



MercyCare

2018 Senior Supplement Jefferson County

The Wisconsin Insurance Commissioner has set standards for Medicare Select policies. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see "Wisconsin Guide to Health Insurance for People with Medicare," given to you when you applied for this policy. Do not buy this policy if you did not get the guide.

Medicare Supplement Insurance Outline
Medicare Select Policy

Underwritten by MercyCare HMO, Inc.

PO Box 550, Janesville, WI 53547-0550
MCSOCJEFFOCT2017

 **MercyCare Health Plans**[™]
MERCYCARE HMO INC.

Take our quick eligibility test

Do you reside in Jefferson County?

- Yes
- No (sorry, only those residents may apply)

Are you enrolled in Medicare Parts A & B?

- Yes
- No (sorry, you must be enrolled in Medicare Parts A & B to apply)

Are you covered by the state Medicaid assistance program?

- Yes (sorry, you can't apply if you're covered by the state Medicaid medical assistance program)
- No

If your answers show you're eligible to apply for MercyCare Senior, please continue. This brochure contains important information about policy benefits and limitations, and your rights and responsibilities under the plan.

About MercyCare

Since its inception in 1994, MercyCare has grown to over 40,000 members. Its insurance plans are accepted by hundreds of medical providers in southern Wisconsin. MercyCare coordinates all aspects of health care to make sure each patient receives the most effective care at the lowest possible cost.

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General information

This brochure provides only a general description of MercyCare Senior Medicare Select Policy benefits, limitations and exclusions. You can find a more detailed description of MercyCare Senior coverage in the policy under covered services. Coverage is subject to all terms and conditions of the policy and any riders.

We’ve added the subject headings in this brochure for easier reading and quick reference. These headings aren’t part of the description of coverage, and aren’t to be used in determining applicable limitations and exclusions.

This outline of coverage doesn’t give all the details of Medicare coverage. Contact your local Social Security Office, or consult Medicare & You 2018 Handbook for more details. To receive a copy of this handbook, call (800) MEDICARE (633-4227). It may also be obtained online at www.medicare.gov.



Outline of Medicare Supplement insurance

Medicare Select Policy

Premium information - MercyCare can only raise your premium if we raise the premium for all policies like yours in the state.

Disclosure - Use this to compare benefits and premium among policies.

Read your policy very carefully - This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company. It covers some hospital, skilled nursing facility, medical, surgical and other outpatient services that are partially covered by Medicare. This policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

Your right to return this policy - If you find that you are not satisfied with your policy, you may return it to us at MercyCare HMO, Inc., P.O. Box 550, Janesville, WI 53547-0550. If you send the policy back to us 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 directly to you.

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.

Notice - This policy may not fully cover all of your medical costs.

Neither MercyCare HMO, Inc. nor its agents are connected with Medicare.



Why buy Medicare Supplement insurance?

Medicare is great. But, as you probably already know, Medicare doesn't pay for everything. There are Medicare deductibles and coinsurance you have to pay before Medicare pays benefits. And, there's always a chance that a serious illness or injury could exhaust your Medicare benefits. It may seem impossible now, but it does happen. With Medicare coverage alone, you could be left owing a significant amount of money to your health care provider.

Comprehensive coverage that helps fill the gaps left by Medicare.

The MercyCare Senior Supplement policy begins with an excellent core of benefits. Our basic plan covers your Medicare Part A (Hospitalization) and Part B (Medical) coinsurance—costs you would otherwise have to pay out of your own pocket. But that's just the beginning. MercyCare Senior Supplement pays for important services, including:

- \$25 Stay Healthy benefit
- Chiropractic services
- Foreign travel emergency care
- Durable medical equipment
- Equipment and some diabetes supplies
- Home health care services
- Hospital and skilled nursing care
- Immunizations
- Laboratory test
- Licensed ambulance services
- Mammograms
- Medical/surgical services and supplies
- No pre-examination
- No waiting periods
- Physical, radiation and speech therapy
- Prosthetics
- Routine physical exams including eye and hearing exams
- Quality care close to home

Find a detailed description of Medicare Supplement benefits starting on page 5.

