

2019

Iowa Medicare
Supplement
& Premium
Comparison
Guide



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Phone: 1-800-351-4664 ■ TTY: 1-800-735-2942

Iowa Insurance Division ■ Des Moines, Iowa 50309-3738

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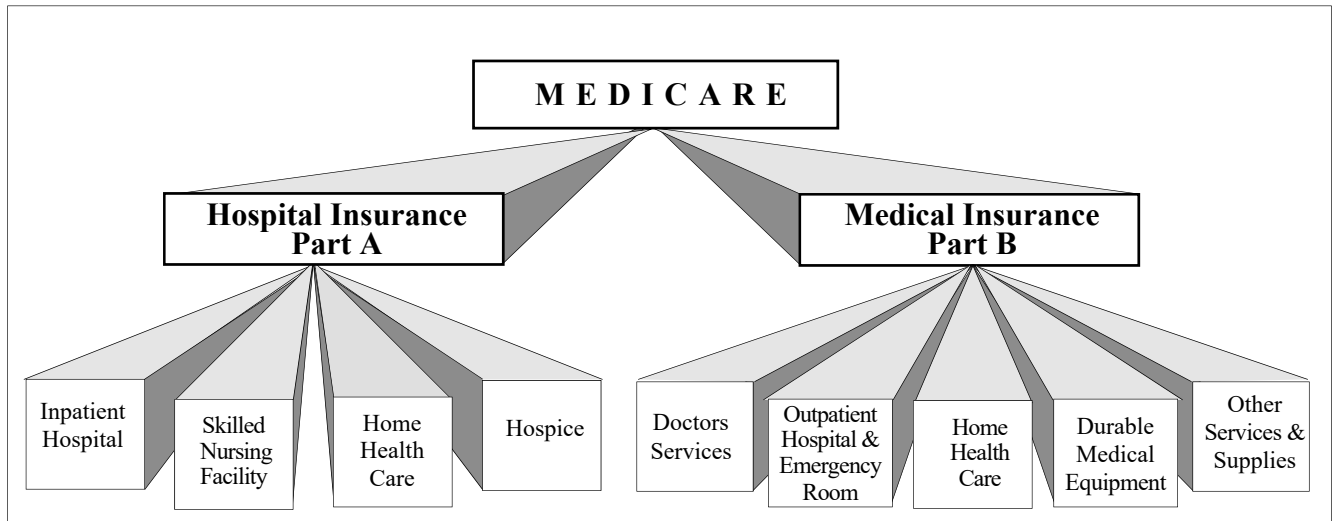
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Medicare Basics

Medicare is the federal health insurance program available to specific groups:

- ◆ People age 65 and older
- ◆ Those under age 65 who have been on Social Security disability for 24 months. (No wait is required if diagnosed with ALS or Lou Gehrig's disease.)
- ◆ Those who have end-stage renal disease (permanent kidney failure).

As shown below, Medicare is made up of Part A and Part B.



Most get Medicare Part A free. Everyone pays a monthly premium for Part B. How much you pay depends on your modified adjusted gross income.

2019 Part B Monthly Premium If Your 2017 Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$135.50*
\$85,001 - \$107,000	\$170,001 - \$214,000	\$189.60
\$107,001 - \$133,500	\$214,001 - \$267,000	\$270.90
\$133,501 - \$160,000	\$267,001 - \$320,000	\$352.20
\$160,001 - \$499,999	\$320,001 - \$749,999	\$433.40
\$500,000 or above	\$750,000 or more	\$460.50

*Those who did not get an increase in their Social Security Benefit in 2016 and 2017 may pay less.

Approval of covered services for Medicare benefits is usually based on what is **medically necessary**. Under Part A, the health care providers are not allowed to charge more than what Medicare approves. Part B does allow "excess charges" for some services. The maximum excess charge allowed for most services is 15% more than Medicare's approved amount. Medicare pays most of the health care costs for those eligible, but significant gaps can leave large bills to pay. The Medicare Benefit Chart on the next page shows Medicare's benefits and the amounts for which you are responsible.

Medicare Benefits Chart 2019

Part A Hospital Insurance - Covered Services (Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2019.)

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Hospitalization* Semiprivate room, general nursing, misc. services	First 60 days	All but \$1364	\$1364 (Part A deductible)
	61st to 90th day	All but \$341 per day	\$341 per day
	91st to 150th day	All but \$682 per day	\$682 per day
	Beyond 150 days	Nothing	All charges
Skilled Nursing * Facility Care	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$170.50 per day	\$170.50 per day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Hospice Care for the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first 3 pints	First 3 pints

Part B - Medical Insurance - Covered Services

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Medical Expense Physician services & medical supplies	Medical services in and out of the hospital	80% of approved (after \$185 deductible**)	20% of approved (after \$185 deductible**) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after \$185 deductible**)	Coinsurance or co- payment amount which varies according to the service (after \$185 deductible**)
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Durable Medical Equipment (DME)	Prescribed by Dr. for use in home	80% of approved (after \$185 deductible**)	20% of approved (after \$185 deductible**) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

*Costs based on a benefit period. **A single \$185 deductible per year for all Part B services.

Ten Standard Medicare Supplement Plans

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Part A Hospital										
Day 61-90 Coinsurance	X	X	X	X	X	X	X	X	X	X
Day 91-150 Coinsurance	X	X	X	X	X	X	X	X	X	X
365 more days – 100%	X	X	X	X	X	X	X	X	X	X
Part A Hospice coinsurance	X	X	X	X	X	X	50%	75%	X	X
Part B Coinsurance or Copay	X	X	X	X	X	X	50% **	75% **	X	X ****
Parts A & B Blood	X	X	X	X	X	X	50%	75%	X	X
Additional Benefits	A	B	C	D	F	G	K	L	M	N
Skilled Nursing Facility										
Coinsurance Day 21-100			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X		X					
Part B Excess					X	X				
Foreign Travel Emergency			X	X	X	X			X	X
Out-of-pocket annual limit							\$5,560 ***	\$2,780 ***		

X = Supplement pays 100% 50% and 75% = the amount the supplement pays

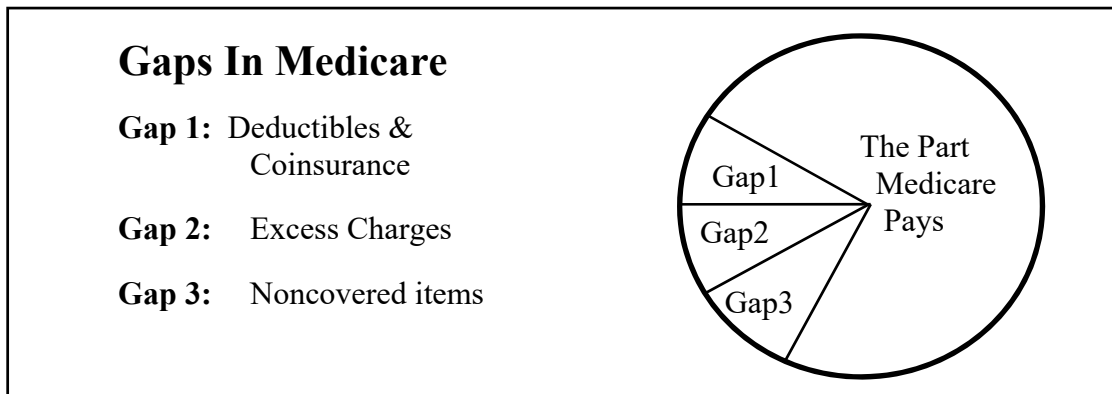
* Plan F has an option called high deductible Plan F. The deductible is \$2,300 in 2019.

**Plans K and L pay 100% of the Part B coinsurance for preventive services.

***Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

****Exceptions: You pay up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room copayment will be waived if you are admitted to the hospital.

Supplementing Medicare



Medicare supplement insurance is also called “Medigap” or “MedSup.” It is private insurance designed to fill gaps in Medicare coverage and is sold by many companies. It is not sold by the government. Those eligible for employer-provided insurance or Medicaid assisted programs usually do not need Medicare Supplement insurance. If you are enrolled in a Medicare Advantage plan Medicare supplement policies don’t pay benefits and aren’t needed.

Only ONE Medicare supplement policy is needed!

Since January 1, 1992, insurance companies selling Medicare supplement policies in Iowa are limited to selling “**Standardized Policies**”. Beginning June 1, 2010 companies can only sell 10 plans identified by the letters A, B, C, D, F, G, K, L, M and N. A company does not have to sell all 10 plans.

Companies must continue to honor policies purchased prior to June 1, 2010. You **DO NOT** have to drop a policy purchased before that date.

Likewise, companies must continue to honor Plans C, F, and High Deductible F after they are no longer available to new beneficiaries after January 1, 2020.

Changes in Medicare Supplement Plans starting in 2020

A change in Medicare Supplement law will take place in 2020 affecting Medicare Supplement plans C, F and high deductible F. Medicare Supplement plans are sold by private companies to fill the gaps in traditional Medicare Part A and Part B. Medicare Supplement plans help pay for things like coinsurance, copayments or deductibles on Medicare-covered services.

This new law change prohibits the sale of Medicare Supplement policies that cover the Part B deductible to “**newly eligible**” Medicare beneficiaries on or after January 1, 2020.

Why are these changes being made? How will these changes affect my Medicare Supplement coverage? Do I need to change plans? Here are answers to a few of the most common questions people are asking about the 2020 Medicare Supplement law changes.

