Iowa Medicare Supplement & Premium Comparison Guide

Premiums shown are effective October 1, 2026

SHIIP

IOWA'S MEDICARE RESOURCE

Phone: 1-800-351-4664 ■ TTY: 1-800-735-2942
Iowa Insurance Division ■ Des Moines, Iowa 50315
www.shiip.iowa.gov

Dear Fellow Iowan,

I want you to know that the Iowa Insurance Division and our Senior Health Insurance Information Program (SHIIP) are here to assist you as you consider your Medicare options. SHIIP is a free, confidential and unbiased source of information and assistance.

We hope that this Iowa Medicare Supplement & Premium Comparison Guide provides you with a solid foundation of information needed to make the Medicare Supplement choice that best meets your needs. The guide provides key information, including:

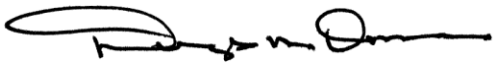
How Medicare Supplements (also called Medigap) work with Medicare:
- Overview of Medicare benefits and covered services (page 3)
- Overview of the 10 standard plans and basic benefits (page 4)
- Information regarding how supplements operate, including enrollment, preexisting conditions, and guaranteed issue rights (pages 5-12)

Critical considerations when purchasing a plan:
- Information on shopping for Medicare Supplement Insurance (pages 14-16)
- Questions to ask your insurance company or agent (page 21)

An overview of pricing:
- Premium charts (pages 22-31), provide a current estimate of rates for males ages 65, 70, 75, and 80. (Your exact rates may be impacted by additional factors.)

To be enrolled in a plan, or to get information about your exact rate, contact the company directly using the company phone number provided in the chart. Contact SHIIP/ SMP toll-free at 1-800-351-4664 for more info or visit our website www.shiip.iowa.gov. Certified SHIIP/ SMP volunteer counselors can help walk you through the info provided in this guide, and answer questions specific to your unique situation. The Iowa Insurance Division and SHIIP/ SMP are committed to being a trusted resource for you.

Sincerely,



Doug Ommen
Iowa Insurance Commissioner

TABLE OF CONTENTS

About SHIIP/ SMP Services 1
Medicare Basics 2
Medicare Benefits Chart 3
Ten Standard Medicare Supplement Plans 4
Supplementing Medicare 5-6
Your Rights to Coverage 6-8
- Open Enrollment 6
- Pre-Existing Conditions 7
- Guaranteed Issue Outside the Open Enrollment Period 8

Standard Plan Benefits 9-13
- Basic Benefits 9
- Part A Deductible 10
- Skilled Nursing Facility Copayment 10
- Part B Deductible 11
- Foreign Travel Emergency 11
- Part B Excess Charges 12
- Out-of-Pocket Annual Limit 12
- High Deductible Option 12

Medicare SELECT 13
Shopping for Medicare Supplement Insurance 14-16
- Price Comparison 14
- Service 14
- Availability 15
- Shopping Tips 15

Insurance Complaints 16
Alternatives to Medicare Supplement Insurance 17-18
- Employer Health Insurance 17
- Medicare Advantage 17
- Medicare Savings Program (QMB/SLMB) 18
- Medicaid 18
- Limited Benefit Policies 18

Iowa Medicare Supplement Premiums 19-38
- Introduction 19
- Guide to Premium Charts 19
- Questions the Consumer Should Ask the Insurance Company or Agent 21
- Medicare Supplements for Persons 65 years of Age and Older 22-29
- Medicare Supplements for People with Disabilities 30-31

Medicare Preventative Services 32-33
Preventing Medicare Fraud 34-35

Free, Confidential and Objective

Medicare Counseling Services for Iowans

Iowa Insurance Division's SHIIP-SMP volunteer counselors help Iowans understand the complexities of Medicare, save on health care costs, and prevent fraud.

Iowa has a resource specifically for people on Medicare, or those becoming eligible for Medicare — the Senior HealthInsurance Information Program (SHIIP) and the Senior Medicare Patrol (SMP). SHIIP-SMP is administered by the Iowa Insurance Division and is supported through state and federal funding. The service is completely free and confidential and counselors do not sell or promote any insurance companies, agents or products.

SHIIP-SMP counselors are ready to assist with personal, one-on-one support. A network of certified and trained volunteers work through local SHIIP-SMP sites in nearly every Iowa county. Meetings can take place however you are most comfortable — in-person, on the phone, or through video conferencing.

Whether you are turning 65 and preparing to enter the Medicare system or are older and navigating existing benefits, SHIIP-SMP can guide you toward solutions that nbest fit your needs, now, and in the future.

For an appointment visit shiip.iowa.gov today.



Did you know?

SHIIP-SMP counselors are trained in fraud control.

