



Indiana Farm Bureau[®]

Health Plans

Insured by Members Health Insurance Company



INDIANA FARM BUREAU HEALTH PLANS

MEDICARE SUPPLEMENT INSURANCE PLANS OUTLINE OF COVERAGE FOR PLANS A, D, G AND N



QUESTIONS ABOUT OUR PLANS?



Call us toll-free at
1-888-964-0854



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MEDICARE SUPPLEMENTS MADE EASY

MEDICARE SUPPLEMENT COVERAGE CAN PROTECT YOU FROM MEDICARE'S LARGE OUT-OF-POCKET EXPENSES

Medicare Supplement coverage helps fill the gaps in original Medicare (Part A - Hospital and Part B - Medical). This means it helps pay some of the health care costs that original Medicare doesn't cover, like copayments, coinsurance and deductibles. If you have original Medicare, you may be surprised how quickly these out-of-pocket expenses can add up.

To avoid these gaps in your Medicare benefits, consider Indiana Farm Bureau Health Plans' Medicare Supplement Insurance Plans to help pay these expenses.

There are 12 standard Medicare Supplement plan options. Medicare Supplement plans are standardized by the federal government. Every company must make available Plan A, but do not have to offer all 12 plans.

Indiana Farm Bureau Health Plans offers Medicare Supplement Plans A, D, G and N only.

CHOOSE YOUR OWN DOCTORS AND HOSPITALS

When you purchase a Medicare Supplement, you have the freedom to use any doctor, health care provider and hospital that accepts original Medicare. There is no need to worry about networks.

CHOOSE THE BENEFITS THAT ARE MOST IMPORTANT TO YOU

INSURANCE WORDS TO KNOW

- **Premium** - The cost of belonging to the plan. Think of it as a gym membership. You pay every month whether you use the gym or not.
- **Deductible** - The amount you must pay for eligible medical services before insurance starts to pay.
- **Copay or coinsurance** - If you have a claim, this is your share of the cost of those claims. If it's a specific dollar amount, it's called a copay. If the figure is a percentage of the bill, it's called a coinsurance.

BASIC BENEFITS INCLUDED IN ALL MEDICARE PLANS

- **Hospitalization:** Part A daily copayments (days 61-90 and 91-150), plus coverage for 365 additional days after Medicare benefits end.
- **Medical expenses:** Part B coinsurance (20% of Medicare-approved expenses) or copays. Plans K, L and N require you to pay a portion of the Part B coinsurance or copayments.
- **Medicare preventive care:** Part B coinsurance (20% of Medicare-approved expenses) when applicable.
- **Blood:** First three pints of blood each year (original Medicare covers additional pints).
- **Hospice:** Part A coinsurance for inpatient respite care and copays for outpatient prescription drugs.

ADDITIONAL BENEFITS AVAILABLE IN SELECT MEDICARE PLANS

- **Hospitalization:** Part A deductible per hospital benefit period (\$1,632 in 2024).
- **Skilled nursing facility care:** Part A daily copayments for days 21-100 of each benefit period (\$204 per day in 2024).
- **Medical expenses:** Part B deductible per calendar year (\$240 in 2024).
- **Part B excess charge:** All costs above Medicare-approved amounts.
- **Foreign travel emergency care:** 80% of Medicare-eligible expenses for emergency care services received outside the U.S., after you meet a \$250 foreign travel deductible. Benefit limited to \$50,000 in your lifetime.

THE BEST TIME TO BUY MEDICARE SUPPLEMENT INSURANCE

ENROLL DURING YOUR MEDICARE OPEN ENROLLMENT PERIOD

Unlike Medicare Advantage Plans and Medicare Prescription Drug Plans, Medicare Supplements do not have an Annual Enrollment Period. You get one Medicare Open Enrollment Period when you're guaranteed acceptance into any Medicare Supplement with no health questions asked. This period lasts for six months and begins on the first day of the month in which you are both:

- Age 65 or older.
- Enrolled in Medicare Part B.