1. Who is considered a “newly eligible” Medicare beneficiary?

“Newly eligible” is defined as anyone who:

- Attains age 65 on or after January 1, 2020, or
- Who becomes eligible for Medicare benefits due to age, disability or end-stage renal disease on or after January 1, 2020.

2. Why are these changes being made for “newly eligible” Medicare beneficiaries?

Plans C, F and high deductible F are the only plans that cover the Part B deductible. Individuals enrolled in these plans have no out-of-pocket costs for Medicare covered services. Medicare beneficiaries eligible after 2020 will be required to share in the cost of services by paying for the Part B deductible.

3. Do I need to change plans if I currently have a Plan C, F or high deductible F?

If you are currently enrolled in a Medicare supplement Plan C, F or high deductible F, you can keep it and the Part B deductible will continue to be covered. These plans are not going away. Your plan is guaranteed renewable. This means as long as you pay your premiums the insurance company cannot cancel your coverage.

4. Can I purchase a Plan C, F or high deductible F after January 1, 2020?

If you are eligible for Medicare **prior** to January 1, 2020 you may buy a Plan C, F or high deductible F. However, companies selling Medicare Supplement plans in Iowa may or may not offer plans C and F after January 1, 2020.

5. Will I see a significant increase in my Plan C, F or high deductible Plan F premium after 2020 because no new people will be sold these plans?

Your premium rate is based on your individual age, not on the number of younger and healthier policy holders buying these plans. Consumers who currently have Plans C, F and high deductible F can keep these plans and the Iowa Insurance Division does not expect the rates for these plans to dramatically increase.

6. Will new plans be offered for those “newly eligible” after January 1, 2020?

The high deductible Plan F will be replaced with a new high deductible Plan G. Plans A, B, D, G, K, L, M and N will continue to be offered.

Your Rights to Coverage

Open Enrollment

Every new Medicare recipient who is age 65 or older has a **guaranteed right to buy** a Medicare supplement policy during a **six-month “open enrollment.”** A company **cannot reject you** for any policy it sells, and it cannot charge you more than anyone else your age.

Your open enrollment period **starts** when you are age 65 or older and enroll in Medicare Part B for the first time. It **ends** 6 months later. If you apply for a policy after the open enrollment period, some companies may refuse coverage because of health reasons.

If you have Medicare Part B coverage because of **Medicare disability or end-stage renal disease**, you do not get open enrollment before age 65. However, you will be eligible for an open enrollment period **when you become 65.**

Pre-Existing Conditions

A **waiting period** can apply before benefits are paid for pre-existing conditions even when you buy a policy during open enrollment. The maximum waiting period a company can require is **six-months.**

You may **avoid a waiting period** for preexisting conditions in these situations:

1. You are in your open enrollment period, and you apply for your Medicare supplement within **63 days** of the end of previous health insurance coverage which you have had for six months or longer. If previous health care coverage was for less than six months, you are given credit towards the pre-existing condition waiting period for the amount of time covered under the previous health benefit plan.
2. You **lose health care benefits** in certain situations described on pages 8 and 9, and you apply for the Medicare supplement policy within 63 days of the end of your previous coverage. (There is no pre-existing condition waiting period.)
3. You apply for a Medicare supplement policy to **replace** one you have had for at least six months, and no gap occurs between the end of the old policy and the beginning of the new policy. If the new Medicare supplement insurance has benefits not included in the previous coverage, a six-month waiting period may apply for the added benefits. If previous health care coverage was for less than six months, you are given credit towards the pre-existing condition waiting period for the amount of time covered under the previous health benefit plan.

Guarantee Issue Outside of the Open Enrollment Period

Guarantee issue means an insurance company does not consider existing health conditions when issuing insurance coverage. An insurance company may offer a guarantee issue plan at any time. However, the policy may have a much higher premium and require a waiting period for pre-existing health conditions.

Certain events trigger **special rules** for some guarantee issue plans. The events and rules are described in the chart below. You must apply for your new Medicare supplement within **63 days** of the end of previous coverage. You have these special protections regardless of existing health conditions:

- Companies **cannot turn you down**
- Companies **cannot charge higher premiums** because of existing health conditions
- You **will not have a waiting period** before benefits are paid

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available for <u>63 Days Only</u>
1.	You are covered by an employer group health benefit plan that pays benefits after Medicare, and the plan stops providing some or all health benefits to you. This includes loss of COBRA coverage. Increase in premium or loss of Medicaid does not trigger this benefit.	<ul style="list-style-type: none"> • You must be allowed to enroll in any Medicare supplement Plan A, B, C, F (including a high deductible Plan F), K or L from ANY COMPANY selling those plans. • If Medicare Select plans are available in your area, you may choose the Select Plan A, B, C, F (including a high deductible Plan F), K or L from ANY COMPANY selling those plans. • If you are on Medicare under age 65, you can buy only from companies selling to those under age 65.
2.	You are enrolled in a Medicare Advantage, Medicare Cost or Medicare Select Plan and you disenroll because: <ul style="list-style-type: none"> • You move from the service area or • The plan stops providing Medicare services or • The plan seriously violates the contract or misrepresents the plan during marketing. 	
3.	You are enrolled under a Medicare Supplement policy and it ends because: <ul style="list-style-type: none"> • The insurance company is insolvent or bankrupt, or • Coverage is involuntarily ended or • The plan seriously violates the contract or misrepresents the plan during marketing. 	

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available for <u>63 Days Only</u>
4.	<p>You are enrolled in a Medicare supplement policy</p> <ul style="list-style-type: none"> • And you stop the Medicare supplement and enroll in a Medicare Advantage, Medicare Cost, or Medicare Select plan for the first time • Then you disenroll from the new plan in the first 12 months 	<p>You must be allowed to:</p> <ul style="list-style-type: none"> • Re-enroll in the Medicare supplement you were most recently enrolled in if it is available from the same company** or <u>if not available</u>. • Enroll in any Medicare supplement plan A, B, C, F, K, L (including Medicare Select or high deductible choices) from ANY COMPANY selling those plans in Iowa. <p>If you are under age 65, you can buy only from companies selling to those under 65.</p>
5.	<p>You enroll in a Medicare Advantage plan or PACE, at age 65,*** during your seven month Initial Enrollment Period (IEP) for Part B and disenroll within 12 months. Individuals enrolled in Medicare Part B prior to age 65 are not eligible for this GI event when they turn 65.</p>	<p>You must be allowed to enroll in ANY standardized Medicare supplement plan A through L, offered by ANY COMPANY selling those plans in Iowa. (Includes Medicare Select and high deductible choices).</p>

* This option does NOT apply to employer retiree health plans. If you give up your retiree plan to try a Medicare Advantage plan, you may not get your retiree plan back.

** If you bought your Medicare supplement plan before June 1, 2010 and it is no longer being sold you can buy a standardized plan currently being sold.

***There is one exception to this if you take Part B for the first time after age 65. Call SHIIP for details.

You Must Be Notified

When you lose coverage under any of the situations described in the above chart, you should receive a notice from the insurance company or organization that issued the health coverage. The notice must explain your right to purchase other coverage and your protection against waiting periods or pre-existing conditions.

Standard Plan Benefits

BASIC BENEFITS (All Plans)

Part A: Hospitalization (Per Benefit Period)

Benefit Period

A Benefit Period begins the first day of inpatient hospital care. It ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. **It is possible to have more than one benefit period per year.**

- **Days 1-60:** Medicare pays the hospital for all covered services except for the Part A Deductible. Basic Benefits **do not pay** the Part A Deductible.
- **Days 61-90: Basic Benefits** in all 10 plans pay the daily copayment (see page 2 for the current amount). After 60 days of hospitalization in a “benefit period” (defined above), the policy pays the copayment and Medicare pays the rest. The first 90 days of Medicare coverage are available each time you begin a new benefit period.
- **Days 91-150 (Lifetime Reserve Days): Basic Benefits** in all 10 plans pay the daily copayment (see page 2 for the current amount). “Lifetime Reserve Days” are available when a hospital stay extends beyond the first 90 days of a benefit period. The policy pays the copayment and Medicare pays the rest. Each lifetime reserve day is available only once in your lifetime.
- **Beyond 150 days: Basic Benefit** in all 10 plans provide for 365 additional lifetime days. Each of these days is available only once in your lifetime. After Medicare’s benefits are exhausted for one benefit period, the policy will pay 100% of billed charges for Medicare approved type services.

- **Blood: Basic Benefits** in Plans A, B, C, D, F, G, M and N combine with Medicare to cover blood expenses (except the Part B deductible) both in and out of the hospital. Plan K pays 50% and Plan L pays 75% of the Medicare eligible expenses for the first three pints of blood.
- **Hospice Care:** Plans sold after June 1, 2010 now include coverage of coinsurance for all Part A eligible Hospice and respite care expenses. Plans A, B, C, D, F, G, M and N pay 100% of these costs; Plan K pays 50% and Plan L pays 75% of the coinsurance.

Part B: Medical Expenses (Per Calendar Year)

- ✓ **Part B coinsurance or copayment: Basic Benefits** in all of the plans, except high deductible F, pay after the annual deductible has been met. For most Medicare Part B services, payments are based on the amount approved by Medicare. (If charges exceed the approved amount, Basic Benefits will not cover them. See “Part B Excess Charges” on page 13).

