

CO



Medicare Supplement Insurance Plans

NO WORRIES. NO HASSLES.

Rates effective Jan. 1, 2024

**Choose peace-of-mind coverage
with caring customer support.**

1-800-236-8809 ▪ mywpsmedicare.com

Underwritten by:

**The EPIC Life
Insurance Company®**
A WPS Company

Medicare Supplement Insurance Plans

Plans A, G, and N

CO_MSS_2310

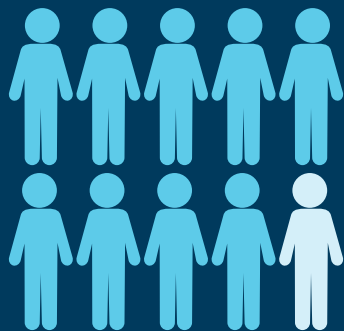
WPS | **HEALTH
INSURANCE®**

Medicare Supplement Insurance



“I get the privilege of helping seniors through every part of their Medicare journey.”

—Jordan
Sales Consultant



9 out of 10

customers surveyed say they would recommend us to their friends and family¹



Get to know us

The EPIC Life Insurance Company[®] is a wholly owned subsidiary of Wisconsin Physicians Service Insurance Corporation (WPS), which is the plan administrator for our Medicare supplement insurance plans. WPS was founded in 1946 by Wisconsin's State Medical Society. The EPIC Life Insurance Company is based in Madison, Wis., and has been doing business in select states across the country for more than 35 years.

Choose freedom

With Medicare supplement insurance plans, you can visit any doctor in the United States who accepts Medicare. There are no networks, no worries, and no hassles.

We give you a healthy edge

Our customers get special programs and services with their plan, including:

- Vision care program²
- Hearing care program²
- 2% discount when you use automatic bank withdrawal
- 7% household discount³

¹Based on customer support survey response data, 2022. ²Vision and hearing programs are not insurance, are not part of the insurance policy, and can be changed or discontinued at any time. Limitations, member fees, and restrictions may apply.

³Household: Two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex.

Our company by the numbers

75⁺

Years making health care
easier for our customers

60⁺

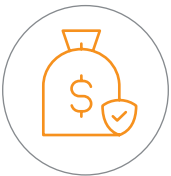
Years serving seniors

Providing
**Medicare
supplement
insurance**
across the U.S.



16 million beneficiaries⁴

Served across all lines of business, including WPS Government Health Administrators' Medicare administrative contracts and WPS Military and Veterans Health



214.5 million claims paid⁴

across all lines of business



Over 65,000 policies⁴

Issued and administered by WPS for Medicare supplement insurance.

⁴WPS Health Solutions Enterprise Fact Sheet, 2023.

**"I don't ever see wanting to
change to another company.
Don't go anywhere else!"**

—Dean
Customer since 2019



With our Medicare supplement insurance, peace of mind is part of the plan

Only the luckiest of us get to age without ever worrying about our health, medical costs, and the stress of managing it all. No one knows what the future holds. Preparing for life on a fixed income can be challenging, much less trying to predict and budget for your future health care needs.

It's important to know that Original Medicare doesn't pay for everything. With Original Medicare, there is no out-of-pocket maximum for deductibles, copays, and coinsurance. If you need health care, those costs can add up quickly. Medicare supplement insurance helps cover the costs Original Medicare leaves behind.

Our Medicare supplement insurance plans:

- **Work with Medicare**—If Medicare pays for a service, we cover it.
- **Are guaranteed renewable**—Keep your policy for life, as long as premiums are paid.
- **Have no networks**—You're free to see any provider, anywhere in the U.S., that accepts Medicare.
- **Offer live, U.S.-based customer support**—You'll speak with a friendly, knowledgeable, licensed representative who is trained to help get you the answers you need.

When you purchase one of our Medicare supplement insurance plans, it doesn't mean you'll never face challenges or hard times. Instead, it means you'll have more peace of mind when those times come. We've been serving seniors for more than 60 years, and we'll be there for you, too.

Medicare Supplement

NO WORRIES.

