Health Alliance Plan®
by Henry Ford Health



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

Medicare Supplement 2027

This is a solicitation of HAP Alliance supplement insurance, and you may be contacted by a licensed, authorized Health Alliance Plan of Michigan Medicare Advantage plan salesperson.

2027 MED SUPP Outline of Coverage APPROVED 9/2/2026 HAP1156700 October 2026

Health Alliance Plan®
by Henry Ford Health

Outline of Coverage for Plans

Medicare Supplement 2027

Understanding Your Options.

Alliance Medicare Supplement offers many resources to help you make sense of important Medicare decisions. In this booklet, you'll find important premium information, as well as details on Alliance Medicare Supplement Plans and extras.

Need help choosing a plan?

Call **(833) 923-1797 (TTY: 711)**
8 a.m. to 8 p.m. ET, seven days a week (Oct. 1 – March 31)
8 a.m. to 6 p.m. ET, Monday through Friday (April 1 – Sept. 30)

Alliance Medicare Supplement premiums.

The following charts can help you determine your Alliance Medicare Supplement plan premium.

For Alliance Medicare Supplement plans, certain factors may affect your monthly premium. Your premium is based on your age, gender and whether you use tobacco.

The deductibles, coinsurance and copay amounts listed in this booklet are 2027-approved values and are subject to change in 2028.

How to estimate your monthly premium:

Premium rates are subject to Underwriting approval. Rates shown are for both Standard and Preferred for smoker and non-smoker*. Notification of rate and approval are sent by mail within 10 business days following receipt of application.

Refer to the charts inside and follow these steps:

1. **Select the chart for non-smoker or smoker**
2. **Choose your plan: A, C, D, F, G or N**
   To apply for Guarantee Issue for loss of coverage, please select Plan A, C, D, F or G. Guarantee Issue for loss of coverage is not offered on Plan N with Alliance Medicare Supplement.
3. **Scan for your age**
   (as of January 1, 2027)
4. **Select male or female**

If you selected a dental and vision package, you will need to add the cost of the package selected to the medical rate.

*Standard and preferred rates may be given outside the special election period and subject to claims experience and health status.

Extra Value.

Fitness membership

Keep up your current fitness routine or try out a new club. With holistic health at the center, One Pass plans are designed give you the freedom to move freely and feel your best.

One Pass subscriptions include*:

- Access to one of the largest fitness networks in the nation
- Live, digital fitness classes and on-demand workouts
- Online brain training made just for you to help improve your memory and focus*
- Groups, clubs and social events near you so that you can meet like-minded people

*Gym network and other features vary by membership plan design.

How to get started

Getting started with One Pass is simple

- Go to YourOnePass.com
- Follow prompts to set up a new account.
- Get started using One Pass by using your member code.
- Bring your One Pass member code with you to any participating location and the staff will set up your membership for all future visits.
- Your One Pass member code is a single code that will get you access to any fitness location in the network. Additionally, use it for online fitness vendors and other One Pass offerings.

Dental and Vision Package options

These optional dental and vision packages can be purchased with any Health Alliance Plan Medicare Supplement plan. Dental services must be provided by a Delta Dental PPO Dentist or Delta Dental Premier Dentist. You must use a Delta Dental participating provider in Michigan, Indiana or Ohio to maximize your benefits. Vision services must be provided by an Eyemed Insight network provider. Please see Eyemed's online provider locator to find a Eyemed Insight network provider. Members may be required to pay the full retail cost for services received out of network.

Optional Dental and Vision Packages:		
PACKAGE 1 - $52.30 additional monthly premium plan	PACKAGE 2 - $71.00 additional monthly premium plan	PACKAGE 3 - $69.90 additional monthly premium plan

Household discount

A $10/month household discount may apply and is not included in rates shown. Household members may be eligible for a discount when both are enrolled in a Health Alliance Plan Medicare Supplement Plan. Household discount is only available to those that apply after January 1, 2020.

This amount will be included on the billing statement you receive in December for January 2027.

The discount becomes effective either on the enrollment date if indicated on the application, or the first of the month following receipt of notification about the household member. Discounts will not be applied retroactively.

We can only raise your premium if we raise the premium for all policies like yours in this state with a 30-day written notice.

Important things to know about Alliance Medicare Supplement.