Payments under this benefit:

- ✓ Most services: Medicare pays 80% of the approved amount and Plans A-D, F, G, M pay 20% coinsurance; Plan K pays 50% of the 20% and Plan L pays 75% of the 20% coinsurance. Plans K and L pay the full coinsurance for preventive services. For Plan N you pay the lesser of \$20 or the Medicare Part B coinsurance for each office visit (including visits to specialists); and the lesser of \$50 or the Medicare Part B coinsurance for each emergency room visit. The emergency room copayment will be waived if you are admitted to the hospital.
- ✓ Hospital Outpatient: Plan A-D, F, G, M, N pay the Medicare determined copayment; Plan K pays 50% and Plan L pays 75% of the Medicare determined copayment.

**PART A
DEDUCTIBLE
(Plans B, C, D,
F, G, K, L and
N)**

Medicare requires that you pay a **deductible** when hospitalized (see page 2 for the current amount). The deductible amount can change each year. It is charged whenever you begin a new benefit period, which may occur more than once a year. Plans B, C, D, F, G and N include the **Part A Deductible Benefit** that pays the **full deductible amount** each time it is charged. Plans K and M pay 50% of the hospital deductible and Plan L pays 75% of the Part A deductible per benefit period.

This kind of benefit may be thought of as “first dollar coverage.” First dollar coverage means the insurance pays from the first dollar of expense incurred. One way to save money on premiums is to pay for this deductible yourself.

**SKILLED
NURSING
FACILITY
COPAYMENT
(Plans C, D, F,
G, K, L, M and
N)**

Medicare pays only when you are receiving **Medicare-approved skilled nursing care** in a **Medicare-approved facility**. The facility may be a nursing home, hospital area or hospital “swing bed.” Standardized Plans C, D, F, G, M and N pay 100% of the skilled nursing copayment benefit. Plan K pays 50% and Plan L pays 75% of the skilled nursing facility copayment.

Qualifying Requirements:

- ✓ Three-day prior inpatient hospital stay, not including the day you leave the hospital
- ✓ Care in a Medicare-certified skilled nursing facility
- ✓ Need for physician-certified **daily skilled care**, such as wound dressing, physical therapy or tube feeding.

Medicare pays all eligible costs for the first 20 days. For days 21 through 100 Medicare pays all but a daily copayment (see page 2 for the current amount). The **Skilled Nursing Copayment Benefit** pays some or the entire copayment amount.

Medicare doesn't provide coverage beyond 100 days. Standardized plans don't pay benefits beyond 100 days. Medicare only pays as long as you need daily skilled services. The average stay in skilled care is less than 30 days. This benefit pays only if you qualify for Medicare coverage. Most nursing home care in Iowa is intermediate or custodial, and neither Medicare nor standard Medicare supplement policies pay for these levels of care.

PART B DEDUCTIBLE (Plans C and F)

Medicare has a \$185 (per calendar year) deductible for Part B covered services. The first \$185 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit pays the \$185 deductible** under Plans C and F.

The benefit is another type of “first dollar coverage” and may cost as much in extra premium as the value of the benefit. To save premium dollars, you may consider paying this portion of your health care costs and choose a plan other than C or F.

FOREIGN TRAVEL EMERGENCY (Plans C, D, F, G, M and N)

Medicare does NOT cover care received outside the U.S. Standard Plans C, D, F, G, M and N include a **Foreign Travel Emergency Benefit** that pays as follows:

Only for **emergency** care that begins within 60 days of leaving the U.S.

- ✓ \$250 calendar year **deductible**
- ✓ 80% of billed charges paid for Medicare eligible expenses for medically necessary emergency hospital, physician, and medical care received in a foreign country
- ✓ \$50,000 **lifetime maximum**

An additional health insurance travel policy may be unnecessary when the “Foreign Travel Emergency” benefit is a part of their Medicare supplement policy.

PART B EXCESS CHARGES (Plans F and G)

Plans F and G have an **Excess Charge Benefit**. Plans F and G pay 100% of allowed excess charges. Most doctors and other health care providers accept Medicare assignment. That means they accept Medicare’s approved amount as full payment. Some providers charge more than Medicare approves.

Excess Charges Have Limits:

Excess charges are the difference between what Medicare approves and any limits under the law. The maximum limiting charge for most Medicare Part B services is 15% over the Medicare-approved amount. A few charges such as for durable medical equipment are NOT limited to 15%.

EXAMPLE

Limiting Charge	\$115*	<u>Plans F & G:</u>
Medicare Approved	<u>\$100</u>	100% x Excess = \$15
Excess Charges	\$15	

*15% over the approved amount

One way to control medical costs is to use doctors who accept assignment. If most of your doctors accept assignment, you may prefer to pay for excess charges yourself instead of paying additional insurance premiums for this benefit.

OUT-OF-POCKET ANNUAL LIMIT (Plans K and L)

Plans K and L have an annual cap on out-of-pocket expenditures for Medicare Part A and B. Plan K and L will provide full coverage of all Medicare Parts A and B deductibles, co-payments and co-insurance amounts after the beneficiary has paid out-of-pocket expenses of \$5,560 (Plan K) or \$2,780 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, co-payment and coinsurance amounts.

HIGH DEDUCTIBLE OPTION (Plan F)

The benefit package is the same as in the no-deductible F. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount. The deductible is \$2,300 for 2019 and will increase each year based on the Consumer Price Index.

Medicare Select – Another Option

Medicare supplement policies generally pay the same benefits regardless of your choice of health care provider. If Medicare pays for a service, the standard Medicare supplement policy must pay its regular share of benefits. One exception is Medicare SELECT.

- **Another type of Medicare supplement insurance.** Medicare SELECT is the same as standard Medicare supplement insurance in nearly all aspects. If you buy a Medicare SELECT policy you are buying one of the standard plans identified by letters A, B, C, D, F, G, K, L, M and N.
- **Restricted provider network.** With Medicare SELECT you must use specific hospitals, and in some cases specific doctors, to receive full benefits. Hospitals or doctors specified by a Medicare SELECT policy are called “participating or preferred providers.” When you go to the preferred provider, Medicare pays its share of the approved charges. The Medicare SELECT policy then pays the supplemental benefits described in the policy.
- **Medicare is not restricted.** You can go to a provider outside the network for nonemergency care and Medicare still pays its share of approved charges. However, the Medicare SELECT policy will not pay under these circumstances.
- **Emergencies outside the network.** Generally Medicare SELECT policies are not required to pay any benefits when you don’t use a preferred provider. The only exception is in the case of an emergency.
- **Designated service area.** Medicare SELECT requires that you live in a designated service area to be eligible for enrollment. SELECT plans are available in some areas of Iowa. The premium section of this Guide (pages 38-39) shows plans and the areas where they are sold.
- **Lower premiums.** Medicare SELECT policies generally have lower premiums because services areas and providers are limited. If you live in a designated area and agree to receive your care from the preferred providers for your plan, a Medicare SELECT plan may save you money.
- **Replacing a Medicare SELECT policy.** You can replace a Medicare SELECT policy with a regular Medicare Supplement insurance policy if you move out of the service area. You also may choose to change after a Medicare SELECT policy has been in effect for six months. The insurance company that sold you the SELECT policy must allow you to purchase a regular Medicare supplement policy with equal or lesser benefits regardless of your health condition.

Shopping for Medicare Supplement Insurance

Access your needs. Review your own health profile and decide what benefits and services you are most likely to need. Determine which standard plan is best for you. Then shop for the company from which to buy the plan. Make a careful comparison to avoid mistakes. If a poor decision is made, you may have more limited choices in the future.

PRICE COMPARISON

- **Why do companies charge different premiums for the same plan?** Premium amounts for the same plan can vary significantly for several reasons: age, gender, smoker/nonsmoker, company efficiency, marketing practices, claims experience and geographic area.
- **Does the premium increase because of your age?** Normal increases occur because of claims paid, changes in Medicare deductibles and coinsurance and inflation. Some companies also base premiums on age. Check to see if the premium is based on your age at the time the policy is issued (issue age) or if it goes up as you get older (attained age). It is important to ask how much you pay now and in the future.

Are discounts available? Some companies charge different rates based on several factors such as gender, nonsmoker status or your zip code. They may also give a discount if both you and your spouse buy a policy or if you pay through your bank automatically.

SERVICE

- **Does the company sell through an agent or by mail?** An agent can help you when completing your application and with problems later. If you have a few companies with which you prefer to do business, check the yellow pages for local agents who represent those companies or call the company directly to ask about agents.
- **Is a service office located conveniently to your home?** A local agent with a good reputation, preferably one you know and trust, is more likely to take a personal interest in providing you good service.
- **Is a toll-free telephone number available for questions?** This is especially important if you don't have a local agent.

- **What kind of letter grade does the company have from a financial rating service?** Several rating services such as A.M. Best, Moody, and Standard and Poor evaluate the financial stability of insurance companies. Ratings don't tell how good a policy is or what kind of service the company provides, they reflect only the financial stability of the company. The Internet is the best source for the most recent ratings information. SHIIP's fact sheet, "Understanding Insurance Company Financial Stability Ratings," links the SHIIP website (<http://www.therightcalliowa.gov>) to rating services' websites.
- **Is a waiting period required for pre-existing conditions?** If you haven't had health insurance before buying Medicare supplement insurance, the policy may have a waiting period for pre-existing conditions. This means benefits may not be paid when health care services are received for a pre-existing condition. (See page 7 for more on pre-existing conditions).
- **Is crossover claims filing available?** Some companies have "crossover" contracts with Medicare. After paying its share of the bill, Medicare will send claims **directly** to the insurance company for you. If the company does not have a crossover contract, automatic filing is still available if:
 - ✓ Your **doctor always accepts Medicare assignment**, and
 - ✓ You give the doctor information on your insurance card

AVAILABILITY

- **Does the company sell Medicare supplements to those on disability?** A few companies sell Medicare supplement plans to disabled Medicare beneficiaries.
- **Does the company have guarantee issue policies?** A guarantee issue policy means you will not be turned down for a policy because of existing health conditions.