WHEN YOU HAVE A GUARANTEED ISSUE RIGHT

There also are certain circumstances that may qualify you for a limited time Guaranteed Issue Right to enroll in a Medicare Supplement with no health questions asked. These situations include:

- You're in a Medicare Advantage Plan (like a PPO or HMO), and your plan is leaving Medicare, stops giving care in your area or you move out of the plan's service area.
- You have original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending.
- You have original Medicare and a Medicare SELECT policy and you move out of the Medicare SELECT policy's service area.
- You joined a Medicare Advantage Plan or Program of All-Inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65 and within the first year of joining you decide you want to switch to original Medicare.
- You dropped a Medicare Supplement policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time and you've been in the plan less than a year and you want to switch back.
- Your Medicare Supplement insurance company goes bankrupt and you lose your coverage or your Medicare Supplement policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage Plan or drop a Medicare Supplement policy because the company hasn't followed the rules or it misled you.

ENROLLING IN MEDICARE SUPPLEMENTS AT ANY OTHER TIME

If you miss your Medicare Supplement Open Enrollment Period and are not eligible for one of the Guaranteed Issue Rights noted on this page, you can still apply for Indiana Farm Bureau Health Plans' Medicare Supplement at any time.

However, your application will be medically underwritten (meaning we'll review your health history) and you could be denied coverage. If you are accepted, you will be charged a higher premium rate if you use tobacco products.

BENEFITS INCLUDED IN ALL MEDIGAP PLANS

BENEFITS	MEDICARE SUPPLEMENT INSURANCE (MEDIGAP) PLANS									
	A	B	C	D	F ¹	G ¹	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ Copays apply ³
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care copayment			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess charge					✓	✓				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit ²							\$7,060 ²	\$3,530 ²		

¹Plans F and G also have a high deductible option which require paying a plan deductible of (\$2,800) before the plan begins to pay. Once the plan deductible is met, the plan pays one hundred percent (100%) of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$240 in 2024), the Medigap plan pays 100% of covered services for the rest of the calendar year.

³Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.



UNDERSTANDING YOUR PREMIUMS

We base your premium rates on the county you live in, as well as age and gender. If you are not within your Medicare Supplement Open Enrollment Period, or are not eligible for a Guaranteed Issue Right, tobacco use also will affect your premium rate.

INFB Health Plans can raise your premium at any time with 30-days notice. However, we can only raise your premium if we raise the premium for all persons of the same class and benefit plan insured under the group policy who reside in your state. Any premium increase must be approved by the Indiana Department of Insurance and Financial Services. The Medicare Supplement insurance coverage is age-rated. Your premium will be based on your current age and adjusted annually each birthday.

If your Farm Bureau membership lapses, your policy will remain in force as long as you continue to pay your premiums. However, you may lose your Farm Bureau discounted premium rate. Once the membership discounted premium rate is lost, you may not get it back.

Monthly premiums will be paid through authorized automatic deductions from your bank account. Premium payments are due on the 1st or 15th of each month depending on your selected payment date upon applying.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN A

All dollar amounts shown are the 2024 original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2024.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period			
Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
61st through 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
Hospice care	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

¹Notice: When your Medicare Part A hospital benefits are exhausted, the plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

²A benefit period begins on the first day you receive services 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.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare Part B medical services per calendar year			
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, and durable medical equipment.			
First \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Reminder of Medicare-approved amounts (after deductible is met)	80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Medicare preventive care			
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	\$0	\$0	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	\$0
Blood			
First 3 pints	\$0	3 pints	\$0
Next \$240 of Medicare approved amounts ³	\$0	\$0	\$240 (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
Durable medical equipment - first \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
Other benefits - Services not covered by Medicare			
Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
\$250 foreign travel deductible that must be met once each calendar year	\$0	\$0	All costs
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	\$0	All costs

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN D

All dollar amounts shown are the 2024 original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2024.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period			
Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
Hospice care	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

¹ Notice: When your Medicare Part A hospital benefits are exhausted, the plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