Policy replacement

If you are replacing another health insurance policy, do not cancel it until you have actually received your new policy and are sure you want to keep it.

Disclosure

Use the charts in the booklet to compare benefits and premiums among policies, certificates and contracts.

Please read your policy very carefully

This booklet is only an outline describing your policy's most important features. The policy is your insurance contract. You should read the policy itself to understand all your rights and duties as well as those of your insurance company.

Right to terminate policy

By paying your premium, you attest your rate and waive the right to appeal/cancel. If you find that you are not satisfied with your policy, you may cancel your plan by phone, by mail or by email.

To cancel by phone:
Contact us at 800-873-7526

To cancel by email:
Contact us at msweb1@hap.org

To cancel by mail:
Send a signed written request to: Alliance Health and Life Insurance Company,
ATTN: Government Membership and Billing 1414 E. Maple Rd., Troy, MI 48083

If you cancel your policy within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Fill out the application completely

When you fill out the application for your new policy, be sure to answer all questions about your medical and health history truthfully and completely. Health Alliance Plan reserves the right to cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Dental and Vision Package policy notice

This policy does not automatically include dental and vision coverage. Failure to pay the total premium on either medical or dental and vision will result in termination of both policies. You must pay your plan premiums to continue being a member of our plan. If you selected the optional dental benefit (Package 1, 2 or 3), your plan premiums include the additional amount you pay each month for these extra benefits.

Three package options allow for different levels of dental coverage. Each option includes 1 vision exam and a $175 allowance for vision hardware such as contact lenses, frames or glasses.

In Packages 1 and 2, you must use a Delta Dental participating provider in Michigan, Indiana or Ohio to maximize your benefits. Services received from a nonparticipating dentist may result in higher out-of-pocket costs. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

Package 3 is a PPO narrow network plan that offers extensive dental coverage on a limited provider network. Please consult the Delta Dental Provider Directory to ensure your provider participates in the PPO network. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

Enrollees that select enrollment in a dental and vision package on the Alliance Medicare Supplement application will have the same effective date as the Medicare Supplement plan. To add a dental and vision package, request must be made within 30 days of the Medicare Supplement effective date and it will be effective 1 of the month following the received request.

Existing members can enroll and/or change their dental and vision option during the Annual Enrollment or Open Enrollment Periods.

- A request received between October 1 and December 31 will be effective on January first of the new plan year.
- A request received from January 1 through March 31 will be effective on the first of the month following request.

Members can disenroll from the optional dental and vision benefits any time of the year, the disenrollment will be effective the first day of the following month.

Please contact Customer Service at **800-873-7526 (TTY: 711)** to enroll in the optional dental plan.

Hearing Aid Program

Your discounted hearing aid program, administered by NationsHearing, provides access to discounted hearing aids and comprehensive support services.

Members can choose from a variety of hearing aids, with the copay amount depending on the technology level selected.

Every hearing aid purchased through NationsHearing includes:

- 60-day money-back guarantee
- 3 follow-up appointments
- 60 batteries per year, per hearing aid (3-year supply)
- 3-year manufacturer's warranty
- And much more.

You must obtain your hearing aids from a NationsHearing provider. Please call NationsBenefits toll-free at **(877) 484-7977 (TTY: 711),** 8:00 a.m. - 8:00 p.m., 7 days a week, or visit their website at **members.nationsbenefits.com/hap** to schedule an appointment.

World-wide travel assistance*

Our plan offers an emergency travel assistance for members traveling domestically or internationally. Members must be in travel status which is 100 miles or more from home or in a different country to access service.

Services available through Assist America include medical assistance services. There is no coinsurance, copayment, or deductible for world-wide travel assistance services arranged by Assist America.

Services included (but not limited to):

- Assistance locating emergency care
- Assistance with foreign hospital admissions
- Emergency evacuations to nearest facility capable of providing proper care if appropriate care is not available
- Assistance with any lost or forgotten prescriptions (costs may apply)

Members must call Assist America at 1-800-872-1414 toll free to activate benefit. (TTY users should call 711).

Copayments for emergency room services, urgent care, and inpatient hospital services will still apply. For more information click on this link: Assistamerica.com/hap

* The services described are neither offered nor guaranteed under Health Alliance Plan's contracts with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these services may be subject to the Health Alliance Plan grievance process. Assist America doesn't replace your coverage. You're covered for urgent and emergency care based on your Health Alliance Plan member contract.