SHOPPING TIPS

- **Buy just ONE.** You only need one good Medicare Supplement policy. You are paying for unnecessary duplication if you own more than one.
- **Nothing pays 100%.** Ignore claims that a policy pays 100% of the difference between your medical bills and what Medicare pays. **No policy does that!**

- **Take your time. DON'T BE PRESSURED** into buying. If you have questions or concerns, ask the agent to explain the policy to a friend or relative whose judgment you trust, or **call a SHIP volunteer**. If you need more time, tell the agent to return later. Don't fall for the age-old excuse, "I'm only going to be in town today so you'd better buy now." Show the agent to the door!
- **Check the agent's insurance license.** An agent must have a license issued by the State of Iowa Insurance Division to be authorized to sell insurance in Iowa. Don't buy from a person who can't show proof of licensing. A business card isn't a license. Contact the Insurance Division to check on an agent's license (call 877-955-1212 or visit the website at <http://www.iid.state.ia.us>).
- **Medicare questions may be important.** Don't be misled by the phrase "no medical examination required." You may not have to go to a physician for an exam, but medical statements you make on the application might prevent you from getting coverage after your open enrollment period. Also the policy may require a waiting period before benefits are paid for pre-existing conditions.
- **Complete the application carefully.** Before you sign an application, read the health information the agent recorded. Be sure **all** health information is complete and accurate. If you leave out requested information, the insurance company could deny coverage for that condition or cancel your policy.
- **DO NOT pay with cash.** Pay by check, money order, or bank draft. Make it payable to the insurance company only, not the agent. Completely fill in the check before presenting it to the agent.
- **It takes time to be approved.** You are NOT insured by a new Medicare supplement policy on the day you apply for it. Generally, it takes at least 30 days to be approved.
- **Do not cancel a current policy** until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop one policy and purchase another.

- **Expect to receive the policy within a reasonable time.** A policy should be delivered within a reasonable time after application (usually 30 days). If you haven't received the policy or had your check returned in that time, contact the company and obtain in writing a reason for delay. **If a problem continues, contact the Iowa Insurance Division (877-955-1212).**
- **Use your 30-day free-look period.** The 30 days start when you have a policy in your hand. Review it carefully. If you decide not to keep it, return it to the company and **request a premium refund in writing.** After the "free-look" period, insurance companies are not required to return unused premiums if you decide to drop the policy. If an agent tries to sell you a new policy saying you can get a premium refund for your current policy, report the agent to the Iowa Insurance Division.

Your policy is guaranteed renewable if you bought it after December 1, 1990. That means the company can't drop you unless you fail to pay the premium.

Insurance Complaints

Any Iowa citizen who feels he or she hasn't been treated properly in an insurance transaction may write to the Iowa Insurance Division or submit a complaint through the Insurance Division website at www.iid.state.ia.us. All complaints are investigated.

Examples of complaints:

- An insurance agent misrepresents a product or company.
- You experience delays in claims handling.
- You disagree with the amount of an insurance settlement.
- An agent continues to persist after you said you do not want further discussion or contact.
- An agent tells you your current company is unsound financially or not reputable.

Address complaints to:

Iowa Insurance Division
Two Ruan Center
601 Locust, 4th Floor
Des Moines, IA 50309-3738

Include the following information:

- Your name and address
- The insurance company name
- Your policy number (if applicable)
- The name and address of your insurance agent (if applicable)
- A description of the problem
- Supporting documentation

Alternatives to Medicare Supplement Insurance

EMPLOYER HEALTH INSURANCE

The questions to ask and the answers differ depending on your situation, such as how old you are or if you continue to work. SHIIP has a fact sheet, “Getting Ready to Retire: Health Insurance Issues,” that identifies the questions you need to ask.

If you, or your spouse, **continue to work** after your 65th birthday, you may be able to continue under an employer group health insurance plan. In many situations your employer plan will be primary (it will pay first). In that case, you may not need to sign up for Medicare Part B or buy a Medicare supplement. Contact Social Security with any questions regarding enrollment in Medicare Part B.

When you **retire** at age 65 or later and are not covered by an employed spouse’s plan, Medicare will become your primary insurance plan. You **must** enroll in Medicare Part B to avoid a penalty for late enrollment. Your employer may offer a retiree health plan that will pay after Medicare.

Employer group insurance plans **don’t** have to comply with the regulations governing Medicare supplement policies. Carefully compare benefits and costs before deciding to keep employer insurance or replace it with a Medicare supplement.

MEDICARE ADVANTAGE

Your Medicare Part A and Part B benefits can be provided through private plans that have a contract with Medicare. Some of these options include HMOs, PPOs, and Private Fee-For-Service plans.

Choices available depend on where you live. For information about plans serving your area, check with SHIIP at 1-800-351-4664 (TTY 1-800-735-2942) or <http://www.therightcalliowa.gov>

If you enroll in a Medicare Advantage Plan, a Medicare supplement is not needed and will not pay benefits.

MEDICARE SAVINGS PROGRAM

The **Qualified Medicare Beneficiary (QMB)** program is a state assistance program that pays Medicare deductibles, Medicare coinsurance and Medicare's Part B monthly premium.

The **Special Low-income Medicare Beneficiary (SLMB)** and **Expanded SLMB** programs pay the Medicare Part B monthly premium.

These programs are designed for people with limited income and assets. Contact your county Department of Human Services (DHS) office or SHIIP for more information. SHIIP has a worksheet to help you see if you meet income guidelines.

MEDICAID

You may be eligible for Medicaid assistance if you have limited assets and low monthly income or you have high medical bills. Medicaid pays eligible expenses without deductibles or copays. It also pays for intermediate or custodial care in a nursing home, which is NOT covered by Medicare. For more information, contact your county Department of Human Services (DHS).

Generally, you don't need a Medicare supplement while receiving Medicaid assistance. However, if you have a Medicare supplement that was issued after November 5, 1991, and you become eligible for Medicaid, you can suspend your policy for up to 24 months. You must make this request within 90 days of Medicaid eligibility. Your policy can be reinstated any time during the 24 months if you no longer qualify for Medicaid.

A SHIIP volunteer insurance counselor can talk with you about Medicaid assistance programs and your health insurance needs. You also will be able to get the appropriate referral for further help. **To get the name and telephone number of the SHIIP location near you call 1-800-351-4664.**

LIMITED BENEFIT POLICIES

Limited Benefit Policies Are Not A Substitute For A Medicare Supplement Policy. Limited benefit policies such as hospital indemnity, dread disease (cancer, stroke, heart disease, etc.) and accident plans **do not cover the gaps in Medicare benefits.** They provide benefits only in limited circumstances and duplicate coverage from Medicare and Medicare supplement insurance. These plans are **generally unnecessary and not an effective use of premium dollars.**

Iowa Medicare Supplement Premiums

It is important that you read the “Guide to Premium Charts” (pages 23-25) before you begin using the premium information to comparison shop for policies.

SHIIP does not sell, promote or endorse specific insurance companies or agents.

Iowa insurance regulations prohibit the use of this premium guide and the SHIIP name or logo in solicitation or sale of health insurance products. Violation of this provision is an unfair trade practice under Iowa Code Chapter 507B.

Introduction

The ten standardized Medicare supplement plans sold in Iowa are labeled A, B, C, D, F, G, K, L, M and N, plus high deductible Plan F. The chart on page 3 shows the benefits offered under each plan. The first step in buying a supplement is to select one that meets your needs and is affordable.

Plan benefits are the same with every company. That makes premium comparison important! Companies are allowed to offer innovative (extra) benefits. This Guide lists companies approved to sell Medicare supplements, their annual premiums and other important information. If you have questions about Medicare supplement insurance or this Guide, please contact SHIIP. Trained SHIIP counselors are available across the state to help you. For the name and telephone number of the SHIIP location nearest you, call **1-800-351-4664 (TTY 1-800-735-2942)**.

Guide to Premium Charts

Premiums shown are those **in effect January 1, 2019**.

Insurance Company Name / Telephone Number:

The company telephone number or website can be used to get more information about the plans.

Age:

Premiums shown are for ages 65, 70, 75, and 80. Call the company for premiums for other ages. Those who have Medicare due to disability pay the same premium regardless of their age.

Annual Premiums:

A variety of factors may affect your premium. Some companies have different rates for males and females and smokers. Some companies offer “household” discounts which would lower the premium. Look under the company name to see if these apply. Some companies may charge higher premiums for people with specific health conditions. **You need to contact the company or local agent for premium information specific to your age and the policy being considered.**

Rates:

The premiums shown in this Guide are the company's "Standard" rates for ages 70, 75 and 80. . Some companies offer lower "Preferred" rates, for which you may qualify at any age. We show preferred rates at age 65 because of "open enrollment". (See page 7) Some companies offer a "household discount"; contact the company to find out how to qualify.

High Deductible Plans:

Some companies offer a high deductible option for Plan F. The benefits are the same as regular Plan F. The difference is that you must pay the first \$2,300 (in 2019), after Medicare's payment, before the policy will pay benefits. If the company offers high deductible Plan F, the premiums are shown in the column labeled **F (HD)**.