It keeps pace with Medicare

Each time the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA), increases your Medicare deductibles, your MercyCare Senior Supplement benefits will adjust to cover the increase. You can feel secure in knowing your plan will always remain current with Medicare. Each year, MercyCare HMO, Inc. will send you a notice 30 days prior to the effective date of any Medicare changes. This notice will describe the Medicare changes and any changes in your Medicare supplement coverage.

It is guaranteed renewable for life

We promise that your MercyCare Senior Supplement Policy will never be canceled because of your health. As long as you pay your premium on time, MercyCare Senior Supplement is guaranteed renewable for life, as long as you live in the service area and don't provide fraudulent information.

When you have questions, simply call the toll-free number on your MercyCare Senior card. Answers are just a phone call away at (800) 895-2421. MercyCare representatives are available Monday-Friday, 8:30 am-4:30 pm.

Medicare Select Part A Benefit chart

Medicare Select Part A – hospital services – per benefit period

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 facility for 60 days in a row.

Services	Per benefit period	Medicare pays	If you use a plan provider	
			This policy pays	You pay
Hospitalization: Semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes meals, special care units, drugs, lab tests, diagnostic x-rays, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	First 60 days	All but \$1,316	\$1,316	\$0*
	61st-90th day	All but \$329/day	\$329/day	\$0*
	91st-150th day	All but \$658/day	\$658/day	\$0*
	After 150th day	\$0	100% of Medicare eligible expenses**	\$0*
Skilled nursing care: You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	100% of approved amounts	\$0	\$0*
	21st-100th days	All but \$164.50/day	\$164.50/day	\$0*
	After 100th day	\$0	\$0/day	All costs
Inpatient psychiatric care: in a participating psychiatric hospital		190 days per lifetime	175 days per lifetime	Beyond 365 days/lifetime
Blood	First 3 pints	\$0	3 pints	\$0*
	Additional amounts	100%	\$0	\$0
Hospice care: Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited coinsurance for outpatient drugs and inpatient care	100%	\$0

*Pay nothing only if you use plan providers. Otherwise, you are responsible for any remaining balance.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, MercyCare stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy’s “Core Benefits.”

This chart only briefly summarizes Medicare benefits. For more details, contact Centers for Medicare and Medicaid or read its Medicare publications, or contact your local Social Security office or read your “Medicare and You 2018 handbook.”

Medicare Select Part B Benefit chart

Medicare Select Part B – benefits

Services	Per calendar year	Medicare pays	If you use a plan provider	If you use a plan provider
			This policy pays	You pay
Medically necessary services: In or out of the hospital and out-patient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.	First \$183 of Medicare-approved amounts	\$0	\$183	\$0*
	Preventive benefits for Medicare covered services	Generally 0-100%	Any remainder of Medicare-approved amounts	\$0*
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0*
Blood	First 3 pints	\$0	100%	\$0*
	Next \$183 of Medicare-approved amounts	\$0	\$183	\$0*
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0*
Clinical laboratory expenses: Tests for diagnostic services		100%	\$0	\$0*
Home health care		100% of charges for visits considered medically necessary by Medicare	365 necessary visits for medically necessary services	Other visits
Preventive health services (not covered by Medicare): Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.		100%	Generally 100%	\$0*

*Pay nothing only if you use plan providers. Otherwise, you are responsible for any remaining balance.

Additional health care benefits of Medicare Select

Services	Medicare pays	This policy pays	You pay
Foreign travel emergency medical care	\$0	100% of charges for emergency care beginning during first 60 days of travel outside the USA. Subject to a \$50,000 lifetime limit. No usual and customary, however this policy does not pay for out-of-network doctors, except foreign travel or emergency	\$0*
Kidney transplants, dialysis treatment and kidney disease care	80% of Medicare-eligible charges	20% of Medicare-eligible charges	\$0*
Chiropractic care	80% of Medicare-eligible charges	20% of Medicare-eligible charges	\$0*
Breast reconstruction after a mastectomy	80% of Medicare-eligible charges	20% of Medicare-eligible charges	\$0*
Hospital, ambulatory surgery center, and anesthesia charges for dental care (limited to specific conditions and circumstances)	80% of Medicare-eligible charges	20% of Medicare-eligible charges	\$0*
Immunizations	80% of Medicare-eligible charges (after \$183 Part B deductible)	\$183 deductible and 20% of Medicare-eligible charges	\$0*
Inpatient hospital private-duty nursing	80% of Medicare-eligible charges (after \$183 Part B deductible)	\$183 deductible and 20% of Medicare-eligible charges	\$0*

*Pay nothing only if you use plan providers. Otherwise you are responsible for any remaining balance.