Notice

This policy may not fully cover all of your medical costs. Neither Alliance Medicare Supplement nor its agents are connected with Medicare and are not 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 Medicare coverage. Contact your local Social Security office or consult the booklet "Medicare & You" for more details.

Premium information - Preferred Non-smoker

	Plan A Non-smoker		Plan C Non-smoker		Plan D Non-smoker		Plan F Non-smoker		Plan G Non-smoker		Plan N Non-smoker	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	$820	$766	$1,300	$1,205	N/A	N/A	N/A	N/A	$839	$770	N/A	N/A
65	$212	$199	$337	$312	$267	$244	$293	$272	$217	$200	$188	$174
66	$222	$207	$352	$326	$278	$255	$307	$284	$227	$209	$197	$182
67	$231	$216	$367	$340	$290	$266	$320	$296	$237	$217	$205	$189
68	$241	$225	$382	$354	$302	$277	$333	$309	$247	$226	$214	$197
69	$251	$234	$397	$368	$314	$288	$346	$321	$257	$235	$222	$205
70	$260	$243	$412	$382	$326	$299	$359	$333	$266	$244	$231	$213
71	$270	$252	$428	$396	$338	$310	$373	$345	$276	$253	$239	$221
72	$279	$261	$443	$410	$350	$321	$386	$358	$286	$262	$248	$228
73	$289	$270	$458	$424	$362	$332	$399	$370	$296	$271	$256	$236
74	$298	$279	$473	$438	$374	$343	$412	$382	$305	$280	$265	$244
75	$308	$288	$488	$452	$386	$354	$425	$394	$315	$289	$273	$252
76	$317	$297	$503	$467	$398	$365	$438	$406	$325	$298	$281	$260
77	$327	$306	$518	$481	$410	$376	$452	$419	$335	$307	$290	$267
78	$336	$314	$534	$495	$422	$387	$465	$431	$345	$316	$298	$275
79	$346	$323	$549	$509	$434	$398	$478	$443	$354	$325	$307	$283
80	$356	$332	$564	$523	$446	$409	$491	$455	$364	$334	$315	$291
81	$365	$341	$579	$537	$458	$420	$504	$468	$374	$343	$324	$299
82	$375	$350	$594	$551	$470	$431	$518	$480	$384	$352	$332	$307
83	$384	$359	$609	$565	$482	$442	$531	$492	$393	$361	$341	$314
84	$394	$368	$624	$579	$494	$453	$544	$504	$403	$370	$349	$322
85 Plus	$403	$377	$639	$593	$506	$464	$557	$516	$413	$379	$358	$330

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

Note: You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

Premium information - Preferred Smoker

Age	Plan A Smoker		Plan C Smoker		Plan D Smoker		Plan F Smoker		Plan G Smoker		Plan N Smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	$902	$843	$1,430	$1,326	N/A	N/A	N/A	N/A	$923	$847	N/A	N/A
65	$233	$219	$371	$343	$294	$268	$322	$299	$239	$220	$207	$191
66	$244	$228	$387	$359	$306	$281	$338	$312	$250	$230	$217	$200
67	$254	$238	$404	$374	$319	$293	$352	$326	$261	$239	$226	$208
68	$265	$248	$420	$389	$332	$305	$366	$340	$272	$249	$235	$217
69	$276	$257	$437	$405	$345	$317	$381	$353	$283	$259	$244	$226
70	$286	$267	$453	$420	$359	$329	$395	$366	$293	$268	$254	$234
71	$297	$277	$471	$436	$372	$341	$410	$380	$304	$278	$263	$243
72	$307	$287	$487	$451	$385	$353	$425	$394	$315	$288	$273	$251
73	$318	$297	$504	$466	$398	$365	$439	$407	$326	$298	$282	$260
74	$328	$307	$520	$482	$411	$377	$453	$420	$336	$308	$292	$268
75	$339	$317	$537	$497	$425	$389	$468	$433	$347	$318	$300	$277
76	$349	$327	$553	$514	$438	$402	$482	$447	$358	$328	$309	$286
77	$360	$337	$570	$529	$451	$414	$497	$461	$369	$338	$319	$294
78	$370	$345	$587	$545	$464	$426	$512	$474	$380	$348	$328	$303
79	$381	$355	$604	$560	$477	$438	$526	$487	$389	$358	$338	$311
80	$392	$365	$620	$575	$491	$450	$540	$501	$400	$367	$347	$320
81	$402	$375	$637	$591	$504	$462	$554	$515	$411	$377	$356	$329
82	$413	$385	$653	$606	$517	$474	$570	$528	$422	$387	$365	$338
83	$422	$395	$670	$622	$530	$486	$584	$541	$432	$397	$375	$345
84	$433	$405	$686	$637	$543	$498	$598	$554	$443	$407	$384	$354
85 Plus	$443	$415	$703	$652	$557	$510	$613	$568	$454	$417	$394	$363