Automatic Claims Crossover Filing:

If the letter "C" appears in the "Notes" column, the company has signed a crossover agreement with Medicare. This means your claim will be sent automatically from Medicare's computer to the insurance company's computer. You won't need to file claims with the insurance company.

Premium Type:

Premium type refers to the way a company considers age when setting premiums. "AA" in the "Notes" column refers to attained age. This means premiums are increased as you get older. "IA" refers to issue age, which means the premium will always be based on the age you were when you first bought the policy. An "NA" means premiums are not based on your age. **Policy premiums can increase on all policies for reasons other than age.**

[Note: We list one premium type per company in this guide. However companies may sell more than one type. For example, a company may have a Plan F that is sold both IA and AA].

Area:

When the letter "S" appears in the "Notes" column, the company charges the same premiums in all parts of Iowa. The letter "Z" means prices can differ by zip code. When a "Z" appears in this guide, the premiums listed are for the **Des Moines** area zip code. Call the company if you have a different zip code.

Policy Fee:

If a dollar amount appears in the “**Notes**” column, the company charges a one-time fee when they issue the policy. This fee will not be refunded if you decide not to keep the policy.

Pre-Existing Conditions Waiting Period:

The “**Comments**” column indicates the number of months you must wait before the company covers pre-existing health conditions.

Guaranteed Issue:

If the letters “**GI**” appear in the “**Comments**” column, you can buy the plans listed no matter what your age or health problems. This applies even if it is past your **open enrollment** period. “**None**” after **GI** means none of the plans are guaranteed issue. There are special times when some Medicare supplement plans must be offered guaranteed issue. During these times you will have no waiting period for pre-existing conditions. See page 6 of this guide for details.

Sales:

An “**I**” in the “**Comments**” column means policies are sold to individuals. “**G**” indicates policies are sold through a group. Policies sold by **agents** list an “**A**”. An “**M**” appears if policies are sold directly through the **mail** or through a **website**. Some companies use agents and direct mail to sell. Some sell to both groups and individuals. The premium listed is for the sales methods that are used most frequently in Iowa.

Questions the Consumer Should Ask The Insurance Company or Agent

1. What is the exact premium for the plan I've chosen (at my current age)?
2. Some companies note that rates for females are different. Females should ask: What is the premium for the plan I want at my current age?
3. Some companies note that smoker rates differ. What are the rates if I am a smoker?
4. Would I qualify for a lower premium because of my good health? Are there other discounts, such as a household discount?
5. Have your premiums increased or decreased since this guide was published?
6. Has the company added or dropped any plans since this guide was published?
7. Has the company added the Medicare automatic crossover service since this guide was published, so my claims will be automatically sent from Medicare to your company?
8. What is the pre-existing condition waiting period for the plan I'm considering?
9. If a group policy, is there a group membership fee?
10. What is the premium for my zip code (if zip code rating is used)?

