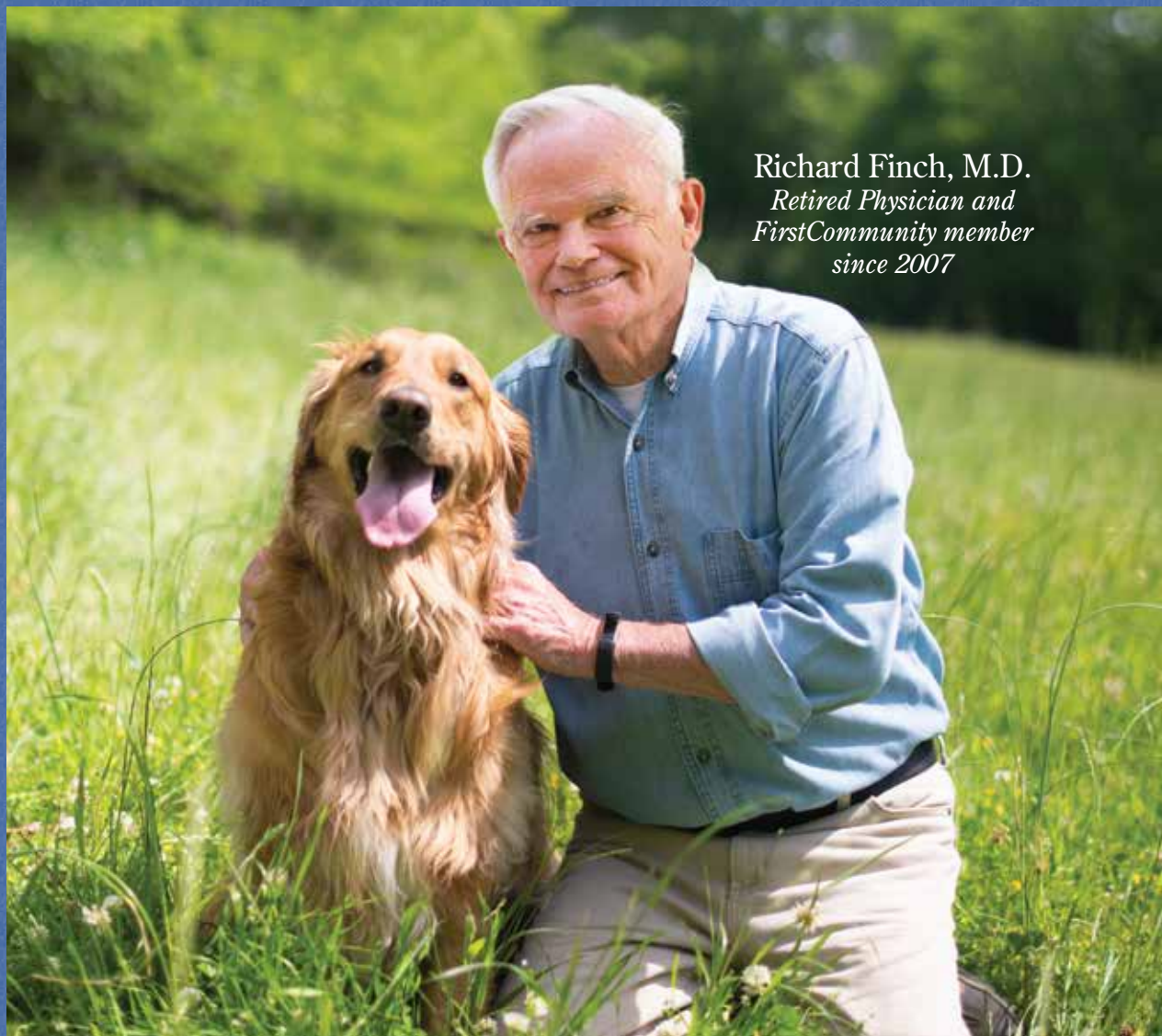
MEDICARE SUPPLEMENT

2020



FirstCommunity

HEALTH PLAN, INC.



Richard Finch, M.D.
*Retired Physician and
FirstCommunity member
since 2007*

Outline of Coverage and Premium Information

Service Area:

Colbert, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall and Morgan counties.

FirstCommunity Senior Select is a product specially designed for persons age 65 and older.

an affiliate of  HUNTSVILLE HOSPITAL

FirstCommunity Senior Select 2020 Outline of Medicare Supplemental Coverage

Benefit Plans A, B & G offered by FirstCommunity Senior Select for effective dates on or after January 1, 2020.

A	B	D	G
Basic Benefits including 100% Part B Coinsurance	Basic Benefits including 100% Part B Coinsurance	Basic Benefits including 100% Part B Coinsurance	Basic Benefits including 100% Part B Coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible
			Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency

Medicare supplement insurance can be sold in only 10 standard plans. This chart shows the benefits included in each plan. Every company must make Plan “A” available. Some plans may not be available in your state. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums.