² A benefit period begins on the first day you receive services 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.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare Part B medical services per calendar year			
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, and durable medical equipment.			
First \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Reminder of Medicare-approved amounts (after deductible is met)	80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Medicare preventive care			
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	\$0	\$0	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare approved amounts ³	\$0	\$0	\$240 (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
Durable medical equipment - first \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
Other benefits - Services not covered by Medicare			
Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
\$250 foreign travel deductible that must be met once each calendar year	\$0	\$0	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	80%	20%

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN G

All dollar amounts shown are the 2024 original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2024.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period			
Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
Hospice care	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

¹ Notice: When your Medicare Part A hospital benefits are exhausted, the plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

² A benefit period begins on the first day you receive services 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.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare Part B medical services per calendar year			
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, and durable medical equipment.			
First \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Reminder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
Medicare preventive care			
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	\$0	\$0	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare approved amounts ³	\$0	\$0	\$240 (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
Durable medical equipment - first \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
Other benefits - Services not covered by Medicare			
Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
\$250 foreign travel deductible that must be met once each calendar year	\$0	\$0	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	80%	20%

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN N

All dollar amounts shown are the 2024 original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2024.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period			
Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
Hospice care	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/coinsurance	\$0

¹Notice: When your Medicare Part A hospital benefits are exhausted, the plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (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.

²A benefit period begins on the first day you receive services 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.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare Part B medical services per calendar year			
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, and durable medical equipment.			
First \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Reminder of Medicare-approved amounts (after deductible is met)	Generally 80%	Balance, other than up to a \$20 office visit and up to a \$50 emergency visit. The co-payment 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 co-payment 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
Medicare preventive care			
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	\$0	\$0	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare approved amounts ³	\$0	\$0	\$240 (Part B deductible)
Additional 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
Durable medical equipment - first \$240 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
Other benefits - Services not covered by Medicare			
Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
\$250 foreign travel deductible that must be met once each calendar year	\$0	\$0	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	80%	20%

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

IMPORTANT INFORMATION

ELIGIBILITY TO APPLY/ENROLL

- Active member of Indiana Farm Bureau
- Enrolled in Medicare Part A and Part B
- 65 or older at the time of enrollment
- A permanent resident of the state of Indiana

REPLACING YOUR CURRENT COVERAGE

If you are replacing your current health insurance policy with an Indiana Farm Bureau Health Plans' Medicare Supplement, do not cancel your current insurance right away. Wait until you have received your new Medicare Supplement certificate and are sure you want to keep it.

IT'S IMPORTANT FOR YOU TO UNDERSTAND YOUR PLAN

You can use this outline of coverage to compare benefits and premiums among different policies, certificates and contracts. This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2024. Please keep in mind that this is only an outline of the most important features of the plans. The certificate is your insurance contract. Be sure to read the certificate itself so you understand all of the rights and duties that come with your health plan.

IF YOU CHANGE YOUR MIND

We want you to be satisfied with your coverage, so please take time to review it carefully.

If you are not satisfied with your certificate, you may return it to:

Indiana Farm Bureau Health Plans
PO Box 1424
Columbia, TN 38402 -1424

If you send the certificate back to us within 30 days after you receive it, we will act as though the certificate was never issued, and we will return all of your payments. We can, however, collect from you all costs for covered services that you received.

Neither Indiana Farm Bureau Health Plans nor agents authorized to sell Indiana Farm Bureau Health Plans are connected with or endorsed by the United States government or the federal Medicare program.

This outline of coverage does not give all the details of your Medicare coverage. For information about your Medicare Part A and Part B coverage, contact your local Social Security office, go to [medicare.gov](https://www.medicare.gov), or consult the "Medicare and You" handbook for more details.

HOW TO FIND A PLAN FOR YOU

TO FIND YOUR ESTIMATED MONTHLY PREMIUM COSTS, FOLLOW THESE STEPS:

1. Use the tables on pages 18-23 to find the corresponding rating area table and tobacco use.
2. Once you find the correct table, scroll down the first column to find your age. Your premium will be shown at the right based on whether you're male or female and whether you use tobacco if you're applying outside of your Medicare Supplement Open Enrollment Period and are not eligible for a Guaranteed Issue Right.
3. Find the plan option that's right for you.

