ProCare®

Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs that Medicare does not pay.

Globe Life Insurance Company of New York's ProCare Plans are a smart choice...

Freedom to Choose Your Own Healthcare Providers

There is neither a designated physician list nor an approval process to see a specialist.

Nationwide Acceptance

ProCare Medicare Supplement plans from Globe Life Insurance Company of New York are recognized and accepted nationwide.

Your Satisfaction Is Guaranteed

You have 30 days to review your policy. If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to Globe Life Insurance Company of New York within the 30-day period. Any premium, less any claims paid, is refunded.

The purpose of this communication is the solicitation of insurance. Globe Life Insurance Company of New York is not connected with, endorsed by, or sponsored by the U.S. government, federal Medicare program, Social Security Administration, or the Department of Health and Human Services. Medicare Supplement insurance **POLICY FORMS GNYMSA10, GNYMSB10, GNYMSC10, GNYMSD10, GNYMSF10, GNYMSHDF10, GNYMSG10, GNYMSHDG, GNYMSK06, GNYMSL06, and GNYMSN10** are available from our Company. NY requires that these plans be available to persons under age 65 eligible for Medicare due to disability or End Stage Renal disease (ESRD). Only Applicants first eligible for Medicare before 2020 may purchase Plans C, F, and F+. You may be contacted by an Agent representing Globe Life Insurance Company of New York. A licensed Agent will provide additional information upon request. These policies meet the minimum standards for MEDICARE SUPPLEMENT INSURANCE as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with this policy. **IMPORTANT NOTICE – A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM THIS INSURER.**

Globe Life Insurance Company of New York: The Right Coverage, The Right Company

Do I need a Medicare Supplement?

Medicare is an essential part of every Senior's health planning, but it was never intended to provide for all your healthcare expenses. Escalating healthcare costs continue to leave many expenses that Medicare does not cover. Unless you have supplemental insurance coverage, these expenses come out of your pocket.

Choosing a Medicare Supplement:

Medicare Supplement insurance policies are the same by law. Depending on the plan you select, coverages pay various Medicare deductibles, coinsurances, and other medical expenses not covered by Medicare. However, insurers' rates and services vary, which makes it very important for Seniors to shop carefully to get the best value for their dollars.

Globe Life Insurance Company of New York offers 11 of the 12 standardized plans: A, B, C, D, F, F+, G, G+, K, L and N. A Globe Life Insurance Company of New York representative can help you choose which plan best suits your needs for the long term.

Who's eligible for coverage?

If you are age 65 or older and enrolled in Medicare Parts A and B, you are eligible for Medicare Supplement coverage. You are also eligible if you are under age 65 and qualify for Medicare due to disability.

When to purchase:

If you are 65 or older and still working, you may want to wait to enroll in Medicare Part B if you have health coverage through an employer or union based on your (or your spouse's) current or active employment.

What does each Medicare Supplement plan pay?

All Medicare Supplement standardized plans include the following basic benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or, copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of the Part B coinsurance or copayments.
- **Blood:** First three pints of blood each calendar year.
- **Hospice:** Part A coinsurance for eligible hospice/respite care expenses.

The Medicare Supplement Plan Benefit chart on the next page shows the benefits included in each plan. In New York, all Medicare Supplement insurers must offer Plans A and B, and either Plan D or Plan G.

Use your answers from the Healthcare Services Worksheet at the bottom right to help determine which plan is right for you.

Medicare Supplement Plan Benefits

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

MEDICARE PLANS / BENEFITS*	Plans Available to All Applicants							Medicare First Eligible Before 2020 Only	
	A	B	D	G▼	K■	L■	N●	C	F▼
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓ Copays●	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓
Hospice	✓	✓	✓	✓	50%	75%	✓	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	50%	75%	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	50%	75%	✓	✓	✓
Medicare Part B Deductible								✓	✓
Medciare Part B Excess Charges				100%					100%
Foreign Travel Emergency (up to plan limits)			✓	✓			✓	✓	✓
Out-of-Pocket Annual Limit■					$7,060	$3,530			

▼ Plans F and G also have a high deductible option which requires first paying a plan deductible of ($2,800 in 2024) before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High Deductible Plan G does not cover the Medicare Part B deductible. However, High Deductible Plan G counts your payment of the Medicare Part B deductible toward meeting the plan deductible.

■ Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit ($7,060 for Plan K, $3,530 for Plan L in 2024). The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.

● Plan N pays 100% of Medical Expenses (Part B Coinsurance) except for a copayment of up to $20 for some office visits and up to $50 copayment for emergency room visits that do not result in an inpatient admission. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

* Denotes plans available by Globe Life Insurance Company of New York

Healthcare Services Worksheet

In making your choice, you will want to consider your future healthcare needs. It may help to take into account your past expenses in these areas to determine which plan makes sense for you.

Last year, what did you spend on...

Do you need this benefit? *(Check box)*

1. **Skilled Nursing Facility Coinsurance?** Consider a plan with this benefit if you may go to a skilled nursing facility and stay there for more than 20 days. ***Benefit pays up to $204 per day for days 21-100 in a skilled nursing facility.*** $_____ ☐
2. **Medicare Part A Hospital Deductible?** Consider a ProCare plan with this benefit if you may stay in the hospital multiple times. ***Benefit pays $1,632 for days 1-60 of a hospital stay.*** $_____ ☐
3. **Medicare Part B Deductible?** If you have Medicare Part B, you must pay this deductible ($240 in 2024) before Medicare starts to pay its share. High deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. $_____ ☐
4. **Medicare Part B Excess Doctor Charges (limited to 5% in New York)?** Consider a plan with this benefit if your doctor doesn't accept Medicare assignment, or if during a hospital stay you cannot choose your doctors. ***Benefit pays the difference between your doctor's actual charge and Medicare's approved amount.*** $_____ ☐
5. **A Foreign-Travel Emergency?** Consider a ProCare plan with this benefit if you travel outside the U.S. and may need emergency healthcare. ***Benefit covers emergency healthcare you receive outside the U.S.*** $_____ ☐

Why Choose Globe Life Insurance Company of New York for Your Medicare Supplement?

The reason customers purchase our products and Agents want to represent us is we're not the same old story. At Globe Life Insurance Company of New York responding to the insurance needs of the people of New York isn't just about business. It's about responsibility. We care about our commitment to you.

Policy issue and claims processing — averaging less than a week

Freedom to choose providers and hospitals

A (Excellent) or higher Financial Strength Rating from A.M. Best Company for more than 30 consecutive years (Rating as of 8/23)*

**This rating refers only to the financial strength of the company and is not a recommendation of the specific policy provisions, rates, or practices of the insurance company.*

Globe Life
Insurance Co. of New York

Effective Date Of Coverage

The policy becomes effective as of the date of the application (or a later date if requested by the applicant), if the applicant, as of the date of the application, is eligible for said insurance, and the required premium has been paid. If for any reason the policy is not issued, payment is refunded in full.

Limitations And Exclusions

No benefits are payable for: any expense which you are not legally obligated to pay; or, any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a physician; or, any portion of any expense for which payment is made by Medicare; or, any type of expense not eligible for coverage under Medicare.

Preexisting Conditions

Loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within six months prior to policy effective date is not covered unless the loss is incurred more than 60 days after the effective date. If you have a preexisting condition and have had a continuous period of creditable coverage for at least 63 days prior to the enrollment date of the new coverage, we cannot exclude coverage based on the preexisting condition. If the period of creditable coverage is less than 60 days, we will reduce the pre-existing condition exclusion period by the amount of time you have had creditable coverage.

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