



MEDICARE SUPPLEMENT

Outline of Coverage for Plans A, D, G and N



Insured by Members Health Insurance Company





Questions about our plans?

- Call us toll free at 1-888-294-4335
- Visit mfbhealthplans.com
- Contact your local Farm Bureau Medicare Plan Specialist

A big benefit of Michigan Farm Bureau membership is choosing a Farm Bureau Health Plans Medicare Supplement

People who are members of Michigan Farm Bureau already have access to a wide range of member benefits. And now, with Farm Bureau Health Plans of Michigan, members can also enjoy affordable health care and special members-only rates for dependable Medicare Supplement coverage.



MEDIGAP MADE EASY

Medicare Supplement coverage can protect you from Medicare's large out-of-pocket expenses

Medicare Supplement coverage—also known as Medigap—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.

For example, in 2020, if you went into the hospital, you would need to pay a deductible of \$1,408 before Medicare would start to pay for services. And if you're in the hospital for an extended period of time, you'd pay a copayment of \$352 per day for days 61-90, and \$704 per day for days 91-150.

To avoid these gaps in your Medicare benefits, consider a Farm Bureau Health Plans Medicare Supplement 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.

Farm Bureau Health Plans of Michigan 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

Basic benefits included in all Medigap 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 Medigap plans

- **Hospitalization:** Part A deductible per hospital benefit period (\$1,408 in 2020).
- **Skilled nursing facility care:** Part A daily copayments for days 21-100 of each benefit period (\$176 per day in 2020).
- **Medical expenses:** Part B deductible per calendar year (\$198 in 2020).
- **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.

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.

THE BEST TIME TO BUY MEDICARE SUPPLEMENT INSURANCE

Enroll during your Medigap Open Enrollment Period

Unlike Medicare Advantage Plans and Medicare Prescription Drug Plans, Medicare Supplements do not have an Annual Enrollment Period. You get one Medigap 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.

Or when you have a Guaranteed Issue Right

There are also 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, or 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 Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back.
- Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage Plan or drop a Medigap 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 Medigap Open Enrollment Period and are not eligible for one of the Guaranteed Issue Rights noted on this page, you can still apply for a 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

	MEDICARE SUPPLEMENT INSURANCE (MEDIGAP) PLANS									
BENEFITS	A	B	C	D	F*	G*	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%	✓	✓***
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**							\$5,880	\$2,940		

All benefits listed are covered at 100% unless the chart indicates otherwise.

*Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,340 in 2020 before your policy pays anything. (Plans C and F won't be available to people who are newly eligible for Medicare on or after January 1, 2020.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$198 in 2020), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan 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 Medigap Open Enrollment Period, or are not eligible for a Guaranteed Issue Right, tobacco use will also affect your premium rate.

Farm Bureau Health Plans of Michigan 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 Michigan 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 2020 Original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2020.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period¹			
Hospitalization - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	Nothing	\$1,408 (Part A deductible)
61st through 90th day	All but \$352 a day	\$352 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$704 a day	\$704 a day	Nothing
Once lifetime reserve days are used, additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs
Skilled nursing facility care¹ - 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%	Nothing	Nothing
21st through 100th day	All but \$176 a day	Nothing	Up to \$176 a day
101st day and after	Nothing	Nothing	All costs
Blood			
First 3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing
Hospice care - Available as long as your doctor certifies that you are terminally ill and you elect to receive these services			
Hospice care	100%	Nothing	Nothing
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing
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 \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Part B excess charges (above Medicare-approved amounts)	Nothing	Nothing	All costs

¹A 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 preventive care			
First \$198 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$198
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing
Blood			
First 3 pints	Nothing	3 pints	Nothing
Next \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Clinical laboratory services			
Tests for diagnostic services	100%	Nothing	Nothing
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing
Durable medical equipment - first \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing
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	Nothing	Nothing	All costs
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	Nothing	All costs

²NOTICE: When your Medicare Part A hospital benefits are exhausted, FBHP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵Member pays all amounts over \$50,000.

Outline of coverage - Medicare Supplement Plan D

All dollar amounts shown are the 2020 Original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2020.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period¹			
Hospitalization - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	Nothing
61st through 90th day	All but \$352 a day	\$352 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$704 a day	\$704 a day	Nothing
Once lifetime reserve days are used, additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs
Skilled nursing facility care¹ - 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%	Nothing	Nothing
21st through 100th day	All but \$176 a day	Up to \$176 a day	Nothing
101st day and after	Nothing	Nothing	All costs
Blood			
First 3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing
Hospice care - Available as long as your doctor certifies that you are terminally ill and you elect to receive these services			
Hospice care	100%	Nothing	Nothing
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing
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 \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Part B excess charges (above Medicare-approved amounts)	Nothing	Nothing	All costs

¹A 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 preventive care			
First \$198 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$198
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing
Blood			
First 3 pints	Nothing	3 pints	Nothing
Next \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Clinical laboratory services			
Tests for diagnostic services	100%	Nothing	Nothing
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing
Durable medical equipment - first \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing
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	Nothing	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%

²NOTICE: When your Medicare Part A hospital benefits are exhausted, FBHP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵Member pays all amounts over \$50,000.

