Medicare Supplement
Insurance Policy Brochure

TEXAS



Renaissance®

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

RENMSBR-TX 030916

Active Lifestyle Plans

PERSONALIZED CARE
A large selection of physicians and specialists for your health care

FOUR PLANS TO CHOOSE FROM
Select the coverage that best meets your needs

SIMPLE CLAIMS PROCESS
We take care of you, so you have virtually no claims paperwork to file

Service and Supplies	Medicare Pays	Plan A Pays RENA10ST-TX	Plan F Pays RENF10ST-TX***	Plan G Pays RENG10ST-TX	Plan N Pays RENN10ST-TX
Medicare Part A Hospital Coverage					
Deductible	Nothing		$1,408	$1,408	$1,408
First 60 Days	100%				
Co-Insurance 61-90 days	All but $352 a Day	$352a Day	$352 a Day	$352 a Day	$352 a Day
Co-Insurance 91-150 days (Lifetime Reserve)	All but $704 a Day	$704 a Day	$704 a Day	$704 a Day	$704 a Day
Extended Hospital Coverage (Up to an additional 365 days in your lifetime)	Nothing	Medicare Eligible Expenses	Medicare Eligible Expenses	Medicare Eligible Expenses	Medicare Eligible Expenses
Benefit for Blood	All but Three Pints	Three Pints	Three Pints	Three Pints	Three Pints
Hospice Care					
	All but limited Co-Insurance for outpatient drugs and inpatient respite care	Medicare Co-Insurance /Co-Payment	Medicare Co-Insurance /Co-Payment	Medicare Co-Insurance /Co-Payment	Medicare Co-Insurance /Co-Payment
Skilled Nursing Facility Care					
First 20 days	100%				
Co-Insurance 21-100 days	All but $176 a day		$176 a day	$176 a day	$176 a day
Medicare Part B Physician's Service and Supplies					
Deductible	Nothing		$198		
Co-Insurance	80%	20%#	20%#	20%#	20%# **
Excess Charges	Nothing		100% up to Medicare's Limit	100% up to Medicare's Limit	
Benefit for Blood	All but Three Pints	Three Pints	Three Pints	Three Pints	Three Pints
Other Benefits*					
Emergency Care received outside the U.S.	Nothing		80% to Lifetime Max of $50,000	80% to Lifetime Max of $50,000	80% to Lifetime Max of $50,000
* Refer to the next page and your Outline of Coverage for more information.		YOUR PREMIUM $_____	YOUR PREMIUM $_____	YOUR PREMIUM $_____	YOUR PREMIUM $_____

#The Co-Insurance amount is generally 20% of the total amount approved by Medicare for Medical Services. In the case of Hospital outpatient department services paid under a prospective payment system, we pay the Co-Payment amount.

**Subject to a $20 Co-Payment for office visits and a $50 Co-Payment for emergency room visits.

***Plan F is only available for those first eligible prior to January 1, 2020.

Medicare Part A Hospital Coverage

Medicare Supplement Insurance plans pay the $1,408 Part A (inpatient) deductible for plans F, G & N for each benefit period.

First 60-days
After the Part A Deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semi-private room and board, general nursing and miscellaneous hospital services and supplies.

Co-Insurance
Medicare Supplement Insurance plans A, F, G & N pay $352 a day when you are hospitalized from the 61st day through the 90th day. When you are hospitalized from the 91st day through the 150th day, Medicare Supplement Insurance plans pay $704 a day for each Lifetime Reserve day used.

Extended Hospital Coverage
If you are in the hospital longer than 150 days during a benefit period and you have exhausted your 60 days of Medicare Lifetime Reserve, Medicare Supplement Insurance plans A, F, G & N pay the Part A Medicare eligible expenses for hospitalization, paid at the same rate Medicare would have paid had Medicare Part A hospital days not been exhausted, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood
Medicare has one calendar year deductible for blood that is the cost of the first three pints. Medicare Supplement Insurance plans A, F, G & N pay the deductible.