HOW TO APPLY

To apply for any of our Indiana Farm Bureau Health Plans' Medicare Supplements, you must be enrolled in Medicare Part A and Part B.

ONCE YOU'VE CHOSEN A PLAN, THERE ARE THREE WAYS TO APPLY FOR COVERAGE:

ONLINE

Visit infbhealthplans.com and follow the directions for completing and submitting the application.

CALL

Contact one of our Medicare experts at 1-888-964-0854, Monday - Friday, from 8:00 a.m. to 4:30 p.m.

IN PERSON

Visit your local Indiana Farm Bureau Insurance office.

NOTE:

Be detailed and complete when applying for coverage. When you fill out your application, be sure to answer all questions truthfully and completely. Indiana Farm Bureau Health Plans may cancel your plan and refuse to pay any claims if you leave out information or falsify important information. Review your application carefully before you sign it to be sure that all information has been recorded properly. You will need your Farm Bureau membership ID number to record on your application.

NON-TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$126.75	\$111.50	\$122.00	\$107.25	\$123.00	\$108.25	\$96.50	\$85.00
66	\$126.75	\$111.50	\$122.00	\$107.25	\$123.00	\$108.25	\$96.50	\$85.00
67	\$126.75	\$111.50	\$122.00	\$107.25	\$123.00	\$108.25	\$96.50	\$85.00
68	\$131.00	\$115.25	\$126.25	\$111.00	\$127.25	\$112.00	\$100.25	\$88.25
69	\$135.25	\$119.00	\$130.50	\$114.75	\$131.50	\$115.75	\$103.75	\$91.50
70	\$140.25	\$123.50	\$134.75	\$118.50	\$136.00	\$119.50	\$107.50	\$94.50
71	\$144.50	\$127.25	\$141.75	\$124.75	\$143.00	\$125.75	\$112.75	\$99.25
72	\$148.75	\$131.00	\$148.25	\$130.50	\$149.50	\$131.75	\$117.50	\$103.50
73	\$153.75	\$135.25	\$155.00	\$136.50	\$156.25	\$137.50	\$123.75	\$109.00
74	\$158.75	\$139.75	\$162.50	\$143.00	\$164.00	\$144.25	\$129.50	\$114.00
75	\$163.75	\$144.00	\$170.25	\$149.75	\$171.75	\$151.00	\$135.25	\$119.00
76	\$168.00	\$147.75	\$178.25	\$156.75	\$179.75	\$158.25	\$141.25	\$124.25
77	\$173.00	\$152.25	\$185.50	\$163.25	\$187.25	\$164.75	\$148.00	\$130.25
78	\$177.25	\$156.00	\$195.25	\$171.75	\$197.00	\$173.25	\$155.00	\$136.50
79	\$177.25	\$156.00	\$204.50	\$180.00	\$206.25	\$181.50	\$163.00	\$143.25
80	\$177.25	\$156.00	\$214.00	\$188.25	\$215.75	\$190.00	\$170.25	\$149.75
81	\$177.25	\$156.00	\$224.50	\$197.50	\$226.25	\$199.25	\$178.50	\$157.00
82	\$177.25	\$156.00	\$234.25	\$206.25	\$236.50	\$208.00	\$186.25	\$164.00
83	\$177.25	\$156.00	\$243.25	\$214.00	\$245.25	\$216.00	\$193.75	\$170.50
84	\$177.25	\$156.00	\$253.25	\$222.75	\$255.25	\$224.75	\$201.00	\$176.75
85	\$177.25	\$156.00	\$262.50	\$231.00	\$265.00	\$233.00	\$209.00	\$184.00
86	\$177.25	\$156.00	\$273.25	\$240.50	\$275.50	\$242.50	\$217.50	\$191.50
87	\$177.25	\$156.00	\$283.25	\$249.25	\$285.75	\$251.50	\$225.50	\$198.25
88	\$177.25	\$156.00	\$296.50	\$260.75	\$299.00	\$263.00	\$236.00	\$207.75
89	\$177.25	\$156.00	\$310.00	\$272.75	\$312.50	\$275.00	\$246.25	\$216.75
90	\$177.25	\$156.00	\$319.25	\$280.75	\$322.00	\$283.25	\$254.00	\$223.50
91	\$177.25	\$156.00	\$328.50	\$289.00	\$331.50	\$291.75	\$261.75	\$230.25
92	\$177.25	\$156.00	\$339.00	\$298.25	\$342.00	\$301.00	\$269.75	\$237.25
93	\$177.25	\$156.00	\$348.75	\$307.00	\$351.75	\$309.50	\$277.75	\$244.25
94	\$177.25	\$156.00	\$359.50	\$316.50	\$362.75	\$319.25	\$286.00	\$251.50
95	\$177.25	\$156.00	\$370.50	\$326.00	\$373.75	\$329.00	\$295.00	\$259.75
96	\$177.25	\$156.00	\$370.50	\$326.00	\$373.75	\$329.00	\$303.50	\$267.25
97	\$177.25	\$156.00	\$370.50	\$326.00	\$373.75	\$329.00	\$313.25	\$275.50
98	\$177.25	\$156.00	\$370.50	\$326.00	\$373.75	\$329.00	\$313.25	\$275.50
99	\$177.25	\$156.00	\$370.50	\$326.00	\$373.75	\$329.00	\$313.25	\$275.50
100	\$177.25	\$156.00	\$370.50	\$326.00	\$373.75	\$329.00	\$313.25	\$275.50
Under age 65	\$636.25	\$559.75						