NO HASSLES.

NO NETWORKS.

Insurance Plans

Opportunities for connection

It's important to maintain social connections, especially as we age. We offer our Medicare supplement insurance customers options for connecting with us and each other. Our groups and programs educate, inform, and foster a sense of connection and well-being.



WPS Medicare Solutions Group on Facebook

Our private Facebook group offers ways for seniors to connect with each other, learn more about Medicare options, and find tips for healthy living.

Members can also explore helpful tools like enrollment checklists and “how-to” videos. We curate all the content ourselves and don’t allow any sales pitches or spam posts.

This group is open to anyone approaching or at Medicare age. **You don’t need to be a current customer to join.** To find the group, search “WPS Medicare Solutions” on Facebook and click the “Join group” button.



Pen Pal Program

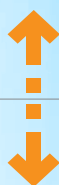
Writing letters can be a fun way to maintain relationships and create new social connections. Sharing stories and receiving mail from someone who cares about you can add joy to your life. Besides, who doesn’t enjoy receiving a letter or card in the mail?

The Pen Pal Program is another special perk available to our Medicare supplement insurance customers. We connect customers who express interest in the program to one of our employees they can correspond with. We send new pen pals a welcome kit to help them get started. Then, participants get to know their pen pal at their own pace.



Part A

Inpatient/hospital insurance



Part B

Outpatient/medical insurance

Part C

Medicare Advantage plans replace Parts A and B and may include prescription drug coverage

Part D

Prescription drug plans can be used with Medicare supplement insurance

Medicare supplement plans work with Part A and Part B to enhance coverage. With Original Medicare Part A and Part B, you can also add any stand-alone Medicare prescription drug plan you choose.



Quick look at your plan options

Coverage of	Plan A	Plan G	Plan N
Part A coinsurance	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓
Blood (first three pints)	✓	✓	✓
Part B coinsurance	✓	✓	✓ ¹
Part A deductible		✓	✓
Skilled nursing facility coinsurance		✓	✓
Foreign travel emergency ²		✓	✓
Part B excess charges		✓	

If you were eligible for Medicare prior to Jan. 1, 2020, please call us for more plan options

¹Plan N pays 100% of the Medicare Part B coinsurance, except for copayments of up to \$20 for some office visits and up to \$50 copayments for emergency room visits that do not result in inpatient admissions. ²Foreign travel coverage for emergency care that is not covered by Medicare is subject to a \$250 calendar year deductible. Benefits are payable at 80% up to a lifetime maximum of \$50,000 for services beginning during the first 60 days of each trip outside of the USA. The level of benefits under the plan directly corresponds to the premium amount.

Find out more about how Medicare works

1-800-236-8809
mywpsmedicare.com

“They make you feel good, they make you feel relaxed, they make you feel special. That’s what service is all about.”

—Ike
Customer since 2016



Medicare supplement insurance plan overview

Medicare supplement insurance plans are designed to work with Original Medicare to pay some of the out-of-pocket costs that Original Medicare (Part A and Part B) doesn't pay, such as coinsurance, copayments, and deductibles. This overview will get you started. Take a moment to learn about the coverage available through our plans. The plan you choose may include the options below. See the chart on the previous page.

Part A coinsurance: Plan pays Part A coinsurance for hospitalization plus 365 days after Medicare ends.

Part A hospice care coinsurance or copayment: Plan pays Part A coinsurance for hospice.

Blood: Plan pays first three pints each year.

Part B coinsurance: Plan pays medical expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) for hospital outpatient services. When selecting Plan N, individual copayments may apply up to a \$20 office visit copayment or \$50 ER visit copayment.

Part A deductible: Plan pays Medicare Part A hospital deductible.

Skilled nursing facility coinsurance: Plan pays Medicare copayments for 21st through 100th day of stay in a Medicare-approved facility.

Foreign travel emergency: After a \$250 calendar year deductible, plan covers 80% of expenses for emergency medical care received outside the United States, beginning during the first 60 consecutive days of a trip, up to a lifetime maximum of \$50,000.