Through our Senior Medicare Patrol outreach, we work to educate Iowans on how to prevent, detect and report health care fraud, errors and abuse. Watch for Fraud Awareness presentations in your community, visit our website and follow us on Facebook to learn how you can protect against healthcare scams.

If you suspect you or a loved one may have been a victim of Medicare fraud, call us to report it at 1-800-351-4664. We can help you get the answers and support you need.

Help may be available if you cannot afford your Medicare premiums.

If you struggle to pay for your coverage, you may be eligible for financial support. Contact SHIIP-SMP at 1-800-351-4664 for more information. If you qualify, we can help you apply for assistance.

Free. Confidential. Objective.

www.shiip.iowa.gov

1-800-351-4664

SHIIP
IOWA'S MEDICARE RESOURCE

SHIIP-SMP is a service of the State of Iowa. It does not sell or promote any insurance companies, policies or agents.

SHIP State Health Insurance Assistance Program

SMP Senior Medicare Patrol Preventing Medicare Fraud

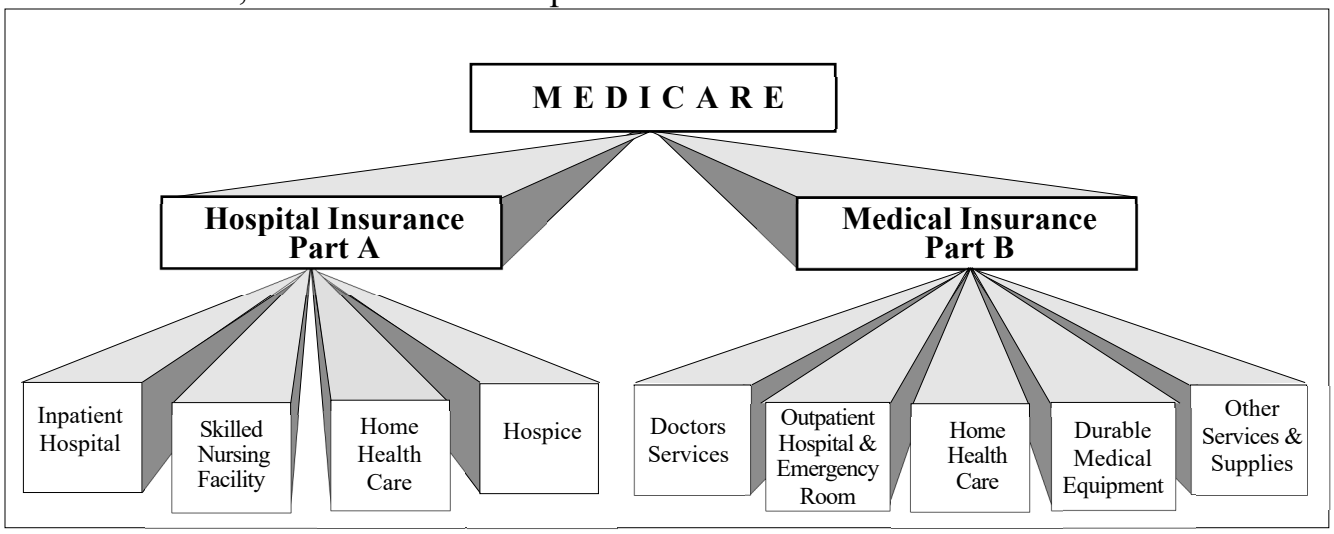
This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of financial assistance awards with $1,243,686 and 84 percent funded by ACL/ HHS and $235,969 and 16 percent funded by non-federal government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/ HHS, or the U.S. Government.

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

2026 Part B Monthly Premium if your 2024 Modified Adjusted Gross Income (MAGI) is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
$109,000 or less	$218,000 or less	$202.90 *
$109,001 - $137,000	$218,001 - $274,000	$284.10
$137,001 - $170,000	$274,001 - $342,000	$405.80
$171,001 - $205,000	$342,001 - $410,000	$527.50
$205,001 - $499,999	$410,001 - $749,999	$649.20
Greater than $500,000	Greater than $750,000	$689.90

*Your Part B premium will not increase more than the amount of your Social Security increase.

Approval of covered services for Medicare benefits is usually based on what is medically necessary. Under Part A, 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 2026

Part A Hospital Insurance - Covered Services

(Hospital deductibles and coinsurance amounts change each year.)

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 $1,736	$1,736 (Part A deductible)
	61st to 90th day	All but $434 per day	$434 per day
	91st to 150th day	All but $868 per day	$868 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 $217 per day	$217 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 Part B deductible met**	20% of approved (after Part B deductible) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after Part B deductible)	Coinsurance or co-payment amount which varies according to the service (after Part B 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 Doctor for use in home	80% of approved (after Part B deductible)	20% of approved (after Part B deductible) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

*Costs based on a benefit period.