Skilled Nursing Facility Care
Medicare pays all eligible expenses for the first 20 days. Medicare Supplement Insurance plans F, G & N pay up to $176 from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care
Medicare pays all but a very limited Co-Insurance for outpatient drugs and inpatient respite care. Medicare Supplement Insurance plans A, F, G & N pay the Co-Insurance.

Medicare Part B Physician Services and Supplies

Deductible
Medicare Supplement Insurance plan F pays the $198 calendar-year deductible.***

Co-Insurance
After the Part B Deductible, Medicare Supplement Insurance plans A, F & G pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy and durable medical equipment.

After the Part B deductible, Plan N pays 20% of the eligible expenses for physician's services, supplies, physical and speech therapy and durable medical equipment except up to a $20 co-payment for office visits and up to a $50 co-payment for emergency room visits.

For hospital outpatient services, the co-payment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits
Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Medicare Supplement Insurance plans F & G pays 100% up to the charge limitation established by Medicare.

Benefit for Blood
Medicare has one calendar year deductible for blood that is the cost of the first three pints. Medicare Supplement Insurance plans A, F, G & N pay the deductible.

***Other Benefits**

Emergency Care Received Outside the U.S.
After you pay a $250 calendar year deductible, Medicare Supplement Insurance plans F, G & N pay you 80% of eligible expenses for care which begins during the first 60 days of a trip up to a lifetime maximum of $50,000.

Emergency Care is care needed immediately because of an injury or an illness of sudden and unexpected onset.

Renaissance Medicare Supplement Insurance policies are underwritten by: Renaissance Life & Health Insurance Company of America, Indianapolis, IN. Renaissance may be reached at its Health Administrative Office PO Box 27248 Salt Lake City, UT 84127-0248.

Medicare Supplement Insurance Policies

A Renaissance Standard Medicare Supplement Insurance policy helps pay eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges that exceed what Medicare and your Renaissance Standard Medicare Supplement Insurance policy will pay.

Open Enrollment

Open enrollment is the 6 month period beginning on the first day of the month in which you are enrolled in Medicare Part B. If you are on Medicare under age 65, you will also have a 6 month open enrollment period when you reach age 65.

Household Discount

A **Household Premium Discount** may be available to you if you have others living with you. If you qualify, your premium will be decreased by 12%. In order to qualify you must currently have a household resident (at least one, no more than 3):

a. With whom you have continuously resided for the past 12 months, or to whom you are married; or

b. Who has an existing Medicare Supplement policy, or is applying for such a policy with Renaissance Life & Health Insurance Company of America.

Medicare Eligible Expenses

"Medicare Eligible Expenses" means expenses covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

Your Standard Medicare Supplement Insurance policy will not pay for the following exceptions:

- Any expense incurred before your Policy Effective Date
- Hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not inforce
- Expenses paid for by Medicare
- Services for which no charge is made
- Loss or expense that is payable under any other Medicare Supplement Insurance policy or certificate

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semi-private room and board, general nursing and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and durable medical equipment.

Additional Terms and Conditions

A Benefit Period begins the first full day you are hospitalized as an inpatient and ends when you have not been in a hospital or skilled nursing facility for 60 consecutive days.

Co-Insurance is the portion of the eligible expense not paid by Medicare and paid by Renaissance Standard Medicare Supplement Insurance policy.

Benefits are paid to you, your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay inforce during this 31-day grace period.

Your Policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information on your application is correct.

You cannot be singled out for a rate increase no matter how many times you receive benefits. Your premium changes only when the same premium change is made on all inforce Renaissance Standard Medicare Supplement Insurance policies of the same form issued to persons of your classification in the same geographic area of your state.

30 Day Right to Examine Policy. Please read your policy. If, for any reason, you are not satisfied with it, you may return your policy to us or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued. Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.

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. Please read your policy. If, for any reason, you are not satisfied with it, you may return your policy to us or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The policy will then be considered never to have been issued.Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.