Part B excess charges: Plan pays the difference between the Medicare-eligible charge and the amount charged by the provider (no greater than the limiting charge allowed by Medicare), whichever is less.

Determine your rate area

Medicare supplement insurance plan rate areas
Effective Jan. 1, 2024.

Determine your rate area using your ZIP code:

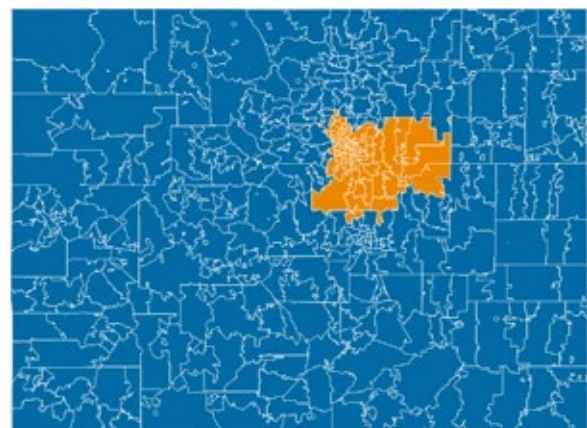
Area 1 Denver area

800__: All ZIPs that begin with these 3 numbers

801__: All ZIPs that begin with these 3 numbers

802__: All ZIPs that begin with these 3 numbers

Area 2 All other Colorado ZIP codes



 Area 1  Area 2

Relocation

If, in the future, you permanently relocate to another state, Area 1 rates will apply. If you relocate to another Colorado ZIP code, you will pay the rate for the area to which you move.



said their Medicare supplement plan makes it easier to handle medical bills and paperwork.³

³Seniors' Satisfaction with their Medicare Supplemental Insurance Coverage, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2023.

Design your plan

1. Determine your rate area (see previous page)

☐ **Area 1**
See rates on page 9

☐ **Area 2**
See rates on page 10

2. Select your plan (choose one)

☐ **Plan A**
Basic benefits: Hospitalization—Part A coinsurance plus 365 days after Medicare ends; Hospice—Part A coinsurance; and Blood—first three pints each year.

Part B coinsurance: Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) for hospital outpatient services.

☐ **Plan G**
Basic benefits: Hospitalization—Part A coinsurance plus 365 days after Medicare ends; Hospice—Part A coinsurance; and Blood—first three pints each year.

Part B coinsurance: Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) for hospital outpatient services.

Part A deductible: Plan pays 100% of Medicare Part A hospital deductible.

Skilled nursing facility coinsurance: Plan pays Medicare copayments for 21st through 100th day of stay in a Medicare-approved facility.

Foreign travel emergency: After a \$250 calendar year deductible, plan covers 80% of expenses for emergency medical care received outside the United States, beginning during the first 60 consecutive days of a trip, up to a lifetime maximum of \$50,000.

Part B excess charges: Plan pays the difference between the Medicare-eligible charge and the amount charged by the provider (no greater than the limiting charge allowed by Medicare, and whichever is less).

☐ **Plan N**
Basic benefits: Hospitalization—Part A coinsurance plus 365 days after Medicare ends; Hospice—Part A coinsurance; and Blood—first three pints each year.

Part A deductible: Plan pays 100% of Medicare Part A hospital deductible.

Part B coinsurance: Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services; copayments of up to \$20 for office visits or up to \$50 for ER visits may apply.

Skilled nursing facility coinsurance: Plan pays Medicare copayments for 21st through 100th day of stay in a Medicare-approved facility.

Foreign travel emergency: After a \$250 calendar year deductible, plan covers 80% of expenses for emergency medical care received outside the United States, beginning during the first 60 consecutive days of a trip, up to a lifetime maximum of \$50,000.

3. Apply discounts for which you qualify

☐ **2% Automatic Bank Withdrawal Discount**—Receive a 2% discount when you pay your premium by automatic bank withdrawal each month.

☐ **7% Household Discount**—Receive a 7% discount when you and another member of your household enroll in a WPS Medicare supplement insurance plan. Household is defined as two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex.