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

Premium information - Standard Non-smoker

Age	Plan A Non-smoker		Plan C Non-smoker		Plan D Non-smoker		Plan F Non-smoker		Plan G Non-smoker		Plan N Non-smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	$1,025	$958	$1,625	$1,506	N/A	N/A	N/A	N/A	$1,049	$963	N/A	N/A
65	$265	$249	$421	$390	$334	$305	$366	$340	$271	$250	$235	$218
66	$278	$259	$440	$408	$348	$319	$384	$355	$284	$261	$246	$228
67	$289	$270	$459	$425	$363	$333	$400	$370	$296	$271	$256	$236
68	$301	$281	$478	$443	$378	$346	$416	$386	$309	$283	$268	$246
69	$314	$293	$496	$460	$393	$360	$433	$401	$321	$294	$278	$256
70	$325	$304	$515	$478	$408	$374	$449	$416	$333	$305	$289	$266
71	$338	$315	$535	$495	$423	$388	$466	$431	$345	$316	$299	$276
72	$349	$326	$554	$513	$438	$401	$483	$448	$358	$328	$310	$285
73	$361	$338	$573	$530	$453	$415	$499	$463	$370	$339	$320	$295
74	$373	$349	$591	$548	$468	$429	$515	$478	$381	$350	$331	$305
75	$385	$360	$610	$565	$483	$443	$531	$493	$394	$361	$341	$315
76	$396	$371	$629	$584	$498	$456	$548	$508	$406	$373	$351	$325
77	$409	$383	$648	$601	$513	$470	$565	$524	$419	$384	$363	$334
78	$420	$393	$668	$619	$528	$484	$581	$539	$431	$395	$373	$344
79	$433	$404	$686	$636	$543	$498	$598	$554	$443	$406	$384	$354
80	$445	$415	$705	$654	$558	$511	$614	$569	$455	$418	$394	$364
81	$456	$426	$724	$671	$573	$525	$630	$585	$468	$429	$405	$374
82	$469	$438	$743	$689	$588	$539	$648	$600	$480	$440	$415	$384
83	$480	$449	$761	$706	$603	$553	$664	$615	$491	$451	$426	$393
84	$493	$460	$780	$724	$618	$566	$680	$630	$504	$463	$436	$403
85 Plus	$504	$471	$799	$741	$633	$580	$696	$645	$516	$474	$448	$413

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.