MercyCare Senior will provide benefits for emergency or urgent care while you are temporarily out of the service area. Urgent care is defined as care for an accident or illness occurring while the MercyCare member is temporarily away from the service area and that is required to prevent a serious deterioration of your health before you are able to reach your primary care provider. If it is necessary for you to be hospitalized while out of the area, MercyCare Senior will provide the same benefits as those provided if you were hospitalized at a plan hospital.

This chart only briefly summarizes Medicare benefits. For more details, contact Centers for Medicare and Medicaid or read its Medicare publications, or contact your local Social Security office or read its booklet Medicare and You 2018 handbook.



Your complaint rights

MercyCare is committed to ensuring that your concerns are handled in an appropriate and timely manner. We ensure that you have the opportunity to express dissatisfaction with any aspect of our products.

You have the right to contact our customer service department to address a concern. If you contact MercyCare by telephone, our customer service representatives will research your concern and advise you of the outcome. Our toll-free telephone number is (800) 895-2421.

If you submit a concern in writing to MercyCare directly, we will offer you the opportunity to talk to a Grievance Committee either in person, on the phone or via other technology that may be available. We will make every effort to have at least one person on the committee that has MercyCare insurance, but is not an employee of MercyCare. At any time, you may submit in writing your grievance to:

[MercyCare Health Plans Customer Service Department](#)
[P.O. Box 550](#)
[Janesville, WI 53547-0550](#)

Your concerns are important to us. In order for us to improve the service we provide for you it is essential that you voice your concerns so that we may identify areas requiring improvement.

You may resolve your problem by taking the steps outlined here. You may also contact the Office of the Commissioner of Insurance to file a complaint. The Office of the Commissioner of Insurance is a state agency that enforces Wisconsin's insurance laws. To request a complaint form, you can contact the Office of the Commissioner of Insurance by mail or by phone at the address and phone number below:

[Office of the Commissioner of Insurance](#)
[P.O. Box 7873](#)
[Madison, WI 53707-7873](#)
[\(800\) 236-8617 or \(608\) 266-0103](#)

Limitations and Exclusions

All benefits listed in this outline will be provided only when the services are rendered by a participating provider, except for care in an emergency or with a referral or prior authorization. A referral must be issued by your primary care physician and approved by MercyCare's medical director. The referral is valid only for the treatment and period of time stated on the form.

MercyCare reserves the right to recover (subrogate) payments that are the liability of a third party.

EXCLUSIONS

Surgical services

- Procedures, services and supplies related to sex transformation
- Reversal of voluntary sterilization and related procedures
- Cosmetic or plastic surgery except breast reconstruction due to mastectomy or a medical/surgical necessity
Psychological reasons do not represent a medical/surgical necessity
- Any surgical treatment or hospitalization for treatment of morbid obesity
- Cochlear implants
- Tangential or radial keratotomy

Medical services

- Examinations for employment, licensing, insurance, adoption, participation in athletics, or examinations or treatments ordered by a court, unless otherwise covered
- Expenses for medical reports, including preparation and presentation
- Services rendered: (a) in the examination, treatment or removal of all or parts of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) in the cutting, trimming or other non-operative partial removal of toenails; (c) treatment of flexible flat feet
- Any food, liquid and/or nutritional

- supplements and any weight loss program that incorporates these
- Any artificial means to achieve pregnancy, or surrogate mother services
- Implantable birth control items, services related to scarring due to their removal, or elective abortions
- Sublingual (under the tongue) allergy testing and/or treatment

Ambulance services

- Ambulance service, other than ground ambulance, unless authorized by MercyCare
- Any amounts over Medicare allowed amounts if ambulance service does not accept Medicare assignment