Outline of coverage - Medicare Supplement Plan G

All dollar amounts shown are the 2020 Original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2020.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period¹ Hospitalization - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	Nothing
61st through 90th day	All but \$352 a day	\$352 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$704 a day	\$704 a day	Nothing
Once lifetime reserve days are used, additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs
Skilled nursing facility care¹ - 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%	Nothing	Nothing
21st through 100th day	All but \$176 a day	Up to \$176 a day	Nothing
101st day and after	Nothing	Nothing	All costs
Blood			
First 3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing
Hospice care - Available as long as your doctor certifies that you are terminally ill and you elect to receive these services			
Hospice care	100%	Nothing	Nothing
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing
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 \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Part B excess charges (above Medicare-approved amounts)	Nothing	All costs	Nothing

¹A 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 preventive care			
First \$198 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$198
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing
Blood			
First 3 pints	Nothing	3 pints	Nothing
Next \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Clinical laboratory services			
Tests for diagnostic services	100%	Nothing	Nothing
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing
Durable medical equipment - first \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing
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	Nothing	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%

²NOTICE: When your Medicare Part A hospital benefits are exhausted, FBHP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵Member pays all amounts over \$50,000.

Outline of coverage - Medicare Supplement Plan N

All dollar amounts shown are the 2020 Original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2020.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period¹ Hospitalization - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	Nothing
61st through 90th day	All but \$352 a day	\$352 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$704 a day	\$704 a day	Nothing
Once lifetime reserve days are used, additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs
Skilled nursing facility care¹ - 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%	Nothing	Nothing
21st through 100th day	All but \$176 a day	Up to \$176 a day	Nothing
101st day and after	Nothing	Nothing	All costs
Blood			
First 3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing
Hospice care - Available as long as your doctor certifies that you are terminally ill and you elect to receive these services			
Hospice care	100%	Nothing	Nothing
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing
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 \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20% except up to a \$20 office visit and up to a \$50 emergency visit copay	Up to \$20 per office visit and up to \$50 per emergency room visit ⁴
Part B excess charges (above Medicare-approved amounts)	Nothing	Nothing	All costs

¹A 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 preventive care			
First \$198 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$198
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing
Blood			
First 3 pints	Nothing	3 pints	Nothing
Next \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing
Clinical laboratory services			
Tests for diagnostic services	100%	Nothing	Nothing
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing
Durable medical equipment - first \$198 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$198
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing
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	Nothing	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%

²NOTICE: When your Medicare Part A hospital benefits are exhausted, FBHP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵Member pays all amounts over \$50,000.

IMPORTANT INFORMATION

Eligibility to apply/enroll

- Active member of Michigan 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 Michigan

Replacing your current coverage

If you are replacing your current health insurance policy with a Farm Bureau Health Plans Medicare Supplement, do not cancel your current insurance right away. Wait until you have received your new Medigap 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 June 1, 2020. 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:

Farm Bureau Health Plans of Michigan
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 Farm Bureau Health Plans of Michigan nor agents authorized to sell Farm Bureau Health Plans of Michigan Medicare Supplements 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. Find your rating area based off the table below
2. Use the tables on pages 18-23 to find the corresponding rating area table and tobacco use
3. 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 Medigap Open Enrollment Period and are not eligible for a Guaranteed Issue Right
4. Find the plan option that's right for you.

Area Assignments by County							
AREA 1			AREA 2			AREA 3	
Alcona	Iron		Allegan	Jackson		Bay	Oakland
Alger	Kalkaska		Barry	Leelanau		Calhoun	Ottawa
Alpena	Keweenaw		Benzie	Lenawee		Clinton	Saginaw
Antrim	Lake		Berrien	Mason		Eaton	Saint Clair
Arenac	Luce		Branch	Mecosta		Genesee	Sanilac
Baraga	Mackinac		Cass	Midland		Huron	Shiawassee
Charlevoix	Manistee		Clare	Montcalm		Ingham	Tuscola
Cheboygan	Marquette		Gladwin	Missaukee		Kalamazoo	Washtenaw
Chippewa	Menominee		Grand Traverse	Newaygo		Kent	Wayne
Crawford	Montmorency		Gratiot	Oceana		Lapeer	
Delta	Ontonagon		Hillsdale	Ogemaw		Livingston	
Dickinson	Osceola		Ionia	Roscommon		Macomb	
Emmet	Oscoda		Iosco	Saint Joseph		Monroe	
Gogebic	Otsego		Isabella	Van Buren		Muskegon	
Houghton	Presque Isle			Wexford			
	Schoolcraft						
Also part of Area 1: Out of State							