You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

Premium information - Standard Smoker

Age	Plan A Smoker		Plan C Smoker		Plan D Smoker		Plan F Smoker		Plan G Smoker		Plan N Smoker	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	$1,128	$1,053	$1,788	$1,657	N/A	N/A	N/A	N/A	$1,154	$1,059	N/A	N/A
65	$292	$274	$463	$429	$367	$336	$403	$374	$298	$275	$259	$239
66	$305	$285	$484	$448	$382	$351	$422	$391	$312	$287	$271	$250
67	$318	$297	$505	$468	$399	$366	$440	$407	$326	$298	$282	$260
68	$331	$309	$525	$487	$415	$381	$458	$425	$340	$311	$294	$271
69	$345	$322	$546	$506	$432	$396	$476	$441	$353	$323	$305	$282
70	$358	$334	$567	$525	$448	$411	$494	$458	$366	$336	$318	$293
71	$371	$347	$589	$545	$465	$426	$513	$474	$380	$348	$329	$304
72	$384	$359	$609	$564	$481	$441	$531	$492	$393	$360	$341	$314
73	$397	$371	$630	$583	$498	$457	$549	$509	$407	$373	$352	$325
74	$410	$384	$650	$602	$514	$472	$567	$525	$419	$385	$364	$336
75	$424	$396	$671	$622	$531	$487	$584	$542	$433	$397	$375	$347
76	$436	$408	$692	$642	$547	$502	$602	$558	$447	$410	$386	$358
77	$450	$421	$712	$661	$564	$517	$622	$576	$461	$422	$399	$367
78	$462	$432	$734	$681	$580	$532	$639	$593	$474	$435	$410	$378
79	$476	$444	$755	$700	$597	$547	$657	$609	$487	$447	$422	$389
80	$490	$457	$776	$719	$613	$562	$675	$626	$501	$459	$433	$400
81	$502	$469	$796	$738	$630	$578	$693	$644	$514	$472	$446	$411
82	$516	$481	$817	$758	$646	$593	$712	$660	$528	$484	$457	$422
83	$528	$494	$837	$777	$663	$608	$730	$677	$540	$496	$469	$432
84	$542	$506	$858	$796	$679	$623	$748	$693	$554	$509	$480	$443
85 Plus	$554	$518	$879	$815	$696	$638	$766	$710	$568	$521	$492	$454

Medicare members younger than age 65 are eligible for Plans A and C. Medicare beneficiaries younger than age 65 are eligible to apply for Plan G after 1/1/2020.
You must be eligible for Medicare before 1/1/2020 to select Plan C and Plan F.

Nationwide Medicare Supplement Plans.

Compare benefits of each Medicare Supplement Insurance Plan available in your state.

Alliance Medicare Supplement doesn't offer plans B, K, L, and M (highlighted in gray below).

A checkmark (✓) means 100% of this benefit is paid. If a box is left blank, the chosen plan does not cover the item. Otherwise, the plan pays the percentage shown.

Benefits	Plans									
	A	B	C	D	F*	G*	K**	L**	M	N
Inpatient hospital services Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice care Medicare Part A coinsurance and copayments	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Medicare preventive care Medicare Part B coinsurance when applicable	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare expenses Medicare Part B coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	$20 office visit copayment and up to a $50 emergency visit copayment
Blood First 3 pints under Medicare Parts A and B	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care Medicare Part A daily copayments			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B deductible			✓		✓					
Medicare Part B excess charges					✓	✓				
Foreign travel Emergency services			80%	80%	80%	80%			80%	80%
Out-of-pocket annual limit							$8,000	$4,000		

* Some states may offer Plan F and G as a high-deductible plan. With this option, you must pay Medicare-covered costs up to the deductible amount $2,950 in 2026 before the plan pays anything.

Plans C and F aren't 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, the Medicare Supplement pays 100% of covered services for the rest of the calendar year.

Amounts on this page are 2026 values, 2027 may be higher.

Alliance Medicare Supplement Plans Offered

Plan A	Plan C[1]	Plan D	Plan F[1]	Plan G*	Plan N**
Plan A is the most basic Medicare Supplement plan. It helps fill some of the gaps in Medicare's coverage.	Plan C provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.	Plan D provides more extensive coverage than Plan A. It may be the right plan for you if most of your doctors accept Medicare.	Plan F may be a good choice if some of your doctors do not accept Medicare's approved amount as payment in full.	Plan G may also be a good choice if some of your doctors do not accept Medicare's approved amount as payment in full.	Plan N has a low monthly premium and copays for visits to the doctor's office and the emergency room.
Plan A covers: • **Basic benefits** (see the list on page 14)	**Plan C covers:** • **Basic benefits, plus:** • Skilled nursing facility copay • Part A deductible • Part B deductible • Worldwide emergency coverage***	**Plan D covers:** • **Basic benefits, plus:** • Skilled nursing facility copay • Part A deductible • Worldwide emergency coverage***	**Plan F covers:** • **Basic benefits, plus:** • Skilled nursing facility copay • Part A deductible • Part B deductible • Worldwide emergency coverage*** • Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount)	**Plan G covers:** • **Basic benefits, plus:** • Skilled nursing facility copay • Part A deductible • Worldwide emergency coverage*** • Part B excess charges (the amount a doctor charges in excess of the Medicare-approved amount)	**Plan N covers:** • **Basic benefits, plus:** • Skilled nursing facility copay • Part A deductible • Worldwide emergency coverage***

[1] Plans C and F aren't available to people who are newly eligible for Medicare on or after January 1, 2020.