Medicare Supplements For Persons 65 Years Of Age and Older

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
AARP/UnitedHealthcare Insurance Co. 1-800-523-5800 www.aarpmedicaresupplement.com (Smoker rates differ; HH discount)	65	\$1,027	\$1,457	\$1,788		\$1,795		\$1,400	\$532	\$1,062		\$1,260	C	
	70	\$1,268	\$1,799	\$2,206		\$2,216		\$1,728	\$656	\$1,311		\$1,555	NA	Pre-X: 3
	75	\$1,765	\$2,505	\$3,072		\$3,085		\$2,406	\$914	\$1,825		\$2,165	S	Months
	80	\$1,765	\$2,505	\$3,072		\$3,085		\$2,406	\$914	\$1,825		\$2,165	\$0	GI: None Sales***: G,
American Continental Insurance Company 800-264-4000 www.aetnaseniorproducts.com (HH discount; Rates for females are lower)	65	\$1,118	\$1,314			\$1,644	\$658	\$1,315				\$956	C	
	70	\$1,318	\$1,550			\$1,940	\$777	\$1,551				\$1,230	AA	Pre-X: None
	75	\$1,551	\$1,823			\$2,282	\$913	\$1,825				\$1,449	S	
	80	\$1,826	\$2,145			\$2,685	\$1,074	\$2,148				\$1,706	\$20	GI: None Sales***: I, A
American National Life Ins. Co of TX 1-888-350-1488 www.slaico.com Smoker rates differr; HH discount; (Rates for females are lower)	65	\$1,169				\$1,609		\$1,284					C	
	70	\$1,284				\$1,767		\$1,407					AA	Pre-X: None
	75	\$1,486				\$2,049		\$1,618					S	
	80	\$1,688				\$2,348		\$1,855					\$0	GI: None Sales***: I, A
American Retirement Life Insurance Co. 1-866-459-4272 www.cigna.com (HH discount; Rates for females are lower)	65	\$1,748				\$2,138		\$1,315				\$1,218	C	
	70	\$2,260				\$2,746		\$1,717				\$1,582	AA	Pre-X: 6
	75	\$2,601				\$3,199		\$2,028				\$1,873	Z	Months
	80	\$2,922				\$3,707		\$2,368				\$2,203	\$20	GI: None Sales***: I, A
Americo Financial Life & Annuity Ins. Co. 800-231-0801 www.americo.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,590				\$1,876		\$1,425				\$1,132	C	
	70	\$1,716				\$2,018		\$1,544				\$1,224	AA	Pre-X: None
	75	\$1,974				\$2,350		\$1,824				\$1,448	Z	
	80	\$2,161				\$2,655		\$2,077				\$1,662	\$0	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
Assured Life Association 1-877-223-3666 www.assuredlife.org (Smoker rates differ; Rates for females lower)	65	\$1,951	\$2,237	\$2,765	\$2,281	\$2,910		\$2,290				\$1,056	C	
	70	\$2,308	\$2,642	\$3,277	\$2,704	\$3,448		\$2,714				\$1,151	AA	Pre-X: None
	75	\$2,560	\$2,966	\$3,698	\$3,057	\$3,891		\$3,069				\$1,377	Z	
	80	\$2,720	\$3,200	\$4,017	\$3,328	\$4,226		\$3,341				\$1,573	\$25	GI: None Sales***: I, A
Avera Health Plans 1-605-789-2961 www.averahealthplans.com (Rates for females are lower)	65	\$1,376	\$1,797	\$2,073		\$2,088		\$1,867				\$1,665	C	
	70	\$1,586	\$2,072	\$2,389		\$2,407		\$2,152				\$1,919	AA	Pre-X: None
	75	\$1,927	\$2,518	\$2,904		\$2,926		\$2,616				\$2,332	S	
	80	\$2,278	\$2,975	\$3,431		\$3,457		\$3,091				\$2,756	\$0	GI: None Sales***: I, A
Bankers Fidelity Life Insurance Co. 1-866-458-7500 www.bfllic.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,563				\$2,068	\$596	\$1,561	\$991			\$1,254	C	
	70	\$2,110				\$2,775	\$834	\$2,197	\$1,407			\$1,698	AA	Pre-X: None
	75	\$2,428				\$3,232	\$985	\$2,647	\$1,695			\$2,011	Z	
	80	\$2,706				\$3,718	\$1,148	\$2,965	\$1,896			\$2,349	\$25	GI: None Sales***: I, A
Catholic United Financial 1-800-568-6670 www.catholicunitedfinancial.org (Fraternal org. members only; Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,147				\$1,530		\$1,158				\$969	C	
	70	\$1,268				\$1,690		\$1,280				\$1,070	AA	Pre-X: None
	75	\$1,517				\$2,023		\$1,532				\$1,281	Z	
	80	\$1,706				\$2,274		\$1,722				\$1,440	\$25	GI: None Sales***: I, A
CIGNA Health and Life Insurance Co. 1-866-459-4272 www.cigna.com/medicare/ (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,186				\$1,585	\$445	\$1,237				\$1,015	C	
	70	\$1,401				\$1,815	\$526	\$1,427				\$1,193	AA	Pre-X: 6
	75	\$1,633				\$2,115	\$613	\$1,668				\$1,388	Z	Months
	80	\$1,871				\$2,488	\$717	\$1,943				\$1,655	\$20	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
Colonial Penn Life Insurance Co. 1-800-800-2254 www.bankerslife.com/service-support/ (Smoker rates differ; Rates for females are lower)	65	\$2,293	\$2,097	\$1,674		\$2,675	\$432	\$1,984	\$726	\$1,657	\$1,898	\$1,259	C	
	70	\$3,118	\$2,838	\$2,267		\$3,602	\$582	\$2,721	\$978	\$2,198	\$2,625	\$1,815	AA	Pre-X: None
	75	\$3,797	\$3,433	\$2,695		\$4,371	\$706	\$3,358	\$1,226	\$2,679	\$3,257	\$2,331	S	
	80	\$4,421	\$4,003	\$3,127		\$5,214	\$842	\$4,056	\$1,497	\$3,205	\$3,899	\$2,898	\$0	GI: None Sales***: I, A
Combined Insurance Company of America 1-800-544-5531 www.combinedinsurance.com (Smoker rates differ; Rates for females are lower)	65	\$1,448				\$1,986						\$1,390	C	
	70	\$2,195				\$3,010						\$2,107	AA	Pre-X: None
	75	\$2,670				\$3,662						\$2,563	S	
	80	\$3,021				\$4,143						\$2,900	\$0	GI: None Sales***: I, A
EPIC Life Insurance Company (The) 1-800-332-1406 www.wpsic.com/iowa/ (Rates for females are lower)	65	\$1,422		\$1,778		\$1,834		\$1,660	\$958	\$1,218	\$1,626	\$1,451	C	
	70	\$1,781		\$2,226		\$2,298		\$2,079	\$1,200	\$1,525	\$2,037	\$1,817	AA	Pre-X: 6
	75	\$2,140		\$2,675		\$2,761		\$2,498	\$1,441	\$1,832	\$2,447	\$2,183	S	Months
	80	\$2,499		\$3,124		\$3,224		\$2,917	\$1,683	\$2,140	\$2,857	\$2,549	\$0	GI: None Sales***: I, M
Everence Association 1-800-348-7468 ext 2466 www.everence.com (Fraternal org. members only; Smoker rates differ; Rates for females are lower)	65	\$1,550		\$2,320		\$2,402		\$1,920		\$1,173		\$1,098		
	70	\$1,678		\$2,745		\$2,604		\$2,077		\$1,284		\$1,316	IA	Pre-X: None
	75	\$1,760		\$3,087		\$2,761		\$2,215		\$1,369		\$1,492	S	
	80	\$1,866		\$3,331		\$2,987		\$2,367		\$1,487		\$1,630	\$0	GI: None Sales***: I, A
Everest Reinsurance Company 1-844-301-0395 www.everestre.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,374		\$1,791	\$1,299	\$1,760		\$1,263				\$1,084	C	
	70	\$1,515		\$1,962	\$1,441	\$1,928		\$1,402				\$1,199	AA	Pre-X: None
	75	\$1,743		\$2,283	\$1,704	\$2,244		\$1,656				\$1,420	Z	
	80	\$1,948		\$2,633	\$1,981	\$2,588		\$1,926				\$1,622	\$25	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums											Notes *	Comments **	
	Age	A	B	C	D	F	F (HD)	G	K	L	M			N
Gerber Life Insurance Company 1-800-531-1411 (Smoker rates differ; Rates for females are lower)	65	\$2,238				\$3,268		\$2,703					C	
	70	\$2,647				\$3,873		\$3,204					AA	Pre-X: None
	75	\$2,935				\$4,370		\$3,624					Z	
	80	\$3,118				\$4,745		\$3,948					\$25	GI: None Sales***: I, A
Globe Life & Accident Ins. Co. 1-888-678-3403 www.globecaremedsupp.com	65	\$869	\$1,324	\$1,538		\$1,548	\$360	\$1,368				\$1,158	C	
	70	\$1,182	\$1,749	\$1,966		\$1,975	\$480	\$1,795				\$1,524	AA	Pre-X: 2
	75	\$1,256	\$1,936	\$2,265		\$2,277	\$594	\$2,097				\$1,801	S	Months
	80	\$1,271	\$1,973	\$2,414		\$2,430	\$623	\$2,250				\$1,960	\$0	GI: None Sales***: I, M
Government Personnel Mutual Life Insurance Company 1-877-844-1036 www.gpmlife.com (Smoker rates differ; Rates for females are lower)	65	\$1,606		\$2,177		\$2,229		\$1,818				\$1,384	C	
	70	\$1,759		\$2,395		\$2,452		\$2,001				\$1,525	AA	Pre-X: None
	75	\$1,970		\$2,728		\$2,794		\$2,283				\$1,746	Z	
	80	\$2,155		\$3,049		\$3,122		\$2,558				\$1,964	\$25	GI: None Sales***: I, A
Guarantee Trust Life Insurance Company 1-800-323-6907 www.gtlic.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,216				\$1,556		\$1,264				\$1,008	C	
	70	\$1,293				\$1,654		\$1,343				\$1,071	AA	Pre-X: None
	75	\$1,467				\$1,966		\$1,597				\$1,273	S	
	80	\$1,703				\$2,458		\$1,997				\$1,592	\$25	GI: None Sales***: I, A
Humana Healthy Living 1-888-310-8482 www.Humana.com (Smoker rates differ; HH discount; Rates for females are lower; Innovative benefits - call company for details)	65	\$1,566				\$2,301	\$802	\$1,069				\$1,575	C	
	70	\$1,877				\$2,771	\$947	\$1,272				\$1,889	AA	Pre-X: 3
	75	\$2,255				\$3,343	\$1,125	\$1,520				\$2,270	S	Months
	80	\$2,642				\$3,928	\$1,305	\$1,773				\$2,659	\$0	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums											Notes *	Comments **	
	Age	A	B	C	D	F	F (HD)	G	K	L	M			N
Humana Insurance Company 1-888-310-8482 www.Humana-medicare.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,422	\$1,703	\$2,265		\$2,311	\$546		\$918	\$1,304		\$1,385	C	
	70	\$1,731	\$2,084	\$2,756		\$2,812	\$665		\$1,116	\$1,587		\$1,685	AA	Pre-X: 3
	75	\$2,106	\$2,522	\$3,353		\$3,421	\$809		\$1,358	\$1,931		\$2,050	Z	Months
	80	\$2,488	\$2,979	\$3,963		\$4,043	\$956		\$1,605	\$2,282		\$2,422	\$0	GI: None Sales***: I, A
Individual Assurance Co. Life, Health & Accident 1-888-524-3629 www.iaclife.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,538				\$1,814		\$1,381				\$1,229	C	
	70	\$1,730				\$2,028		\$1,563				\$1,386	AA	Pre-X: None
	75	\$1,990				\$2,362		\$1,847				\$1,641	Z	
	80	\$2,219				\$2,717		\$2,141				\$1,917	\$25	GI: None Sales***: I, A
Liberty Bankers Life Insurance Co. 1-844-770-2400 www.libertybankerslife.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,453				\$1,808		\$1,427				\$1,216	C	
	70	\$1,509				\$1,871		\$1,483				\$1,262	AA	Pre-X: None
	75	\$1,733				\$2,176		\$1,751				\$1,494	Z	
	80	\$1,951				\$2,527		\$2,050				\$1,762	\$25	GI: None Sales***: I, A
Manhattan Life Insurance Co. (The) 1-800-877-7703 www.manhattanlife.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,457		\$1,806		\$1,824		\$1,344				\$1,206	C	
	70	\$1,639		\$2,018		\$2,038		\$1,522				\$1,361	AA	Pre-X: None
	75	\$1,886		\$2,350		\$2,373		\$1,799				\$1,612	Z	
	80	\$2,120		\$2,724		\$2,751		\$2,103				\$1,899	\$25	GI: None Sales***: I, A
Medico Corp Insurance Co. 1-866-481-2220 www.americanenterprise.com (Smoker rate differ; HH discount; Rates for females are lower)	65	\$1,347				\$1,836		\$1,237				\$1,086	C	
	70	\$1,439				\$1,960		\$1,321				\$1,165	AA	Pre-X: None
	75	\$1,748				\$2,382		\$1,605				\$1,433	Z	
	80	\$2,075				\$2,827		\$1,905				\$1,712	\$0	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
National Guardian Life Ins. Co. 1-877-888-1511 www.nglic.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,563				\$1,871		\$1,440				\$1,242	C	
	70	\$1,891				\$2,255		\$1,951				\$1,507	AA	Pre-X: None
	75	\$2,228				\$2,684		\$2,117				\$1,826	Z	
	80	\$2,558				\$3,177		\$2,528				\$2,195	\$25	GI: None Sales***: I, A
National Health Insurance Co. 1-866-916-8816 www.ngah-ngic.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,290				\$1,703	\$528	\$1,347				\$1,136	C	
	70	\$1,628				\$2,147	\$665	\$1,696				\$1,431	AA	Pre-X: None
	75	\$1,887				\$2,488	\$770	\$1,966				\$1,657	Z	
	80	\$2,186				\$2,885	\$893	\$2,279				\$1,922	\$25	GI: None Sales***: I, A
Omaha Insurance Company 1-800-667-2937 www.mutualofomaha.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,889				\$2,843	\$734	\$2,093				\$1,538	C	
	70	\$2,119				\$3,190	\$823	\$2,348				\$1,727	AA	Pre-X: None
	75	\$2,463				\$3,707	\$957	\$2,729				\$2,006	Z	
	80	\$2,859				\$4,303	\$1,111	\$3,168				\$2,329	\$0	GI: None Sales***: I, A
Order of United Commercial Travelers of America 1-800-848-0123 (Smoker rates differ; Rates for females are lower)	65	\$2,922	\$3,776	\$4,218	\$3,677	\$4,263		\$3,084				\$2,938	C	
	70	\$3,650	\$4,713	\$5,248	\$4,590	\$5,185		\$3,846				\$3,571	AA	Pre-X: None
	75	\$4,258	\$5,503	\$6,028	\$5,356	\$5,954		\$4,491				\$4,099	Z	
	80	\$4,687	\$6,061	\$6,519	\$5,899	\$6,441		\$4,944				\$4,434	\$0	GI: None Sales***: I, A
Oxford Life Insurance Company 800-308-2318 www.oxfordlife.com (Smoker rates differ; Rates for females are lower)	65	\$1,531				\$2,076		\$1,337				\$1,252	C	
	70	\$1,820				\$2,453		\$1,449				\$1,491	AA	Pre-X: None
	75	\$2,157				\$2,906		\$1,712				\$1,794	Z	
	80	\$2,359				\$3,362		\$1,978				\$2,111	\$15	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
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Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
Pan-American Life Insurance Co 1-855-777-0400 www.palig.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,442				\$1,820		\$1,361				\$1,143	C	
	70	\$1,548				\$1,946		\$1,468				\$1,230	AA	Pre-X: None
	75	\$1,792				\$2,276		\$1,744				\$1,465	Z	
	80	\$2,086				\$2,731		\$2,111				\$1,785	\$25	GI: None Sales***: I, A
Pekin Life Insurance Company 1-800-447-0122 www.pekininsurance.com (Smoker rates differ; Rates for females are lower)	65	\$2,160				\$2,029	\$916	\$1,202				\$1,016	AA	
	70	\$2,550				\$2,669	\$1,204	\$1,584				\$1,338	Z	Pre-X: 6 Months
	75	\$2,826				\$3,463	\$1,561	\$2,062				\$1,743	\$0	GI: None
	80	\$2,989				\$3,966	\$1,789	\$2,373				\$2,006	\$0	Sales***: I, A
Philadelphia American Life Insurance Company 1-800-552-7879 www.neweralife.com (Smoker rates differ; Rates for females are lower)	65	\$1,278		\$1,626		\$1,606	\$495	\$1,254				\$1,092	C	
	70	\$1,304		\$1,731		\$1,709	\$559	\$1,381				\$1,163	AA	Pre-X: 6 Months
	75	\$1,490		\$2,009		\$2,026	\$673	\$1,625				\$1,378	Z	
	80	\$1,672		\$2,359		\$2,379	\$820	\$1,870				\$1,618	\$20	GI: None Sales***: I, A
Physicians Mutual Insurance Co. 1-800-228-9100 www.physiciansmutual.com (Smoker rates differ; HH discount; Innovative benefits - call company for details)	65	\$1,714				\$2,782	\$546	\$2,057				\$1,677	C	
	70	\$1,966				\$3,248	\$684	\$2,400				\$2,035	AA	Pre-X: None
	75	\$2,124				\$3,884	\$856	\$2,869				\$2,490	Z	
	80	\$2,257				\$4,497	\$1,061	\$3,319				\$2,942	\$0	GI: None Sales***: I, A
Puritan Life Insurance Co of America 855-323-8914 www.puritanlife.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,416				\$1,794		\$1,347				\$1,145	C	
	70	\$1,787				\$2,248		\$1,711				\$1,403	AA	Pre-X: None
	75	\$2,032				\$2,582		\$1,998				\$1,660	Z	
	80	\$2,304				\$3,017		\$2,356				\$1,802	\$25	GI: None Sales***: I, A