Therapy services

- Vocational rehabilitation, including work-hardening programs
- Long-term therapy and maintenance therapy. Examples include physical, speech and occupational therapy, and other longterm special therapy except as specifically listed in the Benefits section
- Therapy services such as recreational or educational therapy, physical fitness or exercise programs
- Hypnotherapy, marriage counseling, residential care or biofeedback, except for treatment of headaches and spastic torticollis
- Hearing therapy for a learning disability and communication delay
- Perceptual therapy for behavior disorders
- Specialized evaluation and treatment of multiple handicaps or hyperactivity
- Specialized evaluation and treatment for sensory deficit and motor dysfunction
- Developmental and neuro-educational testing or treatment
- Vision therapy or orthoptics (eye exercises)
- Coma stimulation programs

Limitations and Exclusions *continued*

- Sexual counseling services beyond those techniques commonly used by participating providers or for conditions not producing significant physical and mental symptoms

Dental services

- All services performed by dentists and other dental services, except those specifically listed in the Benefits section, including shortening of the mandible or maxillae; correction of malocclusion; hospitalization costs for services not specifically listed in the Benefits section

Hospital inpatient services

- Take-home drugs and supplies dispensed at hospital discharge

Transplants

- Transplants, except kidney, corneal and any other approved by Medicare
- Services in connection with covered transplants unless prior authorized by MercyCare
- Retransplantation

Drugs

- Any prescription drug
- Over-the-counter drugs and medications

Durable medical equipment and supplies

- All durable medical equipment purchases or rentals exceeding \$500 per month unless authorized by MercyCare
- Repairs and replacement of durable medical equipment/supplies unless authorized by MercyCare
- Medical supplies and durable medical equipment for comfort or personal hygiene
- Convenience items such as, but not limited to, air conditioners, air cleaners, humidifiers
- Physical fitness equipment or physician's equipment
- Disposable supplies, except non-prescription test strips and lancets used in connection with the treatment of diabetes

- Alternative communication devices
- Self-help devices not medical in nature
- Home testing supplies and related equipment, except those non-prescription items used in connection with the treatment of diabetes
- Equipment, models or devices that have features over and above the medical necessity. Coverage will be limited to the standard model, as determined by MercyCare
- Oxygen therapy and other inhalation therapy and related items for home use, except as authorized by MercyCare
- Elastic support stockings, e.g., TEDS, JOBST, etc.
- Orthotic appliances other than orthopedic shoes that are an integral part of a brace
- Hearing aids
- Motor vehicles or customization of vehicles, lifts for wheelchairs and scooters, and stair lifts

General

- Services for holistic medicine or other programs with an objective to provide complete personal fulfillment
- Care provided to assist daily living (ADL), unless part of a plan of care under the home care benefit
- Personal comfort or convenience items, such as in-hospital television, telephone, private room, housekeeping and homemaker services, and meal services as part of home health care
- Custodial nursing home (except skilled) or domiciliary care
- Expenses incurred before MercyCare membership, or services received after MCHP coverage or eligibility terminates
- Eyeglass lenses and contact lenses, fitting of contact lenses, except the lens of the affected eye after cataract surgery
- Any service not reasonably and medically necessary or not required in accordance with accepted standards of medical, surgical or psychiatric practice

Limitations and Exclusions *continued*

- Experimental services, unless covered by Medicare, including: treatment or procedures not generally proven to be effective, as determined by MercyCare
- Services provided by members of your immediate family or any person residing with you
- Services, including non-physician services, provided by providers of health care that are non-plan providers; exceptions to exclusions:
 - a. On written referral by your primary care physician with written approval of MercyCare
 - b. Emergencies in the service area when your primary care physician cannot be reached
 - c. Emergency services outside the service area
- Any hospital or medical care or service not provided for in this policy unless authorized by MercyCare
- Services that Medicare does not cover unless this policy specifically provides for them
- Any part of a service or benefit that Medicare has paid or is payable by Medicare
- Benefits provided or payable under workers compensation
- Any loss caused or contributed to by war or your involvement in battery or a felony
- Services and supplies for which no charge is made, or for which you would not have to pay without this coverage, or for which another party has the obligation to pay
- Ancillary medical services provided during the course of a non-covered treatment
- Services of a blood donor
- Treatment, services and supplies provided while in the custody of law enforcement officials, except persons on work release