**There is an annual deductible per year for all Part B services. In 2026, the deductible is $283.

Ten Standard Medicare Supplement Plans									Medicare Eligible before 2020	
Basic Benefits	**Plan A**	**Plan B**	**Plan D**	**Plan G**	**Plan K**	**Plan L**	**Plan M**	**Plan N**	**Plan C**	**Plan F***
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	50%	75%	X	X	X	X
Part B Coinsurance or Copay	X	X	X	X	50% **	75% **	X	X ****	X	X
Parts A & B Blood	X	X	X	X	50%	75%	X	X	X	X
Additional Benefits	**A**	**B**	**D**	**G**	**K**	**L**	**M**	**N**	**C**	**F**
Skilled Nursing Facility Coinsurance Day 21-100			X	X	50%	75%	X	X	X	X
Part A Deductible		X	X	X	50%	75%	50%	X	X	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					$8000 ***	$4000 ***				

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

* Plans F and G have high deductible plan options available. For 2026 the deductible is $2,950.

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

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

****Exceptions: Up to $20 co-pay for office visits, and up to $50 co-pay for emergency room visits-before the plan pays. The emergency room co-pay is waived if you are admitted to the hospital.

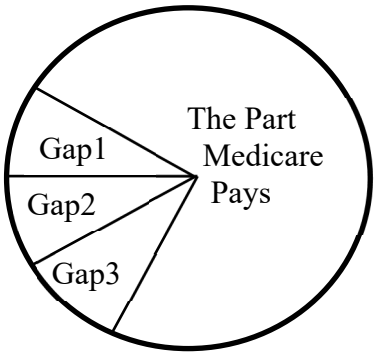
Supplementing Medicare

Gaps in Medicare

Gap 1: Deductibles & Coinsurance

Gap 2: Excess Charges

Gap 3: Noncovered items



Medicare supplement insurance is also called "Medigap" or "MedSupp." 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 assistance 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 for those eligible for Medicare before January 1, 2020.

Changes in Medicare Supplement Plans Starting in 2020

A change in Medicare Supplement law took place in 2020 affecting Medicare Supplement plans C, F and high deductible F. This new law change prohibited the sale of Medicare Supplement policies that cover the Part B deductible to Medicare beneficiaries "**newly eligible**" on or after January 1, 2020.

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 are 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 were eligible for Medicare prior to January 1, 2020 you may buy a Plan C, F or high deductible F and companies must continue offering Medicare Supplement plans C and/or 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 was 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 page 8, 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.

Guaranteed Issue Outside of the Open Enrollment Period

Guaranteed issue means an insurance company does not consider existing health conditions when issuing insurance coverage. An insurance company may offer a guaranteed 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 guaranteed 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

The chart on the next page outline events which trigger a guaranteed issue opportunity and the associated enrollment options.

<table>
<tr><th>Events Which Trigger A
Guaranteed Issue Opportunity</th><th>Enrollment Options
Available for 63 Days Only</th></tr>
<tr><td>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.</td><td rowspan="3">You must be allowed to enroll in any Medicare supplement plan listed below:
▪ Age 65, disabled or ESRD* Medicare before January 1, 2020:
o Plan A, B, C, F (including a high deductible Plan F), K or L from ANY company selling these plans in Iowa.
▪ Age 65, disabled or ESRD* Medicare on or after January 1, 2020:
o Plan A, B, D, G (including a high deductible Plan G), K or L from ANY company selling these plans in Iowa.
▪ If you are a Medicare beneficiary under age 65, you will be limited to buying only from companies selling to those under 65.</td></tr>
<tr><td>2. You are enrolled in a Medicare Advantage, Medicare Cost or Medicare Select Plan and you disenroll because:
▪ 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.</td></tr>
<tr><td>3. You are enrolled under a Medicare supplement policy, and it ends because:
▪ 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.</td></tr>
<tr><td>4. You are enrolled in a Medicare supplement policy
▪ And you stop the Medicare supplement and enroll in a Medicare Advantage, or Medicare Cost plan for the first time
Then you disenroll from the new plan in the first 12 months</td><td>You must be allowed to:
▪ Re-enroll in the Medicare supplement policy you were most recently enrolled in if it is available from the same insurance company,** or if not available,
▪ Age 65, disabled or ESRD* Medicare before January 1, 2020: Enroll in any Medicare supplement Plan A, B, C, F, K or L (including high deductible choices) sold in Iowa.
▪ Age 65, disabled or ESRD* Medicare on or after January 1, 2020: Enroll in any Medicare supplement Plan A, B, D, G, K or L (including high deductible choices) sold in Iowa.
If you are under age 65, you can buy only from companies selling to those under 65.</td></tr>
<tr><td>5. 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.</td><td>▪ Age 65 before January 1, 2020: You must be allowed to enroll in ANY Medicare supplement plan, A, B, C, D, F, G, K, L, M or N sold in Iowa.
Age 65 after January 1, 2020: You must be allowed to enroll in ANY Medicare supplement plan, A, B, D, G, K, L, M or N sold in Iowa (including high deductible choices.)</td></tr>
</table>

* 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 are two exceptions 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 chart on the previous page, 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 3 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 3 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 and G, 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 12).