RATE EFFECTIVE 01/01/2021

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TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$145.75	\$128.25	\$140.25	\$123.25	\$141.50	\$124.50	\$111.00	\$97.75
66	\$145.75	\$128.25	\$140.25	\$123.25	\$141.50	\$124.50	\$111.00	\$97.75
67	\$145.75	\$128.25	\$140.25	\$123.25	\$141.50	\$124.50	\$111.00	\$97.75
68	\$150.75	\$132.50	\$145.25	\$127.75	\$146.25	\$128.75	\$115.25	\$101.50
69	\$155.50	\$136.75	\$150.00	\$132.00	\$151.25	\$133.00	\$119.25	\$105.25
70	\$161.25	\$142.00	\$155.00	\$136.25	\$156.50	\$137.50	\$123.75	\$108.75
71	\$166.25	\$146.25	\$163.00	\$143.50	\$164.50	\$144.50	\$129.75	\$114.25
72	\$171.00	\$150.75	\$170.50	\$150.00	\$172.00	\$151.50	\$135.25	\$119.00
73	\$176.75	\$155.50	\$178.25	\$157.00	\$179.75	\$158.25	\$142.25	\$125.25
74	\$182.50	\$160.75	\$187.00	\$164.50	\$188.50	\$166.00	\$149.00	\$131.00
75	\$188.25	\$165.50	\$195.75	\$172.25	\$197.50	\$173.75	\$155.50	\$136.75
76	\$193.25	\$170.00	\$205.00	\$180.25	\$206.75	\$182.00	\$162.50	\$143.00
77	\$199.00	\$175.00	\$213.25	\$187.75	\$215.25	\$189.50	\$170.25	\$149.75
78	\$203.75	\$179.50	\$224.50	\$197.50	\$226.50	\$199.25	\$178.25	\$157.00
79	\$203.75	\$179.50	\$235.25	\$207.00	\$237.25	\$208.75	\$187.50	\$164.75
80	\$203.75	\$179.50	\$246.00	\$216.50	\$248.00	\$218.50	\$195.75	\$172.25
81	\$203.75	\$179.50	\$258.25	\$227.25	\$260.25	\$229.25	\$205.25	\$180.50
82	\$203.75	\$179.50	\$269.50	\$237.25	\$272.00	\$239.25	\$214.25	\$188.50
83	\$203.75	\$179.50	\$279.75	\$246.00	\$282.00	\$248.50	\$222.75	\$196.00
84	\$203.75	\$179.50	\$291.25	\$256.25	\$293.50	\$258.50	\$231.25	\$203.25
85	\$203.75	\$179.50	\$302.00	\$265.75	\$304.75	\$268.00	\$240.25	\$211.50
86	\$203.75	\$179.50	\$314.25	\$276.50	\$316.75	\$279.00	\$250.25	\$220.25
87	\$203.75	\$179.50	\$325.75	\$286.75	\$328.50	\$289.25	\$259.25	\$228.00
88	\$203.75	\$179.50	\$341.00	\$299.75	\$343.75	\$302.50	\$271.50	\$239.00
89	\$203.75	\$179.50	\$356.50	\$313.75	\$359.50	\$316.25	\$283.25	\$249.25
90	\$203.75	\$179.50	\$367.25	\$322.75	\$370.25	\$325.75	\$292.00	\$257.00
91	\$203.75	\$179.50	\$377.75	\$332.25	\$381.25	\$335.50	\$301.00	\$264.75
92	\$203.75	\$179.50	\$389.75	\$343.00	\$393.25	\$346.25	\$310.25	\$272.75
93	\$203.75	\$179.50	\$401.00	\$353.00	\$404.50	\$356.00	\$319.50	\$281.00
94	\$203.75	\$179.50	\$413.50	\$364.00	\$417.25	\$367.25	\$329.00	\$289.25