LIMITATIONS

Benefits are limited as stated in the policy:

- Nursing home care is limited to the Medicare-eligible care and 30 days of other skilled nursing facility care that is specifically covered under the policy
- Home health care is limited to the 365 visits per year and Medicare-eligible care specifically covered under the policy
- Physician charges are limited to the charge approved by Medicare
- Care received outside the US that is otherwise Medicare-eligible must begin within the first 60 days of a trip, and is subject to a \$50,000 lifetime limit
- You must report emergency care outside the service area to your primary care physician as soon as reasonably possible in order to arrange follow-up care. Follow-up care is not covered when it is received from a non-participating provider
- You must return to the service area for urgent care if you can do so without medical harm. Follow-up care is not covered when it is received from a non-participating provider
- Speech and hearing screening examinations are limited to routine tests performed by a plan provider for determining the need for correction
- Outpatient physical, occupational and speech therapy are limited to treatment of those conditions requiring therapy
- Sexual counseling services are limited to those techniques commonly used by plan providers and for conditions considered to be producing significant physical and mental symptoms

Premium and benefit changes

Rate table for members effective on or after January 1, 2018

Age	Monthly	Quarterly	Annually
Under 65	\$263.81	\$791.43	\$3,165.72
65-69	\$190.52	\$571.56	\$2,286.24
70-74	\$232.05	\$696.15	\$2,784.60
75-79	\$255.25	\$765.75	\$3,063.00
80-84	\$287.01	\$861.03	\$3,444.12
85 +	\$340.75	\$1,022.25	\$4,089.00

Premium changes: Your premium rate will change only when MercyCare changes premiums for all MercyCare Senior policies and when you attain age 65, 70, 75, 80 and 85. MercyCare will notify you of any premium changes. If the premium will increase more than 25%, MercyCare will notify you at least 60 days before your policy renews.

Benefit changes: Benefits under this policy will change automatically to coincide with any changes in the applicable Medicare deductibles and co-payments. Premiums may be modified with such a change in benefits.

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Premium payments: MercyCare will send you a notice when your premium is due. You should pay this premium by the due dates stated in the notice. To keep this policy in effect, you must pay the premium within the 31-day grace period after the first day of the period for which the premium is due. Coverage under this policy remains in effect during the grace period, and we may deduct the premium due for this coverage from any benefits received before you have properly cancelled the policy.

Automatic premium payment: MercyCare offers automatic withdrawals for your monthly premium payments. Your payments may be withdrawn from either your savings account or your checking account, on the 10th day of each month. If you choose to participate in this program, you will not receive monthly statements from MercyCare. However, you will receive at least a 30-day notice of any increase in premiums.

MercyCare Senior renewal terms: If you or MercyCare do not terminate your MercyCare Senior Supplement, we will automatically renew the policy for each calendar year. You cannot be cancelled because you have used or overused benefits. You can only be cancelled if you do not pay the premium, if you have given us fraudulent information in your application, or if you move out of the service area. Your premium rate will change only when rates for all MercyCare Senior policies change.

Annual premium: \$0-10,000 total for basic Medicare Supplement coverage

In addition to this outline of coverage, MercyCare will send an annual notice to you 30 days before the effective date of Medicare changes. The notice will describe these changes and the changes in your Medicare Supplement Coverage.

Commonly asked questions

What kind of policy is MercyCare Senior?

MercyCare Senior is a Medicare Supplement insurance, but also much more. When receiving health care services from a MercyCare Senior participating provider, 100% of the provider's eligible charges are covered under the plan. You should not receive a bill, nor will you have to be involved in any paperwork. Participating HMO providers agreed to accept payment from the HMO as full payment for the services they provide. Other benefits include health insurance benefits beyond those payable under the Medicare program as described in our outline of coverage, including routine physicals, and eye and hearing exams. If you receive a bill, please contact MercyCare immediately.

Who is eligible for MercyCare Senior?

Anyone living in our service area and enrolled in Medicare Parts A and B is eligible.