Area 1 Monthly Rates

Age at Time of Enrollment	Plan A		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female
65	123.72	112.48	152.07	138.25	138.23	125.67
66	128.08	116.45	157.44	143.13	143.10	130.10
67	132.45	120.40	162.80	148.00	147.99	134.53
68	137.61	125.11	169.16	153.78	153.76	139.79
69	142.79	129.81	175.52	159.56	159.54	145.03
70	147.96	134.52	181.86	165.33	165.31	150.29
71	153.13	139.21	188.22	171.11	171.09	155.55
72	158.31	143.91	194.58	176.89	176.87	160.79
73	163.39	148.53	200.83	182.57	182.55	165.95
74	168.47	153.15	207.08	188.25	188.24	171.13
75	173.55	157.78	213.34	193.94	193.92	176.30
76	178.65	162.40	219.59	199.63	199.59	181.46
77	183.73	167.02	225.84	205.31	205.29	186.63
78	188.42	171.29	231.60	210.55	210.53	191.38
79	193.11	175.55	237.36	215.79	215.76	196.15
80	197.80	179.81	243.14	221.03	221.00	200.91
81	202.49	184.08	248.89	226.26	226.23	205.67
82	207.18	188.34	254.66	231.50	231.47	210.43
83	215.57	195.97	264.97	240.88	240.85	218.95
84	223.98	203.62	275.31	250.28	250.25	227.49
85+	232.37	211.24	285.61	259.64	259.61	236.02
Under 65	232.37	211.24	285.61	259.64	259.61	236.02

Calculate your plan cost—Area 1

Please refer to pages 6-8 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

☐ Plan A ☐ Plan G ☐ Plan N

Your total per month

Total = \$ _____

2. **Apply discounts** for which you qualify.¹

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ _____

OR, 7% Household Discount

Total x 0.93 = \$ _____

OR, BOTH Discounts

Total x 0.9114 = \$ _____

¹Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 2 Monthly Rates

Age at Time of Enrollment	Plan A		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female
65	112.56	102.33	138.36	125.78	125.76	114.32
66	116.53	105.93	143.23	130.21	130.19	118.36
67	120.50	109.55	148.11	134.64	134.63	122.39
68	125.20	113.82	153.89	139.90	139.88	127.17
69	129.91	118.09	159.67	145.16	145.14	131.94
70	134.61	122.38	165.46	150.41	150.40	136.72
71	139.31	126.65	171.24	155.67	155.66	141.51
72	144.02	130.92	177.02	160.93	160.91	146.29
73	148.64	135.14	182.71	166.10	166.08	150.98
74	153.28	139.35	188.40	171.28	171.26	155.68
75	157.90	143.55	194.09	176.44	176.42	160.38
76	162.53	147.75	199.77	181.61	181.60	165.09
77	167.15	151.96	205.46	186.78	186.76	169.79
78	171.42	155.84	210.70	191.55	191.53	174.12
79	175.69	159.72	215.95	196.32	196.30	178.45
80	179.95	163.60	221.19	201.08	201.06	182.78
81	184.22	167.48	226.43	205.85	205.83	187.12
82	188.49	171.35	231.68	210.62	210.59	191.45
83	196.11	178.29	241.06	219.14	219.12	199.21
84	203.77	185.24	250.47	227.69	227.66	206.97
85+	211.40	192.18	259.84	236.23	236.19	214.73
Under 65	211.40	192.18	259.84	236.23	236.19	214.73

Calculate your plan cost—Area 1

Please refer to pages 6-8 for descriptions of benefit options.

1. Select your plan (choose one) and add the premium from the chart above to the line labeled **Total** at right.

☐ Plan A

☐ Plan G

☐ Plan N

Your total per month

Total = \$ _____

2. Apply discounts for which you qualify.¹

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ _____

OR, 7% Household Discount

Total x 0.93 = \$ _____

OR, BOTH Discounts

Total x 0.9114 = \$ _____

¹Discounts are approximate; actual discount amount will be determined when your application is approved.