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**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

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Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
Renaissance Life & Health Ins. Co. of America 1-844-202-4150 www.renaissancefamily.com/medsup (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,439				\$1,871		\$1,449				\$1,234	C	
	70	\$1,593				\$2,125		\$1,646				\$1,401	AA	Pre-X: None
	75	\$1,701				\$2,576		\$2,001				\$1,698	Z	
	80	\$1,910				\$2,927		\$2,288				\$1,929	\$25	GI: None Sales***: I, A
Reserve National Insurance Co. 1-800-654-9106 www.reservenational.com (Smoker rates differ; Rates for females are lower - Plan G)	65	\$1,630		\$2,292		\$2,472	\$392	\$2,146				\$1,196		
	70	\$2,224		\$3,130		\$3,376	\$536	\$2,931				\$1,633	AA	Pre-X: 6 Months
	75	\$2,616		\$3,682		\$3,970	\$631	\$3,446				\$1,922	Z	
	80	\$3,034		\$4,268		\$4,603	\$731	\$3,995				\$2,227	\$15	GI: None Sales***: I, A
Sanford Health Plan 1-888-605-9277 www.sanfordhealthplan.com (Smoker rates differ) (Only available in NW Iowa)	65	\$1,169		\$1,940	\$1,741	\$1,959	\$882	\$1,746				\$1,466	C	
	70	\$1,446		\$2,401	\$2,156	\$2,427	\$1,092	\$2,163				\$1,815	AA	Pre-X: None
	75	\$1,755		\$2,915	\$2,617	\$2,945	\$1,325	\$2,625				\$2,203	S	
	80	\$1,999		\$3,320	\$2,979	\$3,353	\$1,509	\$2,988				\$2,508	\$0	GI: None Sales***: I, A
Sentinel Security Life Insurance Co. 1-888-510-0668 www.sentinelife.org (Smoker rates differ; Rates for females are lower)	65	\$2,162	\$2,392	\$2,933	\$2,195	\$3,003		\$1,561				\$1,374	C	
	70	\$2,472	\$2,737	\$3,365	\$2,520	\$3,447		\$1,794				\$1,578	AA	Pre-X: None
	75	\$2,769	\$3,103	\$3,835	\$2,879	\$3,928		\$2,156				\$1,807	Z	
	80	\$3,028	\$3,447	\$4,289	\$3,230	\$4,391		\$2,465				\$2,032	\$25	GI: None Sales***: I, A
Shenandoah Life Insurance Co, 1-855-406-9085 www.shenlife.com/ (Smoker rates differ; HH discount Rates for females are lower)	65	\$1,141				\$1,569		\$1,157				\$976	C	
	70	\$1,261				\$1,734		\$1,276				\$1,079	AA	Pre-X: None
	75	\$1,509				\$2,075		\$1,528				\$1,292	Z	
	80	\$1,742				\$2,393		\$1,762				\$1,490	\$25	GI: None Sales***: I, A

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Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums												Notes *	Comments **
	Age	A	B	C	D	F	F (HD)	G	K	L	M	N		
State Farm Mutual Automobile Ins. Co. Contact local State Farm agent www.statefarm.com (Smoker rates differ; Rates for females are lower)	65	\$1,114		\$1,913	\$1,541	\$1,932		\$1,545				\$1,195	C	
	70	\$1,404		\$2,411	\$2,038	\$2,435		\$2,043				\$1,569	AA	Pre-X: None
	75	\$1,624		\$2,792	\$2,459	\$2,821		\$2,464				\$1,897	S	
	80	\$1,828		\$3,137	\$2,839	\$3,169		\$2,846				\$2,212	\$0	GI: None Sales***: I, A
Thrivent Financial for Lutherans 1-800-595-6589 www.thrivent.com (Must be eligible for membership; Smoker rates differ)	65	\$1,436	\$1,490	\$1,761	\$1,516	\$1,912	\$351	\$1,526		\$1,085	\$1,433		C	
	70	\$1,706	\$1,789	\$2,086	\$1,833	\$2,265	\$431	\$1,845		\$1,315	\$1,726		AA	Pre-X: None
	75	\$1,962	\$2,111	\$2,478	\$2,217	\$2,690	\$534	\$2,228		\$1,590	\$2,075		Z	
	80	\$2,093	\$2,342	\$2,904	\$2,631	\$3,152	\$649	\$2,648		\$1,891	\$2,435		\$0	GI: None Sales***: I, A
Transamerica Life Insurance Company 1-866-205-9120 www.TransamericaMedSupp.com (Smoker rates differ; Rates for females are lower)	65	\$1,104	\$1,457	\$1,724	\$1,594	\$1,734		\$1,593	\$794	\$1,179	\$1,451	\$1,365	C	
	70	\$1,411	\$1,863	\$2,205	\$2,038	\$2,217		\$2,037	\$1,015	\$1,507	\$1,856	\$1,745	IA	Pre-X: 6
	75	\$1,757	\$2,320	\$2,745	\$2,537	\$2,761		\$2,536	\$1,264	\$1,877	\$2,311	\$2,153	S	Months
	80	\$2,083	\$2,750	\$3,253	\$3,008	\$3,272		\$3,006	\$1,498	\$2,224	\$2,739	\$2,575	\$0	GI: None Sales***: I, M
Unified Life Insurance Company 800-237-4463 www.unifiedlife.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,308				\$1,656	\$508	\$1,295				\$1,089	C	
	70	\$1,472				\$1,852	\$592	\$1,467				\$1,228	AA	Pre-X: None
	75	\$1,693				\$2,159	\$700	\$1,733				\$1,455	Z	
	80	\$1,887				\$2,485	\$816	\$2,010				\$1,700	\$25	GI: None Sales***: I, A
Union Security Insurance Company 1-833-552-0827 (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,400				\$1,775		\$1,333				\$1,063	C	
	70	\$1,478				\$1,865		\$1,413				\$1,188	AA	Pre-X: None
	75	\$1,733				\$2,210		\$1,702				\$1,484	Z	
	80	\$2,020				\$2,654		\$2,063				\$1,757	\$25	GI: None Sales***: I, A