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, M and N)

Medicare requires that you pay a **deductible** when hospitalized (see page 3 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 3 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 an annual deductible for Part B covered services, meaning Medicare-approved Part B charges are your responsibility until you reach that amount (see page 3).

Plans C and F cover the Part B deductible, but you may pay as much in extra premium as the value of the benefit. To save premium dollars, you may consider choosing a plan other than C or F and paying the Part B premium yourself.

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*	Plans F & G:
Medicare Approved	$100	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 $8,000 (Plan K) or $4,000 (Plan L) in 2026. Out-of-pocket expenses include Medicare Part A and Part B deductibles, co-payment and coinsurance amounts.

HIGH DEDUCTIBLE OPTION
(Plans F or G)

The benefit package is the same as in the no-deductible F or G. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount. The deductible is $2,950 for 2026 and will increase each year based on the Consumer Price Index.

Medicare SELECT

Please note: Medicare SELECT policies are not currently sold in Iowa.

Medicare supplement policies generally pay the same benefits regardless of 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. A person who has a SELECT policy has purchased one of the standard plans identified by letters A, B, C, D, F, G, K, L, M and N.

Restricted provider network. Those with Medicare SELECT 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. Those with Medicare SELECT 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 case of an emergency.

Designated service area. Medicare SELECT requires that you live in a designated service area to be eligible for enrollment.

Lower premiums. Medicare SELECT policies generally have lower premiums because services areas and providers are limited.

Replacing a Medicare SELECT policy. As Medicare SELECT policies are no longer being sold in Iowa, a person who moves out of the plan's Service Areas will have to purchase different coverage. 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. If that company is no longer selling SELECT polices then you will have a guaranteed issue right to purchase a supplement.

Shopping for Medicare Supplement Insurance

Assess 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 live with another adult 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 with 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/ SMP's fact sheet, "Understanding Insurance Company Financial Stability Ratings," links the SHIIP/ SMP website (www.shiip.iowa.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 polices?** 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 SHIIP/ SMP 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 www.iid.iowa.gov).
- **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 https://iid.iowa.gov/consumers/filing-complaints/how-do-i-consumer-complaints. 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 say you do not want further discussion or contact.
- An agent tells you your current company is unsound financially or not reputable

How to Submit a Complaint
Complaints can be submitted online to the Iowa Insurance Division at:
https://iid.iowa.gov/insurance-consumer-complaint

If you do not have internet access to submit a complaint, please contact the Insurance Division at 515-654-6600 to request a complaint form by mail. Completed forms should be mailed back to the Iowa Insurance Division, 1963 Bell Avenue, Suite 100, Des Moines, IA 50314.

Alternatives to Medicare Supplement 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 questions you need to ask.

EMPLOYER HEALTH INSURANCE

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). If they are primary, you may not need to sign up for Medicare Part A and B or buy a Medicare supplement. Contact Social Security with any questions regarding enrollment in Medicare Part A and 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 www.shiip.iowa.gov.

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

MEDICARE SAVINGS PROGRAMS

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 the Iowa Department of Health and Human Services (HHS) at 1-855-889-7985 or SHIIP/ SMP at 1-800-351-4664 for eligibility information.

MEDICAID

You may be eligible for Medicaid assistance if you have limited assets and low monthly income or 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 the Department of Health and Human Services (HHS) at 1-855-889-7985 or SHIIP/ SMP at 1-800-351-4664

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/ SMP 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 a SHIIP/ SMP 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 19-21) before you begin using the premium information to comparison shop for policies.

SHIIP/ SMP 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 and Plan G. The chart on page 4 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/SMP. Trained SHIIP/ SMP counselors are available across the state to help you. For the name and telephone number of the SHIIP/SMP location nearest you, call **1-800-351-4664 (TTY 1-800-735-2942).**

Guide to Premium Charts

Premiums shown are those **in effect October 1, 2026**. Not all companies make their rates changes effective in January; for current rates, check our guide on-line at www.shiip.iowa.gov.