PREMIUM RATES - AREA 1

Counties: Alcona, Alger, Alpena, Antrim, Arenac, Baraga, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Houghton, Iron, Kalkaska, Keweenaw, Lake, Luce, Mackinac, Manistee, Marquette, Menominee, Montmorency, Ontonagon, Osceola, Oscoda, Otsego, Presque Isle, Schoolcraft. Also part of Area 1: Out of State

NON-TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$102.85	\$93.59	\$128.68	\$117.10	\$132.58	\$120.65	\$104.54	\$95.13
66	\$102.85	\$93.59	\$128.68	\$117.10	\$132.58	\$120.65	\$104.54	\$95.13
67	\$102.85	\$93.59	\$128.68	\$117.10	\$132.58	\$120.65	\$104.54	\$95.13
68	\$106.94	\$97.32	\$133.75	\$121.71	\$137.80	\$125.40	\$108.65	\$98.87
69	\$111.22	\$101.21	\$139.46	\$126.91	\$143.68	\$130.75	\$113.30	\$103.10
70	\$115.58	\$105.18	\$145.60	\$132.50	\$150.01	\$136.51	\$118.34	\$107.69
71	\$119.92	\$109.13	\$151.97	\$138.29	\$156.57	\$142.48	\$123.59	\$112.47
72	\$124.11	\$112.94	\$158.41	\$144.15	\$163.21	\$148.52	\$128.91	\$117.31
73	\$128.05	\$116.53	\$164.80	\$149.97	\$169.79	\$154.51	\$134.21	\$122.13
74	\$131.74	\$119.88	\$171.13	\$155.73	\$176.31	\$160.44	\$139.49	\$126.94
75	\$135.18	\$123.01	\$177.43	\$161.46	\$182.79	\$166.34	\$144.76	\$131.73
76	\$138.34	\$125.89	\$183.65	\$167.12	\$189.19	\$172.16	\$150.00	\$136.50
77	\$141.13	\$128.43	\$189.73	\$172.65	\$195.46	\$177.87	\$155.16	\$141.20
78	\$143.50	\$130.59	\$195.62	\$178.01	\$201.51	\$183.37	\$160.17	\$145.75
79	\$145.47	\$132.38	\$201.36	\$183.24	\$207.42	\$188.75	\$165.11	\$150.25
80	\$147.11	\$133.87	\$207.02	\$188.39	\$213.24	\$194.05	\$170.00	\$154.70
81	\$148.41	\$135.05	\$212.59	\$193.46	\$218.98	\$199.27	\$174.86	\$159.12
82	\$149.33	\$135.89	\$218.04	\$198.42	\$224.58	\$204.37	\$179.65	\$163.48
83	\$149.87	\$136.38	\$223.31	\$203.21	\$229.99	\$209.29	\$184.32	\$167.73
84	\$150.10	\$136.59	\$228.51	\$207.94	\$235.35	\$214.17	\$188.98	\$171.97
85	\$150.35	\$136.82	\$233.77	\$212.73	\$240.75	\$219.08	\$193.70	\$176.27
86	\$150.49	\$136.95	\$239.09	\$217.57	\$246.21	\$224.05	\$198.50	\$180.64
87	\$150.55	\$137.00	\$244.35	\$222.36	\$251.62	\$228.97	\$203.25	\$184.96
88	\$150.55	\$137.00	\$249.28	\$226.84	\$256.69	\$233.59	\$207.73	\$189.03
89	\$150.55	\$137.00	\$253.54	\$230.72	\$261.06	\$237.56	\$211.62	\$192.57
90	\$150.55	\$137.00	\$256.85	\$233.73	\$264.46	\$240.66	\$214.68	\$195.36
91	\$150.55	\$137.00	\$259.36	\$236.02	\$267.03	\$243.00	\$217.03	\$197.50
92	\$150.55	\$137.00	\$261.34	\$237.82	\$269.06	\$244.84	\$218.94	\$199.24
93	\$150.55	\$137.00	\$262.95	\$239.28	\$270.72	\$246.36	\$220.54	\$200.69
94	\$150.55	\$137.00	\$264.01	\$240.25	\$271.79	\$247.33	\$221.68	\$201.73
95	\$150.55	\$137.00	\$264.39	\$240.59	\$272.18	\$247.68	\$222.28	\$202.27
96	\$150.55	\$137.00	\$264.75	\$240.92	\$272.54	\$248.01	\$222.57	\$202.54
97	\$150.55	\$137.00	\$264.75	\$240.92	\$272.54	\$248.01	\$222.92	\$202.86
98	\$150.55	\$137.00	\$264.75	\$240.92	\$272.54	\$248.01	\$223.11	\$203.03
99	\$150.55	\$137.00	\$264.75	\$240.92	\$272.54	\$248.01	\$223.11	\$203.03
100	\$150.55	\$137.00	\$264.75	\$240.92	\$272.54	\$248.01	\$223.11	\$203.03

PREMIUM RATES - AREA 1

Counties: Alcona, Alger, Alpena, Antrim, Arenac, Baraga, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Houghton, Iron, Kalkaska, Keweenaw, Lake, Luce, Mackinac, Manistee, Marquette, Menominee, Montmorency, Ontonagon, Osceola, Oscoda, Otsego, Presque Isle, Schoolcraft. Also part of Area 1: Out of State

TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$118.25	\$107.75	\$148.00	\$134.75	\$152.50	\$138.75	\$120.25	\$109.50
66	\$118.25	\$107.75	\$148.00	\$134.75	\$152.50	\$138.75	\$120.25	\$109.50
67	\$118.25	\$107.75	\$148.00	\$134.75	\$152.50	\$138.75	\$120.25	\$109.50
68	\$123.00	\$112.00	\$153.75	\$140.00	\$158.50	\$144.25	\$125.00	\$113.75
69	\$128.00	\$116.50	\$160.50	\$146.00	\$165.25	\$150.25	\$130.25	\$118.50
70	\$133.00	\$121.00	\$167.50	\$152.50	\$172.50	\$157.00	\$136.00	\$123.75
71	\$138.00	\$125.50	\$174.75	\$159.00	\$180.00	\$163.75	\$142.25	\$129.25
72	\$142.75	\$130.00	\$182.25	\$165.75	\$187.75	\$170.75	\$148.25	\$135.00
73	\$147.25	\$134.00	\$189.50	\$172.50	\$195.25	\$177.75	\$154.25	\$140.50
74	\$151.50	\$137.75	\$196.75	\$179.00	\$202.75	\$184.50	\$160.50	\$146.00
75	\$155.50	\$141.50	\$204.00	\$185.75	\$210.25	\$191.25	\$166.50	\$151.50
76	\$159.00	\$144.75	\$211.25	\$192.25	\$217.50	\$198.00	\$172.50	\$157.00
77	\$162.25	\$147.75	\$218.25	\$198.50	\$224.75	\$204.50	\$178.50	\$162.50
78	\$165.00	\$150.25	\$225.00	\$204.75	\$231.75	\$211.00	\$184.25	\$167.50
79	\$167.25	\$152.25	\$231.50	\$210.75	\$238.50	\$217.00	\$190.00	\$172.75
80	\$169.25	\$154.00	\$238.00	\$216.75	\$245.25	\$223.25	\$195.50	\$178.00
81	\$170.75	\$155.25	\$244.50	\$222.50	\$251.75	\$229.25	\$201.00	\$183.00
82	\$171.75	\$156.25	\$250.75	\$228.25	\$258.25	\$235.00	\$206.50	\$188.00
83	\$172.25	\$156.75	\$256.75	\$233.75	\$264.50	\$240.75	\$212.00	\$193.00
84	\$172.50	\$157.00	\$262.75	\$239.25	\$270.75	\$246.25	\$217.25	\$197.75
85	\$173.00	\$157.25	\$268.75	\$244.75	\$276.75	\$252.00	\$222.75	\$202.75
86	\$173.00	\$157.50	\$275.00	\$250.25	\$283.25	\$257.75	\$228.25	\$207.75
87	\$173.25	\$157.50	\$281.00	\$255.75	\$289.25	\$263.25	\$233.75	\$212.75
88	\$173.25	\$157.50	\$286.75	\$260.75	\$295.25	\$268.75	\$239.00	\$217.50
89	\$173.25	\$157.50	\$291.50	\$265.25	\$300.25	\$273.25	\$243.25	\$221.50
90	\$173.25	\$157.50	\$295.50	\$268.75	\$304.25	\$276.75	\$247.00	\$224.75
91	\$173.25	\$157.50	\$298.25	\$271.50	\$307.00	\$279.50	\$249.50	\$227.00
92	\$173.25	\$157.50	\$300.50	\$273.50	\$309.50	\$281.50	\$251.75	\$229.25
93	\$173.25	\$157.50	\$302.50	\$275.25	\$311.25	\$283.25	\$253.50	\$230.75
94	\$173.25	\$157.50	\$303.50	\$276.25	\$312.50	\$284.50	\$255.00	\$232.00
95	\$173.25	\$157.50	\$304.00	\$276.75	\$313.00	\$284.75	\$255.50	\$232.50
96	\$173.25	\$157.50	\$304.50	\$277.00	\$313.50	\$285.25	\$256.00	\$233.00
97	\$173.25	\$157.50	\$304.50	\$277.00	\$313.50	\$285.25	\$256.25	\$233.25
98	\$173.25	\$157.50	\$304.50	\$277.00	\$313.50	\$285.25	\$256.50	\$233.50
99	\$173.25	\$157.50	\$304.50	\$277.00	\$313.50	\$285.25	\$256.50	\$233.50
100	\$173.25	\$157.50	\$304.50	\$277.00	\$313.50	\$285.25	\$256.50	\$233.50

PREMIUM RATES - AREA 2

Counties: Allegan, Barry, Benzie, Berrien, Branch, Cass, Clare, Gladwin, Grand Traverse, Gratiot, Hillsdale, Ionia, Iosco, Isabella, Jackson, Leelanau, Lenawee, Mason, Mecosta, Midland, Montcalm, Missaukee, Newaygo, Oceana, Ogemaw, Roscommon, Saint Joseph, Van Buren, Wexford

