



Gerber Life
Insurance Company

2011 Medicare Supplement Insurance Plans



Your Choice

Medicare pays some of your hospital and medical expenses, but not all of them. A Medicare supplemental insurance plan from Gerber Life Insurance Company (Gerber Life) may help lower your share of the costs. Plus it can pay for other benefits that Medicare doesn't cover at all.

With a Medicare supplement insurance plan, you choose:

- Your doctors and specialists
- Where you want to receive care or treatment anywhere in the U.S.
- The plan that helps provide the benefits you need

Choose Gerber Life Today

SUPPLEMENT Your

Of the 11 Medicare supplement insurance plans, Gerber Life offers you three coverages that can help pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and Gerber Life pay.** Plan A is available to persons under age 65 on Medicare due to a disability.

Medicare Part A Hospital Coverage

Deductible – Plans F and G pay the \$1,132 inpatient hospital deductible for each benefit period.

First 60 Days – After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance – Plans A, F and G pay \$283 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive \$566 a day for each Lifetime Reserve day used.

Extended Hospital Coverage – When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization, paid at the rate Medicare would have paid, 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 needed. Plans A, F and G pay this deductible.

Skilled Nursing Facility Care

First 20 Days – Medicare pays all eligible expenses.

Coinsurance – Plans F and G pay up to \$141.50 a day 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 Benefit

Outpatient Prescription Drugs – Plans A, F and G pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – Plans A, F and G pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

Medicare Part B Physician's Services & Supplies

Deductible – Plan F pays the \$162 calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, Plans A, F and G pay generally 20% of eligible expenses for physician's services and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then generally 20% of Medicare approved expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, 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 needed. Plans A, F and G pay this deductible.

Other Benefit

Medically Necessary Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses for care beginning during the first 60 days of each 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.

Medicare Coverage

Plan Highlights

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

Your Medicare supplement benefits will automatically increase as Medicare deductibles and coinsurance increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor. This policy's benefits and premiums may be suspended for up to 24 months if you become entitled to Medicaid benefits. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) Medicaid benefits, this policy can be reinstated if you request reinstatement within 90 days of losing Medicaid benefits and pay the required premium.

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

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your Policy Date until you reach age 99; and (b) when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification that are renewed in the same state where you live at the same time we change premiums.

Your coverage begins immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

You have a 30-day free look. If you're not satisfied with your policy, send it back to us within 30 days after receiving it, and we'll refund your premium. Then, this policy will be considered as though it were never issued.

Definitions

Medicare Part A eligible expenses for hospital/skilled nursing facility care include expenses for semiprivate room and board, general nursing and miscellaneous services and supplies.

Medicare Part B eligible expenses for medical services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy and ambulance service.

Medicare eligible expenses are expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A benefit period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by Gerber Life.

Open enrollment means you can't be denied any Medicare supplement policy if your application is submitted during the six-month period beginning with the first month in which you first enroll for Medicare Part B benefits at age 65 or older, or upon attaining age 65 if you were previously enrolled in Medicare Part B before turning age 65.

If you're under age 65, you can purchase any plan an insurer offers to people under age 65, during the six-month period beginning with the first month in which you first enroll for Medicare Part B benefits.

Exclusions and Limitations

Your Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- expense incurred while this policy is not in force
- expense paid for by Medicare
- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

Your Gerber Life Medicare Supplement Choices *At a Glance*

Your Plan Choices

Whether you need a little or a lot of coverage, we have a Medicare supplement that meets your needs and budget. Please refer to the previous pages and your outline of coverage for details.

Every plan includes these basic benefits:

- Hospitalization: Medicare Part A coinsurance and coverage for 365 additional days after Medicare benefits end
- Hospice Care: Outpatient prescription drug co-payment and inpatient respite care coinsurance
- Medical Expenses: Medicare Part B coinsurance (generally 20%)
- Three pints of blood each year

	Plan A	Plan F	Plan G
Basic Benefits	✓	✓	✓
Skilled Nursing Coinsurance		✓	✓
Medicare Part A Deductible		✓	✓
Medicare Part B Deductible		✓	
Medicare Part B Excess		✓	✓
Foreign Travel Emergency		✓	✓

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, reductions and limitations, please read your outline of coverage and your policy.

This is a solicitation of insurance and an agent will contact you by telephone.

Neither Gerber Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.

Meet Gerber Life Insurance Company

Since 1967, Gerber Life Insurance Company has provided quality life insurance, especially for young families on a limited budget. As an affiliate of the Gerber Products Company, “the baby food people,” the two companies share a common goal: to help parents raise happy, healthy children.

It is also our mission to be the company parents and grandparents trust to help them achieve financial security and protection at every stage of life. By providing affordable, industry-leading juvenile life insurance, and life, accident and Medicare supplement insurance for adults, we strive to give our customers the comfort and peace of mind they deserve.



Medicare supplement insurance is underwritten by:
Gerber Life Insurance Company • 1311 Mamaroneck Avenue • White Plains, NY 10605

“We’re with you every step of the way.”