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 "best" rates. If you are outside the open enrollment period (see page 6) and do not have a guaranteed issue period (see page 7), your premiums might be higher. 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 or Plan G. The benefits are the same as regular Plan F or regular Plan G. The difference is that you must pay the first $2,950 (in 2026), after Medicare's payment, before the policy will pay benefits. If the company offers high deductible Plan F or Plan G, the premiums are shown in the column labeled **F (HD) or G (HD).**

Automatic Claims Crossover Filing: If the letter **"C"** appears in the **"Comments"** 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 "**Comments**" 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.**

Area: When the letter "**S"** appears in the **"Comments"** 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 **"Comments"** 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 8 of this guide for details.

Innovative Benefits: Companies are allowed to provide coverage for certain services beyond the standard benefits. These are called innovative benefits and must be approved by the Iowa Insurance Division. These benefits become part of the policy and cannot be taken away.

Don't confuse innovative benefits with discount cards or other additional benefits that companies may offer that are not part of the policy and can be withdrawn at any time, such as health club memberships or discounts for hearing aids.

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

Premiums shown are effective October 1, 2026. For current premiums go to shiip.iowa.gov.

Standardized Medicare Supplement Plans Available - Annual Premiums

Insurance Company	Age	All Applicants A	B	D	G	G (HD)	K	L	M	N	Only those Medicare eligible before 2020 C	F	F (HD)	Comments*
AARP/UnitedHealthcare Insurance Co. 1-800-523-5800 aarpmedicaresupplement.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$1,558	$2,268		$2,368		$841	$1,783		$2,142	$2,824	$2,835		Pre-X: 3 Months GI: None C / NA $0 / Z
	70	$1,731	$2,518		$2,629		$935	$1,980		$2,379	$3,135	$3,147		
	75	$2,019	$2,934		$3,064		$1,092	$2,308		$2,773	$3,652	$3,667		
	80	$2,335	$3,393		$3,543		$1,265	$2,670		$3,206	$4,272	$4,239		
Aetna Health Ins. Co. 1-800-264-4000 Aetnaseniorproducts.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,144	$2,923		$2,765	$591				$1,968		$3,026		Pre-X: None GI: None C / AA $20 / S
	70	$2,277	$3,102		$2,934	$627				$2,199		$3,212		
	75	$2,674	$3,644		$3,448	$736				$2,599		$3,728		
	80	$3,153	$4,394		$4,061	$868				$3,054		$4,449		
American Benefit Life Ins. Co. 1-800-781-4300 americanbenefitlife,com (Smoker rtes differ; Rates for females are lower)	65	$2,528			$2,541					$1,807		$3,097		Pre-X: None GI: None C / AA $25 / S
	70	$2,600			$2,613					$1,973		$3,229		
	75	$3,167			$3,183					$2,468		$3,874		
	80	$3,854			$3,873					$3,081		$4,676		
Avera Health Plans 1-888-322-2115 averahealthplans.com (HH disc.; Rates for females are lower; available in limited counties. Innovative benefits-contact company for details)	65	$1,419			$1,894	$829								Pre-X: None GI: None C / AA $0 / S
	70	$1,602			$2,118	$929								
	75	$2,112			$2,764	$1,210								
	80	$2,439			$3,174	$1,390								

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Standardized Medicare Supplement Plans Available - Annual Premiums

Insurance Company	Age	All Applicants A	B	D	G	G (HD)	K	L	M	N	Only those Medicare eligible before 2020 C	F	F (HD)	Comments*
Bankers Fidelity Assurance 1-866-458-7504 (Smoker rates differ; HH disc.; Rate for females arel lower)	65	$2,924			$3,002	$513	$964			$1,938		$3,480		Pre-X: None GI: None C AA $25 Z
	70	$3,100			$3,123	$554	$1,081			$2,179		$3,735		
	75	$3,621			$3,633	$645	$1,272			$2,564		$4,315		
	80	$4,285			$4,302	$756	$1,494			$3,009		$5,161		
CompBenefits Ins. Co. (Humana Achieve) 1-888-602-7443 shop.humana.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,573			$2,419	$527				$1,720		$2,749		Pre-X: 3 Months GI: None C AA $0 S
	70	$2,687			$2,503	$574				$1,786		$2,855		
	75	$3,139			$2,998	$686				$2,203		$3,367		
	80	$3,663			$3,628	$792				$2,734		$4,033		
EPIC Life Ins.Co. (The) (WPS-A Health Solutions Co) 1-800-332-1406 wpsic.com/iowa (Rates for females are lower)	65	$2,069			$2,415				$2,365	$2,110	$2,586	$2,669		Pre-X: 6 Months GI: None C AA $0 S
	70	$2,591			$3,025				$2,963	$2,643	$3,239	$3,343		
	75	$3,113			$3,634				$3,559	$3,175	$3,892	$4,016		
	80	$3,636			$4,244				$4,156	$3,708	$4,545	$4,690		
Everence Association 1-800-348-7468 ext 2466 everence.com (Fraternal org. members only; Smoker rates differ; Rates for females are lower)	65	$2,603			$2,539			$1,530		$1,692		$3,737		Pre-X: None GI: None C IA $0 S
	70	$2,818			$2,747			$1,675		$2,028		$4,052		
	75	$2,956			$2,930			$1,786		$2,300		$4,297		
	80	$3,133			$3,131			$1,940		$2,513		$4,647		
Federal Life Ins. Co. 1-847-520-1900 federallife.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,138			$2,181					$1,610		$2,135		Pre-X: None GI: None C AA $0 S
	70	$2,362			$2,406					$1,745		$2,299		
	75	$2,827			$2,880					$2,115		$2,803		
	80	$3,261			$3,322					$2,440		$3,234		