NON-TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$97.71	\$88.91	\$122.25	\$111.25	\$125.95	\$114.62	\$99.31	\$90.37
66	\$97.71	\$88.91	\$122.25	\$111.25	\$125.95	\$114.62	\$99.31	\$90.37
67	\$97.71	\$88.91	\$122.25	\$111.25	\$125.95	\$114.62	\$99.31	\$90.37
68	\$101.59	\$92.45	\$127.06	\$115.62	\$130.91	\$119.13	\$103.22	\$93.93
69	\$105.66	\$96.15	\$132.49	\$120.56	\$136.50	\$124.21	\$107.64	\$97.95
70	\$109.80	\$99.92	\$138.32	\$125.88	\$142.51	\$129.68	\$112.42	\$102.31
71	\$113.92	\$103.67	\$144.37	\$131.38	\$148.74	\$135.36	\$117.41	\$106.85
72	\$117.90	\$107.29	\$150.49	\$136.94	\$155.05	\$141.09	\$122.46	\$111.44
73	\$121.65	\$110.70	\$156.56	\$142.47	\$161.30	\$146.78	\$127.50	\$116.02
74	\$125.15	\$113.89	\$162.57	\$147.94	\$167.49	\$152.42	\$132.52	\$120.59
75	\$128.42	\$116.86	\$168.56	\$153.39	\$173.65	\$158.02	\$137.52	\$125.14
76	\$131.42	\$119.60	\$174.47	\$158.76	\$179.73	\$163.55	\$142.50	\$129.68
77	\$134.07	\$122.01	\$180.24	\$164.02	\$185.69	\$168.98	\$147.40	\$134.14
78	\$136.33	\$124.06	\$185.84	\$169.11	\$191.43	\$174.20	\$152.16	\$138.46
79	\$138.20	\$125.76	\$191.29	\$174.08	\$197.05	\$179.31	\$156.85	\$142.74
80	\$139.75	\$127.18	\$196.67	\$178.97	\$202.58	\$184.35	\$161.50	\$146.97
81	\$140.99	\$128.30	\$201.96	\$183.79	\$208.03	\$189.31	\$166.12	\$151.16
82	\$141.86	\$129.10	\$207.14	\$188.50	\$213.35	\$194.15	\$170.67	\$155.31
83	\$142.38	\$129.56	\$212.14	\$193.05	\$218.49	\$198.83	\$175.10	\$159.34
84	\$142.60	\$129.76	\$217.08	\$197.54	\$223.58	\$203.46	\$179.53	\$163.37
85	\$142.83	\$129.98	\$222.08	\$202.09	\$228.71	\$208.13	\$184.02	\$167.46
86	\$142.97	\$130.10	\$227.14	\$206.69	\$233.90	\$212.85	\$188.58	\$171.61
87	\$143.02	\$130.15	\$232.13	\$211.24	\$239.04	\$217.52	\$193.09	\$175.71
88	\$143.02	\$130.15	\$236.82	\$215.50	\$243.86	\$221.91	\$197.34	\$179.58
89	\$143.02	\$130.15	\$240.86	\$219.18	\$248.01	\$225.68	\$201.04	\$182.94
90	\$143.02	\$130.15	\$244.01	\$222.04	\$251.24	\$228.63	\$203.95	\$185.59
91	\$143.02	\$130.15	\$246.39	\$224.22	\$253.68	\$230.85	\$206.18	\$187.63
92	\$143.02	\$130.15	\$248.27	\$225.93	\$255.61	\$232.60	\$207.99	\$189.28
93	\$143.02	\$130.15	\$249.80	\$227.32	\$257.18	\$234.04	\$209.51	\$190.66
94	\$143.02	\$130.15	\$250.81	\$228.24	\$258.20	\$234.96	\$210.60	\$191.64
95	\$143.02	\$130.15	\$251.17	\$228.56	\$258.57	\$235.30	\$211.17	\$192.16
96	\$143.02	\$130.15	\$251.51	\$228.87	\$258.91	\$235.61	\$211.44	\$192.41
97	\$143.02	\$130.15	\$251.51	\$228.87	\$258.91	\$235.61	\$211.77	\$192.72
98	\$143.02	\$130.15	\$251.51	\$228.87	\$258.91	\$235.61	\$211.95	\$192.88
99	\$143.02	\$130.15	\$251.51	\$228.87	\$258.91	\$235.61	\$211.95	\$192.88
100	\$143.02	\$130.15	\$251.51	\$228.87	\$258.91	\$235.61	\$211.95	\$192.88

PREMIUM RATES - AREA 2

Counties: Allegan, Barry, Benzie, Berrien, Branch, Cass, Clare, Gladwin, Grand Traverse, Gratiot, Hillsdale, Ionia, Iosco, Isabella, Jackson, Leelanau, Lenawee, Mason, Mecosta, Midland, Montcalm, Missaukee, Newaygo, Oceana, Ogemaw, Roscommon, Saint Joseph, Van Buren, Wexford

TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$112.25	\$102.25	\$140.50	\$128.00	\$144.75	\$131.75	\$114.25	\$104.00
66	\$112.25	\$102.25	\$140.50	\$128.00	\$144.75	\$131.75	\$114.25	\$104.00
67	\$112.25	\$102.25	\$140.50	\$128.00	\$144.75	\$131.75	\$114.25	\$104.00
68	\$116.75	\$106.25	\$146.00	\$133.00	\$150.50	\$137.00	\$118.75	\$108.00
69	\$121.50	\$110.50	\$152.25	\$138.75	\$157.00	\$142.75	\$123.75	\$112.75
70	\$126.25	\$115.00	\$159.00	\$144.75	\$164.00	\$149.25	\$129.25	\$117.75
71	\$131.00	\$119.25	\$166.00	\$151.00	\$171.00	\$155.75	\$135.00	\$123.00
72	\$135.50	\$123.50	\$173.00	\$157.50	\$178.25	\$162.25	\$140.75	\$128.25
73	\$140.00	\$127.25	\$180.00	\$163.75	\$185.50	\$168.75	\$146.75	\$133.50
74	\$144.00	\$131.00	\$187.00	\$170.25	\$192.50	\$175.25	\$152.50	\$138.75
75	\$147.75	\$134.50	\$193.75	\$176.50	\$199.75	\$181.75	\$158.25	\$144.00
76	\$151.25	\$137.50	\$200.75	\$182.50	\$206.75	\$188.00	\$164.00	\$149.25
77	\$154.25	\$140.25	\$207.25	\$188.50	\$213.50	\$194.25	\$169.50	\$154.25
78	\$156.75	\$142.75	\$213.75	\$194.50	\$220.25	\$200.25	\$175.00	\$159.25
79	\$159.00	\$144.50	\$220.00	\$200.25	\$226.50	\$206.25	\$180.50	\$164.25
80	\$160.75	\$146.25	\$226.25	\$205.75	\$233.00	\$212.00	\$185.75	\$169.00
81	\$162.25	\$147.50	\$232.25	\$211.25	\$239.25	\$217.75	\$191.00	\$173.75
82	\$163.25	\$148.50	\$238.25	\$216.75	\$245.25	\$223.25	\$196.25	\$178.50
83	\$163.75	\$149.00	\$244.00	\$222.00	\$251.25	\$228.75	\$201.25	\$183.25
84	\$164.00	\$149.25	\$249.75	\$227.25	\$257.00	\$234.00	\$206.50	\$188.00
85	\$164.25	\$149.50	\$255.50	\$232.50	\$263.00	\$239.25	\$211.50	\$192.50
86	\$164.50	\$149.50	\$261.25	\$237.75	\$269.00	\$244.75	\$216.75	\$197.25
87	\$164.50	\$149.75	\$267.00	\$243.00	\$275.00	\$250.25	\$222.00	\$202.00
88	\$164.50	\$149.75	\$272.25	\$247.75	\$280.50	\$255.25	\$227.00	\$206.50
89	\$164.50	\$149.75	\$277.00	\$252.00	\$285.25	\$259.50	\$231.25	\$210.50
90	\$164.50	\$149.75	\$280.50	\$255.25	\$289.00	\$263.00	\$234.50	\$213.50
91	\$164.50	\$149.75	\$283.25	\$257.75	\$291.75	\$265.50	\$237.00	\$215.75
92	\$164.50	\$149.75	\$285.50	\$259.75	\$294.00	\$267.50	\$239.25	\$217.75
93	\$164.50	\$149.75	\$287.25	\$261.50	\$295.75	\$269.25	\$241.00	\$219.25
94	\$164.50	\$149.75	\$288.50	\$262.50	\$297.00	\$270.25	\$242.25	\$220.50
95	\$164.50	\$149.75	\$288.75	\$262.75	\$297.25	\$270.50	\$242.75	\$221.00
96	\$164.50	\$149.75	\$289.25	\$263.25	\$297.75	\$271.00	\$243.25	\$221.25
97	\$164.50	\$149.75	\$289.25	\$263.25	\$297.75	\$271.00	\$243.50	\$221.75
98	\$164.50	\$149.75	\$289.25	\$263.25	\$297.75	\$271.00	\$243.75	\$221.75
99	\$164.50	\$149.75	\$289.25	\$263.25	\$297.75	\$271.00	\$243.75	\$221.75
100	\$164.50	\$149.75	\$289.25	\$263.25	\$297.75	\$271.00	\$243.75	\$221.75

PREMIUM RATES - AREA 3

Counties: Bay, Calhoun, Clinton, Eaton, Genesee, Huron, Ingham, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, Saginaw, Saint Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne

NON-TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$92.57	\$84.23	\$115.81	\$105.39	\$119.32	\$108.59	\$94.09	\$85.62
66	\$92.57	\$84.23	\$115.81	\$105.39	\$119.32	\$108.59	\$94.09	\$85.62
67	\$92.57	\$84.23	\$115.81	\$105.39	\$119.32	\$108.59	\$94.09	\$85.62
68	\$96.25	\$87.59	\$120.38	\$109.54	\$124.02	\$112.86	\$97.79	\$88.98
69	\$100.10	\$91.09	\$125.51	\$114.22	\$129.31	\$117.68	\$101.97	\$92.79
70	\$104.02	\$94.66	\$131.04	\$119.25	\$135.01	\$122.86	\$106.51	\$96.92
71	\$107.93	\$98.22	\$136.77	\$124.46	\$140.91	\$128.23	\$111.23	\$101.22
72	\$111.70	\$101.65	\$142.57	\$129.74	\$146.89	\$133.67	\$116.02	\$105.58
73	\$115.25	\$104.88	\$148.32	\$134.97	\$152.81	\$139.06	\$120.79	\$109.92
74	\$118.57	\$107.89	\$154.02	\$140.16	\$158.68	\$144.40	\$125.54	\$114.25
75	\$121.66	\$110.71	\$159.69	\$145.31	\$164.51	\$149.71	\$130.28	\$118.56
76	\$124.51	\$113.30	\$165.29	\$150.41	\$170.27	\$154.94	\$135.00	\$122.85
77	\$127.02	\$115.59	\$170.76	\$155.39	\$175.91	\$160.08	\$139.64	\$127.08
78	\$129.15	\$117.53	\$176.06	\$160.21	\$181.36	\$165.03	\$144.15	\$131.18
79	\$130.92	\$119.14	\$181.22	\$164.92	\$186.68	\$169.88	\$148.60	\$135.23
80	\$132.40	\$120.48	\$186.32	\$169.55	\$191.92	\$174.65	\$153.00	\$139.23
81	\$133.57	\$121.55	\$191.33	\$174.11	\$197.08	\$179.34	\$157.37	\$143.21
82	\$134.40	\$122.30	\$196.24	\$178.58	\$202.12	\$183.93	\$161.69	\$147.13
83	\$134.88	\$122.74	\$200.98	\$182.89	\$206.99	\$188.36	\$165.89	\$150.96
84	\$135.09	\$122.93	\$205.66	\$187.15	\$211.82	\$192.75	\$170.08	\$154.77
85	\$135.32	\$123.14	\$210.39	\$191.46	\$216.68	\$197.17	\$174.33	\$158.64
86	\$135.44	\$123.26	\$215.18	\$195.81	\$221.59	\$201.65	\$178.65	\$162.58
87	\$135.50	\$123.30	\$219.92	\$200.12	\$226.46	\$206.07	\$182.93	\$166.46
88	\$135.50	\$123.30	\$224.35	\$204.16	\$231.02	\$210.23	\$186.96	\$170.13
89	\$135.50	\$123.30	\$228.19	\$207.65	\$234.95	\$213.80	\$190.46	\$173.31
90	\$135.50	\$123.30	\$231.17	\$210.36	\$238.01	\$216.59	\$193.21	\$175.82
91	\$135.50	\$123.30	\$233.42	\$212.42	\$240.33	\$218.70	\$195.33	\$177.75
92	\$135.50	\$123.30	\$235.21	\$214.04	\$242.15	\$220.36	\$197.05	\$179.32
93	\$135.50	\$123.30	\$236.66	\$215.35	\$243.65	\$221.72	\$198.49	\$180.62
94	\$135.50	\$123.30	\$237.61	\$216.23	\$244.61	\$222.60	\$199.51	\$181.56
95	\$135.50	\$123.30	\$237.95	\$216.53	\$244.96	\$222.91	\$200.05	\$182.04
96	\$135.50	\$123.30	\$238.28	\$216.83	\$245.29	\$223.21	\$200.31	\$182.29
97	\$135.50	\$123.30	\$238.28	\$216.83	\$245.29	\$223.21	\$200.63	\$182.57
98	\$135.50	\$123.30	\$238.28	\$216.83	\$245.29	\$223.21	\$200.80	\$182.73
99	\$135.50	\$123.30	\$238.28	\$216.83	\$245.29	\$223.21	\$200.80	\$182.73
100	\$135.50	\$123.30	\$238.28	\$216.83	\$245.29	\$223.21	\$200.80	\$182.73

PREMIUM RATES - AREA 3

Counties: Bay, Calhoun, Clinton, Eaton, Genesee, Huron, Ingham, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, Saginaw, Saint Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne

TOBACCO								
AGE	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$106.50	\$96.75	\$133.25	\$121.25	\$137.25	\$125.00	\$108.25	\$98.50
66	\$106.50	\$96.75	\$133.25	\$121.25	\$137.25	\$125.00	\$108.25	\$98.50
67	\$106.50	\$96.75	\$133.25	\$121.25	\$137.25	\$125.00	\$108.25	\$98.50
68	\$110.75	\$100.75	\$138.50	\$126.00	\$142.50	\$129.75	\$112.50	\$102.25
69	\$115.00	\$104.75	\$144.25	\$131.25	\$148.75	\$135.25	\$117.25	\$106.75
70	\$119.50	\$108.75	\$150.75	\$137.25	\$155.25	\$141.25	\$122.50	\$111.50
71	\$124.00	\$113.00	\$157.25	\$143.25	\$162.00	\$147.50	\$128.00	\$116.50
72	\$128.50	\$117.00	\$164.00	\$149.25	\$169.00	\$153.75	\$133.50	\$121.50
73	\$132.50	\$120.50	\$170.50	\$155.25	\$175.75	\$160.00	\$139.00	\$126.50
74	\$136.25	\$124.00	\$177.00	\$161.25	\$182.50	\$166.00	\$144.25	\$131.50
75	\$140.00	\$127.25	\$183.75	\$167.00	\$189.25	\$172.25	\$149.75	\$136.25
76	\$143.25	\$130.25	\$190.00	\$173.00	\$195.75	\$178.25	\$155.25	\$141.25
77	\$146.00	\$133.00	\$196.25	\$178.75	\$202.25	\$184.00	\$160.50	\$146.25
78	\$148.50	\$135.25	\$202.50	\$184.25	\$208.50	\$189.75	\$165.75	\$150.75
79	\$150.50	\$137.00	\$208.50	\$189.75	\$214.75	\$195.25	\$171.00	\$155.50
80	\$152.25	\$138.50	\$214.25	\$195.00	\$220.75	\$200.75	\$176.00	\$160.00
81	\$153.50	\$139.75	\$220.00	\$200.25	\$226.75	\$206.25	\$181.00	\$164.75
82	\$154.50	\$140.75	\$225.75	\$205.25	\$232.50	\$211.50	\$186.00	\$169.25
83	\$155.00	\$141.25	\$231.25	\$210.25	\$238.00	\$216.50	\$190.75	\$173.50
84	\$155.25	\$141.25	\$236.50	\$215.25	\$243.50	\$221.75	\$195.50	\$178.00
85	\$155.50	\$141.50	\$242.00	\$220.25	\$249.25	\$226.75	\$200.50	\$182.50
86	\$155.75	\$141.75	\$247.50	\$225.25	\$254.75	\$232.00	\$205.50	\$187.00
87	\$155.75	\$141.75	\$253.00	\$230.25	\$260.50	\$237.00	\$210.25	\$191.50
88	\$155.75	\$141.75	\$258.00	\$234.75	\$265.75	\$241.75	\$215.00	\$195.75
89	\$155.75	\$141.75	\$262.50	\$238.75	\$270.25	\$245.75	\$219.00	\$199.25
90	\$155.75	\$141.75	\$265.75	\$242.00	\$273.75	\$249.00	\$222.25	\$202.25
91	\$155.75	\$141.75	\$268.50	\$244.25	\$276.50	\$251.50	\$224.75	\$204.50
92	\$155.75	\$141.75	\$270.50	\$246.25	\$278.50	\$253.50	\$226.50	\$206.25
93	\$155.75	\$141.75	\$272.25	\$247.75	\$280.25	\$255.00	\$228.25	\$207.75
94	\$155.75	\$141.75	\$273.25	\$248.75	\$281.25	\$256.00	\$229.50	\$208.75
95	\$155.75	\$141.75	\$273.75	\$249.00	\$281.75	\$256.25	\$230.00	\$209.25
96	\$155.75	\$141.75	\$274.00	\$249.25	\$282.00	\$256.75	\$230.25	\$209.75
97	\$155.75	\$141.75	\$274.00	\$249.25	\$282.00	\$256.75	\$230.75	\$210.00
98	\$155.75	\$141.75	\$274.00	\$249.25	\$282.00	\$256.75	\$231.00	\$210.25
99	\$155.75	\$141.75	\$274.00	\$249.25	\$282.00	\$256.75	\$231.00	\$210.25
100	\$155.75	\$141.75	\$274.00	\$249.25	\$282.00	\$256.75	\$231.00	\$210.25

HOW TO APPLY

To apply for any of our Farm Bureau Health Plans of Michigan 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 mfbhealthplans.com and follow the directions for completing and submitting the application.

Call

Contact one of our Medicare experts at 1-888-294-4335, Monday - Friday, from 8:00 a.m. to 4:30 p.m.

In person

Meet with one of our Farm Bureau Medicare Plan Specialists to get answers to all of your questions. For a referral to your local specialist, call 1-888-294-4335.

Note:

Be detailed and complete when applying for coverage. When you fill out your application, be sure to answer all questions truthfully and completely. Farm Bureau Health Plans of Michigan 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.

This document is the 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 2020 CMS-approved values and could change for 2021. Like Medicare, 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 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, Tennessee. Supplements not connected with or endorsed by the U.S. or state government. This is a solicitation of insurance. A representative of Farm Bureau Health Plans of Michigan or Members Health Insurance Company may contact you.

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.