* Plan G pays 100 percent of Part B services except the Part B deductible.

** Plan N pays 100 percent of Part B services except the Part B deductible. Member pays up to $20 copay for doctor's office visits and up to $50 for emergency room visits.

*** $250 deductible each year. Lifetime maximum of $50,000. Subscriber pays all amounts over $50,000.

2027 MED SUPP Outline of Coverage APPROVED 9/2/2026

Alliance Medicare Supplement Plan Comparison

		Hospital Services - per benefit period[1] – Semi-private room and board, general nursing and miscellaneous services and supplies				
		First 60 days	61st thru 90th day	91st day and after (while using 60 lifetime reserve days)	Once lifetime reserve days are used; additional 365 days	Beyond the additional 365 days
Medicare	**Medicare pays**	Nothing	All but $434 a day	All but $868 a day	Nothing	Nothing
Plan A	**Plan Pays**	Nothing	$434 a day	$868 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	$1,736 (Part A deductible)	Nothing	Nothing	Nothing[2]	All costs
Plan C	**Plan Pays**	$1,736 (Part A deductible)	$434 a day	$868 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing[2]	All costs
Plan D	**Plan Pays**	$1,736 (Part A deductible)	$434 a day	$868 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing[2]	All costs
Plan F	**Plan Pays**	$1,736 (Part A deductible)	$434 a day	$868 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing[2]	All costs
Plan G	**Plan Pays**	$1,736 (Part A deductible)	$434 a day	$868 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing[2]	All costs
Plan N	**Plan Pays**	$1,736 (Part A deductible)	$434 a day	$868 a day	100% of Medicare-eligible expenses	Nothing
	Subscriber Pays	Nothing	Nothing	Nothing	Nothing[2]	All costs

Amounts on this page are 2026 values, 2027 may be higher.

[1] A benefit period begins on the first day you receive service 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 facilities for 60 days in a row.

[2] When your Medicare Part A hospital benefits are exhausted, HAP 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.

continued ▸

Alliance Medicare Supplement Plan Comparison (continued)

		Skilled Nursing Facility Care - per benefit period [1,3]		
		First 20 days	21st thru 100th day	101st day and after
Medicare	**Medicare pays**	100%	All but $217 a day	Nothing
Plan A	**Plan Pays**	Nothing	Nothing	Nothing
	Subscriber Pays	Nothing	Up to $217 a day	All costs
Plan C	**Plan Pays**	Nothing	Up to $217 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan D	**Plan Pays**	Nothing	Up to $217 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan F	**Plan Pays**	Nothing	Up to $217 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan G	**Plan Pays**	Nothing	Up to $217 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan N	**Plan Pays**	Nothing	Up to $217 a day	Nothing
	Subscriber Pays	Nothing	Nothing	All costs

Amounts on this page are 2026 values, 2027 may be higher.

[1] A benefit period begins on the first day you receive service 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 facilities for 60 days in a row.

[3] You must meet Medicare's requirements, including having been in a hospital for at least three days, and enter a Medicare-approved facility within 30 days after leaving the hospital.

continued ▶

Alliance Medicare Supplement Plan Comparison (continued)

		Part A Blood		Hospice Care[4] services
		First three pints	Additional amounts	Hospice care
Medicare	**Medicare pays**	Nothing	100%	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care
Plan A	**Plan Pays**	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan C	**Plan Pays**	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan D	**Plan Pays**	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan F	**Plan Pays**	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	**Plan Pays**	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing
Plan N	**Plan Pays**	All costs	Nothing	Medicare copayment/coinsurance
	Subscriber Pays	Nothing	Nothing	Nothing

[4] You must meet Medicare's requirements including a doctor's certification of terminal illness.

continued ▶

Alliance Medicare Supplement Plan Comparison (continued)