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Standardized Medicare Supplement Plans Available - Annual Premiums

Insurance Company	Age	All Applicants A	B	D	G	G (HD)	K	L	M	N	Only those Medicare eligible before 2020 C	F	F (HD)	Comments*
GPM Health and Life Ins. Co. 1-877-844-1036 (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,139			$2,320					$1,642		$2,270		Pre-X: None GI: None C AA $25 Z
	70	$2,308			$2,504					$1,734		$2,392		
	75	$2,694			$4,760					$2,079		$2,754		
	80	$3,225			$3,499					$2,489		$3,298		
Guarantee Trust Life Ins. Co. 1-800-323-6907 gtlic.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$3,991			$3,767					$2,865		$5,110		Pre-X: None GI: None C AA $25 Z
	70	$4,346			$4,005					$3,045		$5,430		
	75	$4,817			$4,760					$3,619		$6,454		
	80	$5,590			$5,953					$4,527		$8,072		
HealthSpring Nat'l Health Ins. Co, 1-855-891-9368 cigna.com/medicare (Smoker rates differ; HH disc.; Rates for females are lower)	65	$1,829			$1,853					$1,404		$2,533		Pre-X: 6 Months GI: None C AA $0 Z
	70	$1,875			$1,899					$1,475		$2,583		
	75	$2,205			$2,234					$1,751		$2,939		
	80	$2,747			$2,784					$2,080		$3,524		
Heartland National Life Ins. Co. (1-866--916-7971 heartlandnational.net/medicare.php (Smoker rates differ; HH disc.; Rates for females are lower)	65	$3,840			$3,748					$2,237	$4,531			Pre-X: None GI: None C AA $25 Z
	70	$3,840			$3,748					$2,337	$4,531			
	75	$4,621			$4,557					$2,847	$5,422			
	80	$5,306			$5,440					$3,418	$6,409			
Humana Insurance Company 1-888-310-8482 Humana-medicare com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,152	$2,779		$3,584	$573	$1,389	$1,974		$2,647	$3,590	$3,779	$654	Pre-X: 3 Months GI: None C AA $0 Z
	70	$2,618	$3,382		$4,360	$700	$1,689	$2,401		$3,220	$4,368	$4,598	$795	
	75	$3,186	$4,114		$5,305	$852	$2,055	$2,921		$3,918	$5,315	$5,594	$968	
	80	$3,765	$4,862		$6,270	$1,007	$2,429	$3,452		$4,630	$6,281	$6,611	$1,144	

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Standardized Medicare Supplement Plans Available - Annual Premiums

Insurance Company	Age	All Applicants A	B	D	G	G (HD)	K	L	M	N	Only those Medicare eligible before 2020 C	F	F (HD)	Comments*
Ins.Co.of North America 1-800-601-3372 (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,003			$2,023	$663				$1,406		$2,601		Pre-X: None GI: None C AA $25 Z
	70	$2,027			$2,049	$673				$1,434		$2,679		
	75	$2,409			$2,433	$797				$1,700		$3,181		
	80	$2,930			$2,960	$971				$2,070		$3,868		
LifeShield National Ins. Co 1-800-851-5041 lifeshieldnational.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,148			$2,159					$1,613		$2,645		Pre-X: None GI: None C AA $25 Z
	70	$2,225			$2,236					$1,770		$2,758		
	75	$2,737			$2,751					$2,220		$3,309		
	80	$3,364			$3,381					$2,710		$4,022		
Medica Health Ins. Co. 1-877-704-7864 medica.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,959			$2,886					$2,009		$3,474		Pre-X: None GI: None C AA $0 Z
	70	$3,129			$3,066					$2,106		$3,658		
	75	$3,683			$3,697					$2,606		$4,344		
	80	$4,228			$4,398					$3,180		$5,176		
Medico Corp Life Ins. Co, 1-866-739-8143 Go/Medico.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,481			$2,486	$858				$1,762		$3,713	$1,114	Pre-X: None GI: None C AA $0 Z
	70	$2,505			$2,511	$866				$1,780		$3,750	$1,124	
	75	$2,672			$2,677	$924				$1,898		$3,999	$1,200	
	80	$3,158			$3,164	$1,092				$2,248		$4,726	$1,418	
MedMutual Life Ins. Co (MedMutual Protect) 1-800-654-9106 Select #1 then #4 medmutualprotect.com (Smoker rates differ;HH disc.; Rates for females are lower)	65	$2,164		$4,056	$1,883	$606				$1,351		$2,149		Pre-X: None GI: None C AA $15 Z
	70	$2,307		$4,324	$2,008	$646				$1,440		$2,291		
	75	$2,707		$5,074	$2,356	$758				$1,690		$2,689		
	80	$3,176		$5,954	$2,764	$889				$1,983		$3,155		