- **HOSPITALIZATION:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **MEDICAL EXPENSES:** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance.
- **BLOOD:** First three pints of blood each year.
- **HOSPICE:** Part A coinsurance.

Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.

K**	L**	M	N	C	F and F*
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic Benefits including 100% Part B Coinsurance	Basic Benefits including 100% Part B Coinsurance, except up to \$20 copay for office visit, and up to \$50 copayment for ER	Basic Benefits including 100% Part B Coinsurance	Basic Benefits including 100% Part B Coinsurance
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
				Part B Deductible	Part B Deductible
					Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
\$5880 Out-of-Pocket Annual Limit** Paid at 100% after limit is reached	\$2940 Out-of-Pocket Annual Limit** Paid at 100% after limit is reached			Only applicants' first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F*.	

PLANS K and L: **The annual limit will increase each year for inflation.

Plan F also has an option called a high deductible **Plan F***. This high deductible plan pays the same benefits as **Plan F** after one has paid a calendar year \$2340 deductible. Benefits from high deductible **Plan F** will not begin until out-of-pocket expenses exceed \$2340.

Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Please read carefully the important features listed and note the benefits that are most important to you.

* 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.

MEDICARE (PART A) HOSPITAL SERVICES Per Benefit Period	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay	Plan G Pays	You Pay
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days	All but \$1408	\$0	\$1408 (Part A Deductible)	\$1408 (Part A Deductible)	\$0	\$1408 (Part A Deductible)	\$0
61st to 90th day	All but \$352 a day	\$352 a day	\$0	\$352 a day	\$0	\$352 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$704 a day	\$704 a day	\$0	\$704 a day	\$0	\$704 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0	100% of Medicare eligible expenses	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs	\$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. First 20 days	All approved amounts	\$0	\$0	\$0	\$0	\$0	\$0
21st thru 100th day	All but \$176 a day	\$0	Up to \$176 a day	\$0	Up to \$176 a day	Up to \$176 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs	\$0	All costs
Blood: First 3 pints	\$0	3 Pints	\$0	3 Pints	\$0	3 Pints	\$0
Additional Amounts	100%	\$0	\$0	\$0	\$0	\$0	\$0
Hospice Care** You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0
**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer 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.							

* Once you have been billed \$185 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.

** In the case of hospital outpatient department services under a prospective payment system, the copayment amount is:

MEDICARE (PART B) MEDICAL SERVICES Per Calendar Year	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay	Plan G 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 \$198 of Medicare-approved amounts	\$0	\$0	\$198 (Part B Deductible)	\$0	\$198 (Part B Deductible)	\$0	\$198 (Part B Deductible)
** Remainder of Medicare-approved amounts	Generally 80%	Generally 20%**	\$0	Generally 20%**	\$0	Generally 20%**	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All Costs	\$0	All Costs	100%	\$0
Blood: First 3 pints	\$0	All costs	\$0	All costs	\$0	All costs	\$0
* Next \$198 of Medicare-approved amounts	\$0	\$0	\$198 (Part B Deductible)	\$0	\$198 (Part B Deductible)	\$0	\$198 (Part B Deductible)
Remainder OF MEDICARE APPROVED AMOUNTS	80%	20%	\$0	20%	\$0	20%	\$0
Clinical Laboratory Services Blood tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0
Home Health Care Medicare-approved Services Medically necessary skilled care services and medical supplies.	100%	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment • First \$198 of Medicare-approved amounts	\$0	\$0	\$198 (Part B Deductible)	\$0	\$198 (Part B Deductible)	\$0	\$198 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0	20%	\$0
Foreign Travel Medically necessary emergency care services beginning during the first 60 days each trip outside the U.S.A. • First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250	\$0	\$250
• Remainder of charges	\$0	\$0	All costs	\$0	All costs	80% to lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Rates for FirstCommunity Senior Select Medicare Supplement Plans

(Sold for Effective Dates on or after January 1, 2020)

NEW! One Geographical Area as of January 1, 2020

Jackson, Limestone, Madison, Marshall, Morgan,
Colbert, Franklin, Lauderdale, and Lawrence Counties



AGE	Plan A	Plan B	Plan G
65	\$114.00	\$119.00	\$136.00
66	117.00	122.00	139.00
67	119.00	124.00	143.00
68	122.00	129.00	149.00
69	125.00	133.00	153.00
70	130.00	139.00	160.00
71	133.00	142.00	165.00
72	137.00	145.00	170.00
73	140.00	149.00	177.00
74	142.00	153.00	183.00
75	144.00	155.00	187.00
76	146.00	158.00	192.00
77	148.00	160.00	198.00
78	149.00	164.00	202.00
79	151.00	166.00	205.00
80	152.00	167.00	212.00
81	153.00	168.00	217.00
82	154.00	169.00	221.00
83	154.00	170.00	226.00
84	155.00	171.00	229.00
85	155.00	171.00	234.00
86	155.00	172.00	240.00
87+	156.00	174.00	246.00

