

LIFE ASSURED



“ We will match up to \$250 of
any benefit member’s donation...”

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Operation Santa's Elves (OSE)

Sharing Christmas Joy to Those Less Fortunate

As the national member food drive winds down, it is time to prepare for Operation Santa's Elves; the last of our national member volunteer campaigns for the calendar year.

This is the 11th year anniversary for Assured Life Association's Operation Santa's Elves. Assured Life Association encourages its chapters and members to help bring the joy of Christmas and Santa Claus to the lives of needy children by getting involved in Operation Santa's Elves.

It's easy to participate! Have your own toy drive or seek out a local organization or program that assists in providing Christmas gifts to kids that would not otherwise receive anything for Christmas. Whether it is Toys for Tots, Adopt-A-Family programs or the Salvation Army, get involved.

If you decide to donate money to one of these programs, remember to utilize the Growth Ring Matching Gift Program. We will match up to \$250 of any benefit member's donation in a given calendar year. But be sure to get your request for matching in by December 11, 2019.

Thank you for your support.



PLEASE ADDRESS MAGAZINE CORRESPONDENCE TO:

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Society Blog
assuredlife.org.wordpress.com

Facebook Page
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MATCHING GIFT REQUEST 2019 DEADLINE

December 11, 2019

If you have not requested matching charitable giving from Assured Life Association yet this year, you still have time to do so. To get matching gifts out to the various charities in time for the 2019 tax year, it is necessary that we receive the requests by Wednesday, December 11, 2019. After that date, we cannot guarantee that the charity will receive your donation and our matching gift by years end. You will find a matching gift request form on page 6 of this issue of *Life Assured*.



MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015 (MACRA)

How the New Rule Impacts Eligible Medicare Beneficiaries

What is MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changes some of the Medicare supplement insurance plans individuals new to Medicare can purchase.

The rule says that as of January 1, 2020, newly-eligible Medicare beneficiaries won't be able to purchase Medicare supplement plans that cover the Part B deductible. These are Medicare supplement Plans C, F, High-Deductible F and Minnesota and Wisconsin Part B deductible coverage.

For MACRA purposes, "newly-eligible" people are those who become eligible for Medicare on or after January 1, 2020.

How does this affect you?

If you will be eligible for Medicare **before** January 1, 2020, your Medicare supplement insurance plan options do not change. That is, you may still purchase Medicare supplement insurance plans C, F, High-Deductible F from companies offering these plans.

If you currently have a Medicare supplement insurance plan, your policy benefits will not change. If you have a Medicare supplement insurance plan C, F or High-Deductible F that plan will continue to pay your Part B deductible. As long as the premiums are paid on time, your plan will not change.

If you will be eligible for Medicare **after** January 1, 2020, when you select Original Medicare for your health care

coverage, you will be able to choose from many Medicare supplement insurance plans available where offered. Benefit will vary depending upon the plan, but no plan will cover the Medicare Part B calendar-year deductible.

2020 Medicare Copays and Deductibles

The Medicare Part B standard monthly premium for 2020 will be \$144.60 compared to \$135.50 in 2019. The income-related Part B premiums for 2020 will vary depending on the extent to which a Medicare beneficiary's income exceeds \$87,000 (or a married couple's income exceeds \$174,000). Below is an income-level chart and the related 2020 Part B Premium:

2020 Income level- File Individual	2020 Income level- File Joint	2020 Part B Premium
Less than or equal to \$87,000	Less than or equal to \$174,000	\$144.60
Greater than \$87,000 and less than or equal to \$109,000	Greater than \$174,000 and less than or equal to \$218,000	\$202.40
Greater than \$109,000 and less than or equal to \$136,000	Greater than \$218,000 and less than or equal to \$272,000	\$289.20
Greater than \$136,000 and less than or equal to \$163,000	Greater than \$272,000 and less than or equal to \$326,000	\$376.00
Greater than \$163,000 and less than \$500,000	Greater than \$326,000 and less than \$750,000	\$462.70
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$491.60

2020 Coinsurance (Copays) and Deductibles

Medicare's deductibles and coinsurances will also increase in 2020. Below is a chart depicting the various deductibles and coinsurances and how they compare to 2019:

2020 Medicare Supplement Copay/Deductibles

Feature	2019 Benefits	2020 Benefits
Part A Inpatient Hospital Deductible	\$1,364	\$1,408
Hospital Coinsurance		
§ 61-90 days	\$341 per day	\$352 per day
§ 91-150 days (lifetime reserve)	\$682 per day	\$704 per day
Skilled Nursing Facility Care Coinsurance		
§ 21-100 days	\$170.50 per day	\$176.50 per day
Part B Physician's Services and Supplies Annual Deductible	\$185	\$198

Growth Ring Matching Gifts

*An individual Benefit Member Charitable
Giving Matching Gifts Program*



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REQUEST FOR MATCHING GIFTS

Please accept this completed form, along with my donation, as an application for matching gifts from Assured Life Association. My check, or copy of my online donation, *payable to the charity or organization* is enclosed.

Donor Information

First and last name: _____
Address: _____
City, State, Zip: _____
Certificate Number: _____

Matching Gift Information

Note: Matching Gifts to a Church must be for a specific mission of the Church, not to its general fund or general offerings. If requesting matching gift to a Church, please specify the mission.

Date of Gift Request (month/day/year): _____
Amount of my gift (\$000.00): _____
Amount of Requested Matching Gift:
Up to \$250.00 (\$000.00) _____
Charity or Organization Name: _____
Address: _____
City, State, Zip: _____

- ☐ Check here if this donation is in support of the national member food drive
☐ Check here if this donation is in support of the national Operation Santa's Elves

I certify that I am an individual benefit member of Assured Life Association; 18 years of age or older. I am making this donation under the guidelines of the Growth Ring Matching Gifts Program and understand that it complies. I understand this program is not a guaranteed contractual benefit and may be eliminated at any time. My check or online donation receipt, is made payable to the charity or organization named on this request form.

Signature of Donor: _____

Note: If requesting matching gifts for more than one charity or organization, please submit a separate form.

"Planting seeds for growth through the Growth Ring Matching Gifts Program."

