Medicare Supplement
Insurance Policy Brochure

Minnesota



Renaissance®

Renaissance Life & Health Insurance Company of America
Health Administrative Office
PO BOX 27248 Salt Lake City, Utah 84127-0248

RENMSBR-MN

BASIC RENBAS10ST-MN	EXTENDED BASIC RENEXT10ST-MN	$20 AND $50 COPAYMENT RENCOP10ST-MN
Hospitalization: Part A Coinsurance	Hospitalization: Part A Coinsurance	Hospitalization: Part A Coinsurance
Medical Expenses: Part B Coinsurance	Medical Expenses: Part B Coinsurance	Medical Expenses: Part B Coinsurance except up to $20 copayment or office visit, up to $50 copayment for ER
Blood: First 3 pints of blood each year	Blood: First 3 pints of blood each year	Blood: First 3 pints of blood each year
Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance for the 21st through 100th day
OPTIONAL RIDER Part A Deductible * RENADED RDR-MN	Part A Deductible	Part A Deductible
OPTIONAL RIDER Part B Deductible ** RENBDED RDR-MN	Part B Deductible**	
OPTIONAL RIDER Part B Excess *** RENBEXC RDR-MN	Part B Excess (100%)	
Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
Hospice Care	Hospice Care	Hospice Care
OPTIONAL RIDER Preventive Care **** RENPREV RDR-MN	Preventive Care	
YOUR PREMIUM $_____	YOUR PREMIUM $_____	YOUR PREMIUM $_____

OPTIONAL COVERAGE AVAILABLE FOR BASIC PLAN

***RENADED RDR-MN – Medicare Part A Deductible Rider -** When you are hospital confined for a covered condition, we will pay the Medicare Part A Deductible of $1,408 that You incur.

****RENBDED RDR-MN – Medicare Part B Deductible Rider -** When you incur expense that is applied to the Medicare Part B Deductible and Medicare does not pay the deductible, we will pay the entire Medicare Part B annual deductible. **Medicare Part B Deductible Rider is only available for those first eligible prior to January 1, 2020.

*****RENBEXC RDR-MN – Medicare Part B Excess Charges Rider** - If you incur expenses for services or supplies that are eligible under Medicare Part B, we will pay that portion of the Usual and Customary Charge which:

a) Is in excess of the Medicare Part B approved charge and

b) You are required to pay.

******RENPREV RDR-MN – Preventive Medical Care Benefits Rider -** We will pay the Medicare-approved amount for each of the following preventive health services, as if Medicare were to cover the service, as identified in the American Medical Association's current procedural terminology (AMA CPT) codes to a maximum of $120.00 annually under this benefit:

a) An annually clinical preventive medical history and physical exam that may include tests and services from item (b) below and patient education to address preventive health care measures;

b) Any one or combination of the following preventive screening tests or preventive services, as often as medically necessary: fecal occult blood test and/or digital rectal exam; dipstick urinalysis for hematuria, bacteriurua, and proteinuria; pure tone (air only) hearing screening test, ordered or administered by a physician; serum cholesterol screening at a frequency determined to be medically appropriate by the attending physician; thyroid function test; diabetes screening; and/or any other tests or preventive measures determined appropriate by the attending physician.

Benefits for Preventive Health Services will not duplicate any payment for a procedure that is already covered by Medicare.

ADDITIONAL BENEFITS

1. Alcoholism and Chemical Dependency Treatment Benefit. We will pay the Usual and Customary Charge for the treatment of alcoholism and chemical dependency on the same basis as any other Sickness or Injury and as if Medicare paid benefits when treatment is provided in: (a) outpatient alcoholism and chemical dependency services that must not place a greater financial burden on you or be more restrictive than those requirements and limitations for outpatient medical services; and (b) inpatient alcoholism and chemical dependency services that must not place a greater financial burden on you or be more restrictive than those requirements and limitations for inpatient medical services. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

2. Scalp Hair Prosthesis. We will pay the expense incurred on the same basis as any other Sickness or Injury and as if Medicare paid benefits for a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata. We will pay the Usual and Customary Charge for a scalp hair prosthesis procedure as a result of alopecia areata, limited to one prosthesis per benefit year. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

3. Routine Screening Procedures for Cancer. We will pay the Usual and Customary Charge for the expense incurred routine screening procedures for cancer, including colorectal screening, mammograms and Pap smears. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

4. Temporomandibular Joint Disorder and Craniomandibular Disorder. We will pay the Usual and Customary Charge for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist. Benefits are not payable under this part of your policy for any expense payable under another part of this policy.