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Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums											Notes *	Comments **	
	Age	A	B	C	D	F	F (HD)	G	K	L	M			N
United American Insurance Co. 1-800-331-2512 www.unitedamerican.com (Smoker rates differ; Rates for females are lower)	65	\$1,351	\$2,262	\$2,495	\$2,312	\$2,486	\$382	\$2,325	\$1,098	\$1,543		\$1,802	C	
	70	\$1,658	\$2,843	\$3,159	\$2,981	\$3,142	\$509	\$2,993	\$1,463	\$2,056		\$2,334	AA	Pre-X: 2
	75	\$1,734	\$3,082	\$3,535	\$3,356	\$3,516	\$629	\$3,370	\$1,629	\$2,291		\$2,649	S	Months
	80	\$1,734	\$3,097	\$3,719	\$3,539	\$3,694	\$661	\$3,552	\$1,731	\$2,433		\$2,836	\$0	GI: None Sales***: I, A
United World Life Insurance Co. 1-800-667-2937 www.mutualofomaha.com (Smoker rates differ; HH discount; Rates for females are lower)	65	\$1,526				\$2,035	\$617	\$1,434				\$1,154	C	
	70	\$1,673				\$2,230	\$680	\$1,581				\$1,272	AA	Pre-X: None
	75	\$1,951				\$2,601	\$795	\$1,850				\$1,488	Z	
	80	\$2,282				\$3,043	\$920	\$2,140				\$1,722	\$0	GI: None Sales***: I, A
USAA Life Insurance Co. 1-800-531-8722 www.usaa.com (Smoker rates differ)	65	\$1,055				\$1,752						\$1,202	C	
	70	\$1,236				\$2,056						\$1,410	AA	Pre-X: None
	75	\$1,477				\$2,452						\$1,681	S	
	80	\$1,710				\$2,844						\$1,950	\$0	GI: None Sales***: I, M
Wellmark Blue Cross and Blue Shield of Iowa 1-800-336-0505 www.wellmark.com (Smoker rates differ; Rates for females are lower)	65	\$2,178			\$1,608	\$1,705	\$900	\$1,390				\$1,169	C	
	70	\$2,531			\$2,437	\$2,734	\$1,420	\$2,226				\$1,901	AA	Pre-X: None
	75	\$3,091			\$2,977	\$3,336	\$1,734	\$2,717				\$2,323	S	
	80	\$3,947			\$3,803	\$4,261	\$2,215	\$3,470				\$2,965	\$0	GI: A Sales***: I, A
Western Catholic Union 1-855-406-9083 www.wculife.org (Rates for females are lower; Smoker rates differ)	65	\$1,250				\$1,790		\$1,265				\$1,069	C	
	70	\$1,381				\$1,978		\$1,395				\$1,182	AA	Pre-X: None
	75	\$1,653				\$2,367		\$1,670				\$1,415	Z	
	80	\$1,867				\$2,674		\$1,886				\$1,598	\$25	GI: None Sales***: I, A

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

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Medicare Select

Medicare Select is a different type of Medicare supplement policy.

Medicare Select policies must be one of the ten standardized plans. This means Medicare Select policies **cannot** offer any benefits that are **not** in a standardized plan.

Medicare Select companies have the right to require that you use **specific** hospitals and doctors. Medicare Select plans currently available in Iowa only require you to use specific hospitals or surgery centers. You can use any physician; however, he or she must have admitting privileges to a participating hospital.

If you do not use the hospital or doctors required in the policy, **Medicare will still pay its portion.** However the

Medicare Select company is **not** required to pay your deductibles or copayments for services received at these facilities.

Because these limits control costs, a company's Medicare Select premiums will be lower than their regular standardized Medicare supplement premiums.

If you have a Medicare Select policy for at least 6 months and then cancel it, you can buy a regular Medicare supplement policy from the same company. The plan you buy must have **comparable or lesser** benefits. The company must sell you the new policy whatever your health status. Also, depending on **your health status**, you **may** be able to purchase a Medicare supplement policy with more benefits. You are covered from the first day under your new policy.

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums											Notes *	Comments **	
	Age	A	B	C	D	F	F (HD)	G	K	L	M			N
Avera Health Plans 1-605-789-2961 www.averahealthplans.com (Rates for females are lower)	65	\$1,069	\$1,194	\$1,245		\$1,330		\$1,189				\$1,060	C	
	70	\$1,360	\$1,518	\$1,583		\$1,691		\$1,512				\$1,348	AA	Pre-X: None
	75	\$1,758	\$1,963	\$2,048		\$2,187		\$1,956				\$1,743	S	
	80	\$2,134	\$2,383	\$2,485		\$2,655		\$2,373				\$2,116	\$0	GI: None Sales***: I,

ServiceArea: Dickenson, Emmet, Lyon, O'Brien, Osceola, Plymouth, Sioux and Woodbury counties

Participating Providers: Hospitalization for all plans- Dakota Dunes - Dunes Surgical Hosp.; Estherville - Avera Holy Family Health; Le Mars - Floyd Valley Hosp.; Rock Valley - Hegg Memorial Health Ctr.; Sibley - Osceola Community Hosp.; Sioux Center - Sioux Center Community Hosp.; Sioux City - Jones Eye Clinic Surgery Ctr., Mercy Medical Ctr., St. Luke's Regional Medical Ctr.; Sioux Falls - Avera Heart Hosp. Of SD, Avera McKenna Hosp., Jones Eye Clinic Surgery Ctr., Ophthalmology LTD Eye Surgery Ctr., USC Ambulatory Surgical

Sanford Health Plan 1-888-605-9277 www.sanfordhealthplan.com	65	\$1,016		\$1,687	\$1,514	\$1,704	\$767	\$1,518				\$1,274	C	
	70	\$1,257		\$2,088	\$1,875	\$2,111	\$950	\$1,881				\$1,578	AA	Pre-X: None
	75	\$1,527		\$2,535	\$2,276	\$2,561	\$1,152	\$2,282				\$1,915	S	
	80	\$1,739		\$2,887	\$2,590	\$2,916	\$1,312	\$2,598				\$2,180	\$0	GI: None Sales***: I,

ServiceArea: Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Sioux

Participating Providers: Participating Providers: Jones Eye Clinic, Sioux City; Orange City Area Health System, Orange City; Sanford Hospital , Rock Rapids; Sanford Sheldon Medical Center, Sheldon. You can use any physician; however he or she must have admitting privileges to the participating hospital for services to be covered when hospitalized.

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail

Medicare Supplements For People with Disabilities

Medicare supplement policies sold to persons who qualify for Medicare because of disability are listed on the following page. Most companies will ask medical questions when you apply. They may not issue policies to people with some types of health conditions.

In the “**Notes**” column, plans listed after the “**GI**” are guaranteed issue. That means a plan will be issued regardless of your health. However, you may have a waiting period for pre-existing conditions. (See “Pre-X: under the Comments column.”)

Some companies may offer Medicare supplement insurance to you if you have Medicare because of a disability **and currently have insurance with them**. Check with your present insurance company to see if they will provide you with a Medicare supplement policy.

If you are under age 65 and enrolled in Medicare because of a disability and you enrolled in a Medicare supplement policy, you can suspend your policy if you later become covered by an employer or union-based group health plan.

You can reinstate your Medicare supplement if you lose your employer coverage by making a request within 90 days of losing your employer coverage

ANOTHER OPTION for those with Medicare because of disability may be to apply for a Medicare Advantage plan. Medicare Advantage plans must accept anyone on Medicare who applies for coverage, except people with permanent kidney failure. To find out if Medicare Advantage plans are available in your area, call SHIP at 1-800-351-4664 (TTY 1-800-735-2942).

OPEN ENROLLMENT FOR THE DISABLED AT AGE 65: If you are going on Medicare because of a disability, you do not qualify for an open enrollment period. However, all Medicare beneficiaries are eligible for a six-month open enrollment period at age 65. If you were on Medicare because of a disability any time before age 65, you will get the six-month open enrollment period when you turn 65. See page 7 for an explanation of the open enrollment period.

Insurance Company	Standardized Medicare Supplement Plans Available - Annual Premiums											Notes *	Comments **	
	A	B	C	D	F	F (HD)	G	K	L	M	N			
United American Insurance Company 1-800-331-2512 www.unitedamerican.com	\$5,712	\$6,660				\$2,711							C IA S \$0	Pre-X: 6 Months GI: None Sales***: I,
Wellmark Blue Cross and Blue Shield of IA 1-800-336-0505 www.wellmark.com (Smoker rates differ; Rates for females are lower)	\$5,126			\$3,769	\$4,223	\$2,196	\$3,439					\$2,940	C AA S \$0	Pre-X: None GI: A Sales***: I,

*Notes: C=Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA=Premium Not Based on Age
S=Statewide Premium; Z=Premiums for Des Moines Zip Code Area; \$=One Time Policy Fee

**Comments: Pre-X=Pre-existing Condition(s) Waiting Period; GI=Guaranteed Issue Plans Available

***Sales: I=Policies sold on an individual basis; G=Policies sold on a group basis
A=Policies sold by an agent; M=Policies sold directly from the company through a website or mail



**can help you prevent, detect,
and report Medicare Fraud.**



PROTECT

Protect yourself against Medicare Fraud.

Treat your Medicare and Social Security numbers like your credit cards.

Never give these numbers to a stranger



DETECT

Detect possible fraud, errors, and abuse.

Review your Medicare statements for mistakes by
comparing them to your personal records



REPORT

Report suspected fraud, errors, and abuse.

If you think you have been a target of fraud, report it.

Contact the Iowa SMP at 800-351-4664 (TTY 1-800-735-2942)

SMP is a service of the Iowa Insurance Division and the U.S. Department of Health & Human Services – Administration for Community Living.



LOCAL HELP FOR PEOPLE WITH MEDICARE

The Senior Health Insurance Information Program (SHIIP) is part of the national network of state health insurance assistance programs. SHIIP is dedicated to providing information and assistance with questions about Medicare, Medicare Supplement insurance, long-term care insurance, claims and other related health insurance. Trained SHIIP volunteer counselors are available across the state to provide free, confidential, objective one-to-one assistance. To contact SHIIP:

Call 1-800-351-4664
(TTY 1-800-7352942)

E-mail: shiip@iid.iowa.gov

Website: www.therightcalliowa.gov



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