

2010 STANDARD Medicare Supplement/ Life Insurance Plans

Issued by Forethought Life Insurance Company



THINKING AHEADSM FORE
THOUGHT[®]

2010 Forethought® Standard Medicare Supplement Insurance Plans

You can rely on Forethought® Standard Medicare Supplement Plans to help pay your Medicare Part A and Medicare Part B charges that Medicare doesn't cover.

What's more, you have:

- Five plans from which to select the coverage that best meets your needs.
- 30 days to review your Policy; if you're not happy with it, we'll refund your premium.
- Virtually no claims paperwork to file.



The Forethought Standard Medicare Supplement insurance is underwritten by:

**Forethought Life Insurance Company
Administrative office**

PO Box 14659
Clearwater, FL 33766-4659

Choose the Forethought Standard Medicare Supplement Plan that's right for you.

Choose the Forethought[®] plan that best fits your needs!

	MEDICARE PAYS	PLAN A PAYS	PLAN C PAYS	PLAN F PAYS	PLAN G PAYS	PLAN N PAYS
Medicare Part A hospital coverage						
Deductible			\$1,100	\$1,100	\$1,100	\$1,100
First 60 days	100%					
Coinsurance 61–90 days	All but \$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day
Coinsurance 91–150 days (Lifetime Reserve)	All but \$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day
Extended hospital coverage (up to an additional 365 days in your lifetime)		Eligible expenses	Eligible expenses	Eligible expenses	Eligible expenses	Eligible expenses
Benefit for blood	All but 3 pints	3 pints	3 pints	3 pints	3 pints	3 pints
Hospice care						
	All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance
Skilled nursing facility care						
First 20 days	100%					
Coinsurance 21–100 days	All but \$137.50 a day		Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day
Medicare Part B physician's services and supplies						
Deductible			\$155	\$155		
Coinsurance	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%†
Excess benefits				100% up to Medicare's limit	100% up to Medicare's limit	
Benefit for blood	All but 3 pints	3 pints	3 pints	3 pints	3 pints	3 pints
Other benefits*						
Emergency care received outside the USA			80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000

*Refer to the next page and your outline of coverage for more information.

† Subject to copayment for office and emergency room visits.

Your care benefits



Medicare Part A hospital coverage

The Forethought® Standard Medicare Supplement Plan pays the \$1,100 Part A (inpatient) deductible for Plans C, F, G and N for each benefit period.

First 60 days – After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semi-private room and board, general nursing and miscellaneous hospital services and supplies.

Coinsurance – Plans A, C, F, G and N pay \$275 a day when you are hospitalized from the 61st day through the 90th day. When you are hospitalized from the 91st day through the 150th day, the Plans pay \$550 a day for each Lifetime Reserve day used.

Extended hospital coverage – If you are in the hospital longer than 150 days during a benefit period and you have exhausted your 60 days of Medicare lifetime reserve, Plans A, C, F, G and N pay the Part A Medicare eligible expenses for hospitalization, paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for blood – Medicare has one calendar year deductible for blood that is the cost of the first three pints. Plans A, C, F, G and N pay the deductible.

Skilled nursing facility care – Medicare pays all eligible expenses for the first 20 days.

Coinsurance – Plans C, F, G and N pay up to \$137.50 from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice care benefit – Plans A, C, F, G and N pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

Medicare Part B physician services and supplies

Deductible – Plans C and F pay the \$155 calendar-year deductible.

Coinsurance – After the Part B deductible, Plans A, C, F and G generally pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy, and ambulance service.

After the Part B deductible, Plan N generally pays 20% of the eligible expenses for physician's services, supplies, physical and speech therapy, and ambulance services except up to a \$20 copayment for office visits and up to a \$50 copayment for emergency room visits.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then generally 20% of eligible expenses will be paid.

Excess benefits – Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F and G will pay 100% up to the charge limitation established by Medicare.

Benefit for blood – Medicare has one calendar year deductible for blood that is the cost of the first three pints. Plans A, C, F, G and N pay the deductible.

Other benefits*

Emergency care received outside the U.S. – After you pay a calendar-year deductible, Plans C, F, G and N pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for medically necessary emergency care.

*Refer to the next page and your outline of coverage for more information.

Forethought® Medicare Supplement Plans

A Forethought® Standard Medicare Supplement insurance policy helps pay eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges that exceed what Medicare and your Standard Medicare Supplement insurance policy will pay.

“Medicare Eligible Expenses” means expenses covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

Forethought Standard Medicare Supplement Plans will not pay for:

- Any expense incurred before your Policy Date
- Services for which no charge is made
- Expenses paid by Medicare
- Hospital or skilled nursing facility confinement charges incurred prior to the effective date of coverage of the policy
- Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate

Medicare Part A Eligible Expenses for hospital/skilled nursing facility care include expenses for semi-private room and board, general nursing and miscellaneous services and supplies.

A **Benefit Period** begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 consecutive days.

Medicare Part B Eligible Expenses for medical services include expenses for physician’s services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by Standard Medicare Supplement Plans.

Benefits are paid to you, your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

Your Policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information on your application is correct.

You cannot be singled out for a rate increase no matter how many times you receive benefits. Your premium changes only (a) each year on the renewal date coinciding with or following the anniversary of your Policy Date until you reach age 99; and (b) when the same premium change is made on all in force Forethought Standard Medicare Supplement policies of the same form issued to persons of your classification in the same geographic area of your state.

This is a brief description of your coverage. This brochure must be accompanied by the Outline of Coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your Policy.

Not connected with or endorsed by the United States government or the federal Medicare program.

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

*Refer to the next page and your outline of coverage for more information.

Forethought Financial Group, Inc., through its subsidiaries, provides innovative insurance and financial solutions for families managing retirement and end-of-life needs. Headquartered in Indianapolis, Indiana, our companies provide life insurance and annuities.

Forethought's insurance subsidiary, Forethought Life Insurance Company, has been consistently recognized by A.M. Best for financial strength.

Forethought, through its life insurance subsidiary, has assets owned and under management in excess of \$4.5 billion, approximately \$1.2 billion in annual revenue, more than \$5.8 billion of life insurance and annuity business in force, and has served more than 2 million policyholders since 1985.

Forethought Life Insurance Company

Administrative office

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Clearwater, FL 33766-4659

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