95	\$203.75	\$179.50	\$426.00	\$375.00	\$429.75	\$378.25	\$339.25	\$298.75
96	\$203.75	\$179.50	\$426.00	\$375.00	\$429.75	\$378.25	\$349.00	\$307.25
97	\$203.75	\$179.50	\$426.00	\$375.00	\$429.75	\$378.25	\$360.25	\$316.75
98	\$203.75	\$179.50	\$426.00	\$375.00	\$429.75	\$378.25	\$360.25	\$316.75
99	\$203.75	\$179.50	\$426.00	\$375.00	\$429.75	\$378.25	\$360.25	\$316.75
100	\$203.75	\$179.50	\$426.00	\$375.00	\$429.75	\$378.25	\$360.25	\$316.75
Under age 65	\$731.75	\$643.75						

RATE EFFECTIVE 01/01/2021



Indiana Farm Bureau[®] Health Plans

Insured by Members Health Insurance Company

This document is the Indiana Farm Bureau Health Plans' Medicare Supplement Outline of Coverage and the details and exceptions of the plan follow. The deductible, coinsurance and copay amounts listed in this brochure are based on the 2024 CMS-approved values and could change for 2025. Like Medicare, Indiana Farm Bureau Health Plans' Medicare Supplement coverage is accepted nationwide and the plan is easy to use. There are no provider networks or referrals – just use any health care provider who accepts Medicare. Simply present your Indiana Farm Bureau Health Plans ID card along with your red, white and blue Medicare card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork.

Medicare Supplements insured by Members Health Insurance Company, Columbia, TN. Supplements not connected with or endorsed by the U.S. or state government or the Federal Medicare Program. This is a solicitation of Medicare Supplemental Insurance and a representative of Indiana Farm Bureau Health Plans or Members Health Insurance Company may contact you. Benefits are not provided for expenses incurred while coverage under the group policy/certificate is not in force, expenses payable by Medicare, non-Medicare eligible expenses or any Medicare deductible or copayment/coinsurance or other expenses not covered under the group policy/certificate.

This Outline of Medicare Supplement Coverage is a summary only. Specific provisions for coverage, limitations, and exclusions are contained in certificates and, if applicable, riders to those certificates. Although every effort has been made to accurately describe the benefits, if there is a discrepancy between this outline and applicable certificates and riders, the certificates and riders will govern.