How do I enroll in MercyCare Senior?

Simply send your completed application along with your check for the first two months' premium to the MercyCare office. An envelope has been provided for your convenience.

Do I need to get a physical when applying for MercyCare Senior?

No. MercyCare only requires you to answer two easy health underwriting questions found in the application. MercyCare Senior Supplement does not contain any limitations for pre-existing conditions.

Do you cover diabetes supplies?

MercyCare Senior covers non-prescription diabetes equipment and supplies when dispensed by a participating provider, but does not cover outpatient prescriptions.

When will my coverage be effective?

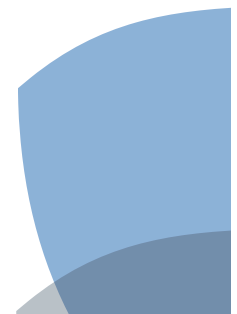
Your application is subject to a health screening. Based upon your health history, your application will be processed, or you will be advised that you are not eligible. Once you have been notified in writing of approval, and MercyCare Insurance Company has a completed application along with the necessary premium, your effective date will be the first of the month following 30 days of receipt of your application.

In completing the application, I notice that I need to choose a primary provider. What does that mean?

As a member of MercyCare Senior you will choose a provider that will be responsible for managing your health care needs. Whenever you need health care services, contact your primary provider. In most cases, your health care needs will be met by the provider that you have chosen.

I've known people who've had trouble with their Medicare supplement insurance. How can I be sure I'll get the coverage I should?

If you have any questions concerning MercyCare Senior or your coverage, please call us toll-free at (800) 895-2421.



Commonly asked questions *continued*

What if I need services my primary care provider (PCP) cannot provide?

Your PCP will refer you when it is necessary to obtain services from another participating specialist.

Does it matter if the specialist to whom I am referred is a participating MercyCare Senior provider?

In the vast majority of cases, MercyCare participating providers can provide necessary health care services. When, however, the primary provider feels it is necessary to go to a non-participating provider, he or she will give you a written referral. The referral must be prior-authorized by the MercyCare health service department. As long as the referral is approved, benefits are paid the same as for a participating provider.

What if I see a provider who is not participating and I do not have a referral?

MercyCare Senior will not provide benefits when services are rendered by non-participating providers without a referral prior authorized by the MercyCare health services department. The only exceptions are in the event of an emergency or if you are out of the service area and in need of urgent medical care. In this case, you or your provider must submit a claim to Medicare for payment. Then, simply submit the Explanation of Medicare Benefits (EOMB) to MercyCare for payment.

Will it be difficult to get a referral to see another provider?

Delivering quality health care to meet your health care needs is a primary goal of MercyCare Senior. If MercyCare does not have a participating provider who can provide the special service that you require, you can be assured we will direct you to a provider who can provide this service.

Are chiropractic services covered?

Yes, medically necessary chiropractic service is covered when obtained from a participating chiropractic provider. Maintenance and longterm therapy is, however, excluded.

Does MercyCare Senior have a limitation of Part A benefits?

No. As long as the condition is covered by Medicare, the MercyCare Senior benefits will be payable.

If I am currently seeing a provider who is not participating in MercyCare will you pay for his service?

No. If you are willing to choose your provider from those participating in the plan, the program may be of great benefit to you. If, however, you feel that seeing a non-participating provider is of great importance, then MercyCare Senior is probably not for you.

Are there services that MercyCare Senior does not cover?

Yes. No health insurance plan covers all medical services. A listing of those services not covered is provided.

What benefits does MercyCare Senior provide that are not commonly found in Medicare supplement insurance policies?

MercyCare Senior provides a unique opportunity for Medicare recipients to obtain health care services without concern for deductibles, co-insurance, Medicare-allowable charges, etc. If you are willing to receive your health care services from participating MercyCare providers, you should not receive any bills for covered services, nor will you have to complete any paperwork or claims forms. Participation in MercyCare Senior brings you quality health care at a reasonable, predictable cost.

**Live well.
We'll insure you do.™**



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MercyCare Health Plans
PO Box 550 Janesville
(800) 895-2421

MercyCareHealthPlans.com