Limitations and exclusions

No insurance policy covers everything. Here's a list of things this Medicare supplement doesn't cover:

- A. Treatment, services, or supplies Medicare does not cover, unless this policy specifically provides for them.
- B. Treatment, services, or supplies which neither you nor a party on your behalf has a legal obligation to pay in the absence of insurance.
- C. Treatment, services, or supplies to the extent that they are paid for by Medicare, or would have been paid for by Medicare if you were enrolled in Medicare Parts A and B; or treatment, services, or supplies to the extent that they are paid for by another government entity or program, directly or indirectly. This doesn't apply, though, to health benefits or insurance plans for employees of such entities.
- D. Treatment, services, or supplies you need as a result of war, or an act of war, occurring on or after the effective date of this policy.
- E. Personal comfort items.
- F. Routine physical exams, eye exams, hearing exams and directly related tests, eyeglasses, or the preparation or fitting of devices such as eyeglasses or hearing aids, except for those services covered by Medicare.
- G. Orthopedic shoes or other supporting devices for the feet or routine foot care not covered by Medicare.
- H. Skilled nursing facility care and custodial care, including maintenance care and supportive care.
- I. Cosmetic surgery. But we do cover such surgery if it is for repair of accidental injury or for improving the functioning of a malformed body part.
- J. Services provided by members of your immediate family or anyone else living in your household.
- K. Care, treatment, filling, removal, or replacement of teeth; dental x-rays; root canal therapy; surgery for impacted teeth; or other surgical procedures involving the teeth or structures directly supporting them.
- L. Treatment, services, or supplies to the extent that a workers' compensation law or other state or federal plan covers them.
- M. Drugs and medicines you buy with or without a physician's prescription.
- N. Treatment, services, or supplies for confinement, surgery, or care before your insurance becomes effective or after coverage ends, except as stated in the policy.
- O. Treatment, services, or supplies that are deemed unreasonable and unnecessary by Medicare. This includes, but is not limited to, the following: drugs or devices that have not been approved by the Food and Drug Administration (FDA); medical procedures and services performed using drugs or devices not approved by the FDA; and services including drugs or devices not considered safe and effective because they are experimental or investigational.
- P. Treatment, services, or supplies received outside the United States.
- Q. Physician charges exceeding the Medicare-eligible expense for treatment, services, or supplies.
- R. Routine immunizations, except if eligible under Medicare.
- S. Treatment, services, or supplies for any preexisting conditions provided during the applicable waiting period.
- T. Treatment of service-related conditions for current or former members of the armed forces by any military or veterans hospital, soldiers home, or any hospital contracted for or operated by any national government or agency.
- U. Medicare Part A deductible.
- V. Medicare Part B deductible.
- W. Home health care services, except for those covered by Medicare.



“You want an insurer that’s going to be there, somebody that’s been around for a while, has a track record.”

—Brende
Customer since 2014

Vision and hearing programs for a healthy edge

Being able to see and hear well can help make it easier to enjoy your favorite activities and time with your favorite people. Unfortunately, routine hearing and vision care is not currently covered by Original Medicare, and hearing aids and eyeglasses can be expensive. We offer programs that can help make hearing and vision care more affordable. The Hearing Care Solutions and EyeMed programs are available to all our Medicare supplement insurance customers.¹

¹Vision and hearing programs are not insurance, are not part of the insurance policy, and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. Hearing program is administered by Hearing Care Solutions, Inc.



EyeMed Vision Care Program

All our Medicare supplement insurance plan customers receive access to the EyeMed



Vision Care program at no additional cost.² EyeMed offers substantial savings on eyewear at thousands of provider locations nationwide.

EyeMed's provider network includes many familiar national optical retailers.

**Find out more
about this program**
Call 1-800-236-8809

**Does your vision provider
accept EyeMed?**

We would be happy to explain how this valuable program works and help you find a provider.

