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Puritan Life Insurance Company of America (PLICA)
*is a leading provider of financial solutions for clients
beginning in their peak earning years and continuing
through retirement. In total, Puritan services operates
in twenty-nine states throughout the country.*

Underwritten by Puritan Life Insurance Company of America, [1720 W. Rio Salado Parkway,
Tempe, AZ 85281].

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

This brochure is intended to provide a brief description of policy forms [PLICA-MS-PLANA,
PLICA-MS-PLANF, PLICA-MS-PLANG, PLICA-MS-PLANN]. Not all plans are available in all
states. Policy provisions and benefits may vary from state to state. These policies have
exclusions, limitations, reduction of benefits, please see the Outline of Coverage for complete
details.

Neither Puritan Life Insurance Company of America nor our Medicare Supplement policies are
connected with or endorsed by the United States Government or the Federal Medicare program.



Medicare Supplement Insurance Plans

PLICA-MS-BRC
[STATE]

[Rev Date]

A Medicare Supplement (also known as Medigap) Insurance policy helps pay some of the healthcare costs that traditional Medicare doesn't cover, such as copayments, coinsurance and deductibles. These are costs you would otherwise pay out of your own pocket.

Medicare Supplement policies are regulated by state and federal laws, meaning benefits are generally the same regardless of insurer. The differences will include price and company reputation.

Why Puritan?

Puritan Life Insurance Company of America (PLICA) is a leading provider of financial solutions for clients beginning in their peak earning years and continuing through retirement. PLICA is dedicated to helping clients accumulate, protect and transfer wealth.

Terms you should know:

“Benefit period” means the first day you enter a hospital or skilled nursing facility and ends when you have not received hospital or skilled nursing facility care for 60 consecutive days.

“Coinsurance” is the amount you may be required to pay for health care services after you meet your plan's deductibles.

“Copayment” means the portion of the cost of each medical service and prescription you have to pay.

“Deductible” is a set amount that you must pay for Medicare-approved expenses before Medicare starts paying.

“Eligible expenses” are costs that are deemed medically necessary by Medicare and covered expenses under your plan.

“Emergency care” means immediate medical care needed due to an injury or illness of sudden and unexpected onset.

“Excess charges” are the difference between the amount your doctor or other health care provider actually charges and the amount approved by Medicare.

“Medicare-approved amount” is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

“Premium” is the amount you must pay to Medicare, an insurance company, or a health care plan for coverage.



What options are most important to you?

- Basic benefits, including hospice care
- Medicare Part A & Part B deductibles
- Medicare Part B Excess Charges
- Medicare Part B coinsurance
- Skilled Nursing Facility coinsurance
- Foreign travel emergency coverage

FIND THE BEST PLAN FOR YOU

	Medicare Pays	Plan A Pays	Plan F Pays	Plan G Pays	Plan N Pays
Medicare Part A Hospital Coverage*					
First 60 days	All but \$[1,316]	--	\$[1,316] (Part A Deductible)	\$[1,316] (Part A Deductible)	\$[1,316] (Part A Deductible)
Coinsurance 61-90 days	All but \$[329]	Up to \$[329]	Up to \$[329]	Up to \$[329]	Up to \$[329]
Coinsurance 91-150 days	All but \$[658]	Up to \$[658]	Up to \$[658]	Up to \$[658]	Up to \$[658]
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	--	100% of Eligible Expenses	100% of Eligible Expenses	100% of Eligible Expenses	100% of Eligible Expenses
Benefit for Blood First Three Pints	\$0	Three Pints	Three Pints	Three Pints	Three Pints
Additional Amounts	100%	--	--	--	--
Hospice Care	All but very limited co-payment/coinsurance for outpatient drugs & inpatient respite care	Medicare co-payment/coinsurance	Medicare co-payment/coinsurance	Medicare co-payment/coinsurance	Medicare co-payment/coinsurance
Skilled Nursing Facility Care*					
First 20 Days	100%	--	--	--	--
Coinsurance 21 - 100 Days	All but \$[164.50] a day	--	Up to \$[164.50]	Up to \$[164.50]	Up to \$[164.50]
Medicare Part B Physician Services and Supplies*					
Part B Deductible	--	--	\$[183]	--	--
Coinsurance	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Up to \$20 co-payment for office visit Up to \$50 co-payment for ER
Excess Benefits	--	--	100% up to Medicare's Limit	100% up to Medicare's Limit	--
Benefit for Blood First Three Pints	\$0	Three pints	Three Pints	Three Pints	Three Pints
Additional Amounts	100%	--	--	--	--
Additional Benefits*					
Emergency Care Received Outside the U.S.	--	--	Up to \$50,000	Up to \$50,000	Up to \$50,000
		Plan A Premium	Plan F Premium	Plan G Premium	Plan N Premium
		\$ _____	\$ _____	\$ _____	\$ _____

* Please see your Outline of Coverage for complete details.