		Medicare (Part B) – Medical Services, per calendar year[5]		
		First $283 of Medicare approved amounts	Remainder of Medicare approved amounts	Part B excess charges (above Medicare approved amounts)
Medicare	**Medicare pays**	Nothing	80%	Nothing
Plan A	**Plan Pays**	Nothing	20%	Nothing
	Subscriber Pays	$283 (Part B deductible)	Nothing	All costs
Plan C	**Plan Pays**	$283 (Part B deductible)	20%	Nothing
	Subscriber Pays	Nothing	Nothing	All costs
Plan D	**Plan Pays**	Nothing	20%	Nothing
	Subscriber Pays	$283 (Part B deductible)	Nothing	All costs
Plan F	**Plan Pays**	$283 (Part B deductible)	20%	100%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	**Plan Pays**	Nothing	20%	100%
	Subscriber Pays	$283 (Part B deductible)	Nothing	Nothing
Plan N	**Plan Pays**	Nothing	20%†	Nothing
	Subscriber Pays	$283 (Part B deductible)	Nothing	All costs

Amounts on this page are 2026 values, 2027 may be higher.

[5] Medical expenses – In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical services and surgical services, physical and speech therapy, diagnostic tests, durable medical equipment.

† 20% except up to a $20 office visit and up to a $50 emergency visit copay.

continued ▶

Alliance Medicare Supplement Plan Comparison (continued)

		Part B Blood††		
		First three pints	Next $283 of Medicare approved amounts††	Remainder of Medicare approved amounts
Medicare	**Medicare pays**	Nothing	Nothing	80%
Plan A	**Plan Pays**	All costs	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing
Plan C	**Plan Pays**	All costs	$283 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan D	**Plan Pays**	All costs	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing
Plan F	**Plan Pays**	All costs	$283 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	**Plan Pays**	All costs	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing
Plan N	**Plan Pays**	All costs	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing

Amounts on this page are 2026 values, 2027 may be higher.

†† Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

continued ▶

Alliance Medicare Supplement Plan Comparison (continued)

		Clinical Laboratory Services	Parts A & B Home Health Care – Medicare approved services	
		Tests for diagnostic lab services	Medically necessary skilled care services and medical supplies/ durable medical equipment (First $283 of Medicare approved amounts)	Remainder of Medicare approved amounts
Medicare	**Medicare pays**	100%	Nothing	80%
Plan A	**Plan Pays**	Nothing	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing
Plan C	**Plan Pays**	Nothing	$283 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan D	**Plan Pays**	Nothing	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing
Plan F	**Plan Pays**	Nothing	$283 (Part B deductible)	20%
	Subscriber Pays	Nothing	Nothing	Nothing
Plan G	**Plan Pays**	Nothing	Nothing	20%
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing
Plan N	**Plan Pays**	Nothing	Nothing	20%†
	Subscriber Pays	Nothing	$283 (Part B deductible)	Nothing

Amounts on this page are 2026 values, 2027 may be higher.

† 20% except up to a $20 office visit and up to a $50 emergency visit copay.

continued ▶

Alliance Medicare Supplement Plan Comparison (continued)

		Other Benefits – Not covered by Medicare
		Foreign Travel – not covered by Medicare, medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. First $250 each year/remainder of charges
Medicare	**Medicare Pays**	Nothing (except under limited circumstances)
Plan A	**Plan Pays**	Nothing
	Subscriber Pays	Nothing
Plan C	**Plan Pays**	$0/80% to a lifetime maximum of $50,000
	Subscriber Pays	$250/20% and amounts over the $50,000 lifetime maximum
Plan D	**Plan Pays**	$0/80% to a lifetime maximum of $50,000
	Subscriber Pays	$250/20% and amounts over the $50,000 lifetime maximum
Plan F	**Plan Pays**	$0/80% to a lifetime maximum of $50,000
	Subscriber Pays	$250/20% and amounts over the $50,000 lifetime maximum
Plan G	**Plan Pays**	$0/80% to a lifetime maximum of $50,000
	Subscriber Pays	$250/20% and amounts over the $50,000 lifetime maximum
Plan N	**Plan Pays**	$0/80% to a lifetime maximum of $50,000
	Subscriber Pays	$250/20% and amounts over the $50,000 lifetime maximum

Want more from your health plan? Health Alliance Plan is here. Talk to us about the Medicare Supplement option that makes most sense for you.

For more information visit hap.org/medicare
or call (833) 923-1797 (TTY: 711)

Alliance Health and Life Insurance Company

2027 MED SUPP Outline of Coverage APPROVED 9/2/2026

© 2026 Health Alliance Plan

HAP1156700 6/2026