Vision Care Services	Customer Benefits
Eye exam (with dilation, as necessary)	\$5 off routine exam \$5 off contact lens exam
Complete Pair Eyeglass Purchase³	
Frames	
Any available frame at provider location	35% off retail price
Standard Plastic Lenses	
Single vision	\$50 patient responsibility
Bifocal	\$70 patient responsibility
Trifocal	\$105 patient responsibility
Lens Options	
UV coating	\$15 patient responsibility
Tint (solid and gradient)	\$15 patient responsibility
Standard scratch-resistant coating	\$15 patient responsibility
Standard polycarbonate	\$40 patient responsibility
Standard anti-reflective coating	\$45 patient responsibility
Standard progressive (add-on to bifocal)	\$65 patient responsibility
Other add-ons and services	20% off retail price
Contact Lenses (discount applies to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
LASIK or PRK from U.S. Laser Network	15% off retail price 5% off promotional price
Frequency of use for examination, frames, lenses, or contact lenses unlimited	



Contact your local agent or call WPS today at 1-800-236-8809.

²Vision program is not insurance and is not part of the insurance policy and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. ³Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, customers receive 20% off the retail price. Benefits may not be combined with any discount, promotional offering, or other group benefit plans, except as indicated. Contract is effective July 1, 2022 through June 30, 2024.

Hearing Care Solutions makes better hearing affordable



Available to all our Medicare supplement customers, the Hearing Care Solutions program offers fixed prices for hearing aids. Plus, you're eligible for:

- Free comprehensive hearing exam
- Free hearing aid evaluation and fitting
- Three-year manufacturer's warranty including loss, damage, and repair
- Three-year supply of batteries (up to 64 cells per aid, per year)
- One year of follow-up care at no charge
- A 60-day evaluation period for your hearing aid
- 12-month interest-free financing (to those who qualify)

Examples of how you can save

Sample Savings	MSRP or Average Price	You Pay ¹
Three-year repair, loss, and damage warranty	\$500	\$0
Three years of hearing aid batteries	\$360	\$0
One year of office service with original provider	\$300	\$0
Basic digital hearing aid	\$1,300	\$450
Mid-level hearing aid	\$1,800	\$750
Premium digital hearing aid	\$3,000	\$1,350

¹These are savings examples only. May be used in conjunction with your existing insurance coverage. Hearing program is not part of the insurance policy, is offered at no additional charge, and can be changed or discontinued at any time. Hearing program is administered by Hearing Care Solutions, Inc.



“It’s just incredible, the peace of mind you get from knowing that you’re covered.”

Rick | Customer since 2020

Find out more about this program
Call 1-800-236-8809 today!





Medicare supplement insurance plans help give you peace of mind.

Original Medicare covers a lot—about 80% of your approved health care costs. But covering even just the 20% that Medicare leaves behind can be an inconvenience. Our Medicare supplement insurance plans help reduce these out-of-pocket costs when you need medical care. Join our Medicare supplement insurance plan family today and get worry-free peace of mind you'll enjoy for years to come!

**Choose peace-of-mind coverage
with caring customer support.**

1-800-236-8809 ▪ mywpsmedicare.com

**The EPIC Life
Insurance Company®**
A WPS Company

Medicare Supplement Insurance Plans

WPS | **HEALTH
INSURANCE®**

Medicare Supplement Insurance

IMPORTANT INFORMATION:

In some states, all Medicare supplement insurance plans are offered to qualified individuals under the age of 65 and/or to Medicare-qualified individuals due to disability or end-stage renal disease. The intent of this advertisement is solicitation of insurance, and contact may be made by the insurer or a licensed agent. Neither Wisconsin Physicians Service Insurance Corporation, nor The EPIC Life Insurance Company, nor their products, nor agents are connected with or endorsed by the United States government or the federal Medicare program.

In Colorado, WPS Health Insurance Medicare supplement insurance plans are underwritten by The EPIC Life Insurance Company, a wholly owned subsidiary of Wisconsin Physicians Service Insurance Corporation, the plan administrator. All policies have exclusions, limitations, and reductions. For costs and complete details of the coverage, call or write your insurance agent or the insurer. The EPIC Life Insurance Company and Wisconsin Physicians Service Insurance Corporation comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.