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Standardized Medicare Supplement Plans Available - Annual Premiums

Insurance Company	Age	All Applicants A	B	D	G	G (HD)	K	L	M	N	Only those Medicare eligible before 2020 C	F	F (HD)	Comments*
Nassau Life Ins. Co of Kansas 1-800-420-5382 nsre.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	$2,634			$2,354					$1,751		$2,758		Pre-X: 6 Months GI: None C AA $25 Z
	70	$2,770			$2,475					$1,875		$2,984		
	75	$3,377			$3,018					$2,295		$3,474		
	80	$3,955			$3,585					$2,747		$4,045		
Pekin Life Insurance Company 1-800-447-0122 pekininsurance.com (Smoker rates differ; Rates for females are lower)	65	$4,349			$2,579					$1,773		$3,526		Pre-X: 6 Months GI: None AA $0 Z
	70	$5,137			$3,398					$2,340		$4,638		
	75	$5,690			$4,423					$3,050		$6,017		
	80	$6,021			$5,090					$3,509		$6,892		
Physicians Select Ins. Co, (Physicians Mutual -PSIC) 1-800-325-6300 physiciansmutual.com (Smoker rates differ; HH Disc.; Rates for females are lower; Innovative benefits -call company for details	65	$2,364			$1,999	$967						$3,231		Pre-X: None GI: None C AA $0 Z
	70	$2,522			$2,133	$1,056						$3,445		
	75	$2,885			$2,440	$1,217						$3,943		
	80	$3,296			$2,788	$1,641						$4,505		
Plateau Insurance Co. (Lumos Ins. Co) 1-931-484-8411 lumosinsurance.com (Smoker rates differ;HH disc.; Rates for females are lower)	65	$2,132			$2,369	$828				$1,558		$2,890		Pre-X: None GI: None C AA $25 S
	70	$2,198			$2,441	$855				$1,684		$2,968		
	75	$2,547			$2,830	$890				$1,861		$3,396		
	80	$2,953			$3,280	$1,149				$2,158		$3,891		

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Standardized Medicare Supplement Plans Available - Annual Premiums														
Insurance Company		All Applicants									Only those Medicare eligible before 2020			
	Age	A	B	D	G	G (HD)	K	L	M	N	C	F	F (HD)	Comments*
State Farm Mutual Automobile Ins. Co. Contact local State Farm agent statefarm.com (Smoker rates differ; Rates for females are lower)	65	$1,684		$2,394	$2,400					$1,716	$3,184	$3,215		Pre-X: None
	70	$2,124		$3,166	$3,173					$2,251	$4,014	$4,055		GI: None
	75	$2,458		$3,820	$2,826					$2,707	$4,647	$4,696		C / AA
	80	$2,767		$4,408	$4,421					$3,176	$5,223	$5,277		$0 / S
Tier One Insurance Co. (Aflac) 1-855-207-2078 aflac.com/individuals (Smoker rates differ; HH disc; Rates for females are lower)	65	$2,617			$2,396				$1,599			$2,713		Pre-X: None
	70	$2,865			$2,516				$1,745			$2,907		GI: None
	75	$3,375			$3,097				$2,179			$3,482		C / AA
	80	$3,873			$3,868				$2,774			$4,311		$30 / Z
United American Insurance Co. 1-800-331-2512 unitedamerican.com (Smoker rates differ; Rates for females are lower)	65	$1,517	$3,206	$3,153	$3,225	$545	$1,164	$1,636		$2,973	$3,368	$3,982	$545	Pre-X: 2 Months
	70	$1,862	$4,030	$4,065	$4,149	$725	$1,551	$2,180		$3,850	$4,265	$5,031	$725	GI: None
	75	$1,948	$4,369	$4,573	$4,671	$895	$1,727	$2,429		$4,367	$4,772	$5,630	$895	C / AA
	80	$1,948	$4,388	$4,825	$4,925	$941	$1,835	$2,579		$4,678	$5,022	$5,917	$941	$0 / S
United of Omaha Life Insurance Co. 1-800-667-2937 mutualofomaha.com (Smoker rates differ;HH disc., Rates for females are lower)	65	$1,909			$2,727	$611			$1,730			$3,106		Pre-X: None
	70	$2,225			$3,179	$712			$2,166			$3,714		GI: None
	75	$2,552			$3,646	$814			$2,600			$4,445		C / AA
	80	$2,891			$4,131	$1,038			$3,030			$5,027		$0 / Z
USAA Life Insurance Co. 1-800-531-8722 usaa.com (Smoker rates differ)	65	$1,836			$2,262					$2,062		$2,628		Pre-X: None
	70	$2,150			$2,656					$2,428		$3,084		GI: None
	75	$2,570			$3,140					$2,895		$3,674		C / AA
	80	$2,874			$3,727					$3,358		$4,264		$0 / S