PREMIUM INFORMATION: Your premium will increase each year because of the increase in your attained age. Your premium is based on the attained age of the insured on January 1 of each year. We can also raise your premium if (a) we change the rates which apply to all policies of this form issued by us and in-force in your state; (b) coverage under Medicare changes; or (c) you move to a different ZIP Code location. We will send you a written notice at least thirty (30) days in advance when we change the premium rates for all policies of this form issued by us and in-force in your state.

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 Certificate of Coverage (COC) is your insurance contract. You must read the COC itself to understand all of the rights and duties of both you and FirstCommunity Health Plan, Inc.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to:

FirstCommunity Senior Select
P.O. Box 2887
Huntsville, AL 35804-2887

If you send the policy back 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 FirstCommunity Health Plan, Inc. 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 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.

EMERGENCY COVERAGE

For emergency conditions, care is available 24 hours per day and 7 days per week at any emergency facility. You simply use the nearest emergency care facility, then call your physician and FirstCommunity Senior Select within 24 hours.

Full Medicare Supplemental benefits will be paid at any non-participating hospital any time you are treated for symptoms which require emergency care, or when medical services are immediately required for an unforeseen illness, injury or other condition and it is not reasonable to obtain such services through a participating hospital.

REFERRALS FOR SERVICES NOT AVAILABLE IN PARTICIPATING HOSPITALS

If the services you require are not available at a participating hospital, then your physician may refer you to a non-participating hospital and your Medicare Approved services will be covered by your Medicare Select policy.

QUALITY ASSURANCE

When you purchase one of our FirstCommunity Senior Select plans, you agree to use our participating hospitals. Therefore, it is our goal to make sure our participating hospitals meet rigorous quality standards and to make sure you have adequate access to them.

COMPLAINT AND GRIEVANCE PROCEDURE

FirstCommunity Senior Select seeks to provide quality administration and services to you and our participating hospitals. It is recognized, however, that from time to time you may not be fully satisfied.

A FirstCommunity Senior Select a problem resolution procedure is established for solving problems which may arise as quickly and satisfactorily as possible. We desire to provide a fair, accessible, and responsive method of evaluating and resolving complaints and grievances.

All complaints can be directed to Member Services by calling 256-532-2783 or 1-800-734-7826. If not resolved to your satisfaction, grievances should be expressed in writing to:

FirstCommunity Senior Select
P.O. Box 2887
Huntsville, AL 35804-2887

FirstCommunity Senior Select PARTICIPATING HOSPITALS

For hospital services, you must use one of these participating hospitals in order to receive coverage from FirstCommunity Senior Select.

Athens-Limestone Hospital

700 West Market Street
Athens, AL 35611
mailing address: P.O. Box 999
Athens, AL 35612
(256) 233-9292

Decatur Morgan Hospital- Decatur Campus

1201 7th Street SE
Decatur, Alabama 35601
256-341-2000

2205 Beltline Road, SW
Decatur, Alabama 35601
(256) 306-4000

Decatur Morgan Hospital- Parkway Campus

1874 Beltline Road, SW
Decatur, Alabama 35601-5514
(256) 350-2211

Helen Keller Hospital

1300 S. Montgomery Ave.
Sheffield, AL 35660
(256) 386-4196

Highlands Medical Center

380 Woods Cove Road
Scottsboro, AL 35768
(256) 259-4444

Huntsville Hospital

101 Sivley Road
Huntsville, AL 35801
(256) 265-1000

Huntsville Hospital for Women and Children

911 Big Cove Road
Huntsville, AL 35801
(256) 265-1000

Lawrence Medical Center

202 Hospital Street
Moulton, AL 35650
(256) 974-2200

Madison Hospital

8375 Highway 72 West
Madison, AL 35758
(256) 265-2012

Marshall Medical Centers North

8000 Highway 69
Guntersville, AL 35976
(256) 571-8000

Marshall Medical Centers South

2505 US Highway 431
Boaz, AL 35957
(256) 593-8310

North Alabama Medical Center

1701 Veterans Drive
Florence, AL 35630
(256) 629-1000

Red Bay Hospital

211 Hospital Road
Red Bay, AL 35582
(256) 356-9532

Russellville Hospital

15155 Highway 43
Russellville, AL 35653
(256) 332-1611

Shoals Hospital

201 Avalon Avenue
Muscle Shoals, AL 35661
(256) 386-1600