5. Reconstructive Surgery. We will pay the Usual and Customary Charge for reconstructive surgery on the same basis as that for any other surgery if the reconstructive surgery is incidental to or follows surgery resulting from Injury, Sickness or other disease of the involved part, including reconstructive surgery following a mastectomy if the mastectomy is medically necessary as determined by the attending Physician. Benefits are not payable under this part of your policy for any expense payable under another part of this policy.

6. Surgical Center Services. We will pay the Usual and Customary Charge for surgical center services for health care treatment or service rendered by a freestanding ambulatory surgical center or facilities offering ambulatory medical service 24 hours a day, 7 days a week, which are not part of a Hospital, but have been reviewed and approved by the state commissioner of commerce to provide treatment or service, on the same basis as coverage provided for the same health care treatment or service rendered by a Hospital. Benefits are not payable under this part of your policy for an expense payable under another part of this policy

7. Immunization Benefits. We will pay the Usual and Customary Charge, not otherwise covered under Part D of the Medicare Program, for expense incurred for an immunization received by you. Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other part of this policy.

8. Phenylketonuria Treatment. We will pay the Usual and Customary Charge for expenses incurred for the dietary treatment of phenylketonuria received by you when recommended by a Physician. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

9. Diabetes Equipment and Supplies. We will pay the Usual and Customary Charge for expenses incurred for all Physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes, not otherwise covered under Medicare or Part D of the Medicare Program. Coverage must include persons with gestational, type I or type II diabetes. Benefits will be limited to 80% of the Usual and Customary Charge not covered by Medicare or Part D of the Medicare Program.

10. Routine Prostate Cancer Screening. We will pay the expense incurred for prostate cancer screening. Benefits are limited to: (a) one screening per year at 50 years of age and older; and (b) at least one screening per year at 40 years of age or older if it is determined by your Physician that you are symptomatic or at a high risk of developing prostate cancer. Prostate cancer screening shall consist (at a minimum) of: (a) prostate-specific antigen blood test; and (b) a digital rectal examination.

11. Treatment of Lyme Disease. We will pay benefits for diagnosed Lyme disease as any other medical service. Benefits are not payable for that portion of expense that is paid by Medicare or under any other part of this policy.

ADDITIONAL BENEFITS UNDER EXTENDED BASIC PLAN – RENEXT10ST-MN

We will pay 80% of the Usual and Customary Charges for the following articles and services prescribed by a physician which are not paid by Medicare or payable under any other provision of Your policy.

1. Hospital services.
2. Professional services for the diagnosis or treatment of Injuries, Sickness or conditions when such services are given by a physician or are under a physician's direction.
3. Services of a nursing home for not more than 120 days each year. Such services must qualify as reimbursable under Medicare.
4. Services of a home health agency. Such services must qualify as reimbursable under Medicare.
5. Use of radium or other radioactive materials.
6. Oxygen.
7. Anesthetics.
8. Prosthetic devises other than dental.
9. Rental or purchase, as appropriate, of durable medical equipment other than eyeglasses and hearing aids.
10. Diagnostic X-rays and lab tests.
11. Oral surgery for: (a) partially or completely unerupted impacted teeth, (b) a tooth root without the extraction of the entire root, or (c) the gums or tissues of the mouth when not performed in connection with the extraction or repair of teeth.
12. Services of a physical therapist.
13. Professional ambulance for service to the nearest facility qualified to treat the condition, or a reasonable mileage rate for transportation to a kidney dialysis center for treatment.
14. Well-baby care.
15. Up to $500.00 for a second surgical opinion. Not included is the repetition of diagnostic tests.
16. Services of an occupational therapist.

The above Additional Benefits are not payable for: (a) Injuries or Sickness for which any benefits are provided for by workers' compensation or employer's liability laws, (b) cosmetic surgery, except for repair of an Injury or a birth defect, (c) care which is primarily for custodial or for domiciliary purposes which would not qualify as eligible services under Medicare, (d) any charge for confinement in a private room to the extent it is in excess of the institution's charge for its most common semiprivate room unless the private room is prescribed as medically necessary by a physician, or (e) any charges for services or articles the provision of which is not within the scope of authorized practice of the institution or individual rendering the services or articles.

LIMITATIONS

The policy **DOES NOT** cover the following:

a) Private Duty Nursing.

b) Custodial nursing home care costs.

c) Intermediate nursing home care costs.

d) Physician's charges above Medicare's approved charges, except as explained in the Additional Benefits section of the policy.

PLEASE NOTE: This is a brief description of your coverage. Policies have exceptions and limitations that may limit coverage. This brochure must be accompanied by the Outline of Coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your policy. The premium rate may vary between plans. Coverage ceases upon termination of the policy. Products and services referred to in this brochure may not be available in all states or jurisdictions. Neither Renaissance nor its Standard Medicare Supplement Insurance policy are connected with or endorsed by the US government or the federal Medicare program. This is a solicitation of insurance and an agent will contact you by telephone.