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Standardized Medicare Supplement Plans Available - Annual Premiums														
Insurance Company		All Applicants									Only those Medicare eligible before 2020			
	Age	A	B	D	G	G (HD)	K	L	M	N	C	F	F (HD)	Comments*
Washington National Insurance Co. 1-800-621-3764-2254 (Smoker rates differ; Rates for females are lower)	65	$2,296			$2,170	$515				$1,393		$2,556		Pre-X: None
	70	$2,965			$2,807	$624				$1,802		$3,097		GI: None
	75	$3,804			$3,597	$757				$2,309		$3,758		C / AA
	80	$4,762			$4,502	$903				$2,890		$4,483		$0 / S
Wellmark Blue Cross and Blue Shield of Iowa 1-800-336-0505 wellmark.com (Smoker rates differ; HH disc.-Plan G only; Rates for females are lower)	65	$4,100		$2,512	$2,712	$1,085				$1,906		$2,732	$1,442	Pre-X: None
	70	$4,764		$2,921	$3,155	$1,262				$2,215		$3,178	$1,674	GI: A
	75	$5,820		$3,568	$3,851	$1,541				$2,724		$3,880	$2,046	C / AA
	80	$7,430		$4,556	$4,918	$1,967				$3,455		$4,954	$2,614	$0 / S
Woodmen of the World Life Ins. Society (WoodmenLife) 1-800-225-3108 woodmenlife,org (Smoker rates differ; HH Disc.; Rates for females are lower)	65	$2,422			$2,434	$714				$1,731		$3,014		Pre-X: None
	70	$2,457			$2,469	$738				$1,770		$3,014		GI: None
	75	$2,949			$2,964	$883				$2,147		$3,561		C / AA
	80	$3,702			$3,720	$1,082				$2,654		$4,303		$25 / Z

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount - eligibility requirements vary by company.

Medicare Supplements for People with Disabilities

Medicare supplement policies sold to people 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 **"Comments"** 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: in 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, beginning January 1, 2021. Prior to that, people with permanent kidney failure were not eligible. To find out if Medicare Advantage plans are available in your area, call SHIIP/ SMP 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 6 for an explanation of the open enrollment period.

Standardized Medicare Supplement Plans Available - Annual Premiums													
Insurance Company	All Applicants									Only those Medicare eligible before 2020			
	A	B	D	G	G (HD)	K	L	M	N	C	F	F (HD)	Comments*
United American Insurance Company 1-800-331-2512 www.unitedamerican.com	$8,025	$7,905										$4,795	Pre-X: 6 Months GI: None C IA $0 S
Wellmark Blue Cross and Blue Shield of IA 1-800-336-0505 www.wellmark.com (Smoker rates differ; Rates for females are lower)	$9,650		$4,516	$4,874	$1,950				$3,426		$4,910	$2,592	Pre-X: None GI: A C AA $0 S

Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; 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; HH disc. = household discount. Eligibility requirements vary by company.

Are You Up-To-Date on Your Medicare Preventive Services?

Medicare pays for many preventive services to keep you healthy. Ask your doctor what services are right for you.

The services below are available once a year at no cost to everyone with Medicare Part B:

- Welcome to Medicare Exam *(available once in your first year with Part B)*
- Annual Wellness Visit
- Alcohol misuse screening & counseling
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Depression screenings
- Mammograms *(age 40+)*
- Pap and pelvic exams *(every two years)*
- Prostate cancer screening *(age 50+)*



Preventive services below are covered by Medicare if you meet certain requirements. Talk to your doctor to make sure you qualify for:

- Abdominal aortic aneurysm screenings
- Bone mass measurement
- Cancer screenings (colorectal, lung)
- Cervical cancer screening & HPV Test
- Diabetes screening and diabetes self-management training
- Glaucoma screening
- Hepatitis B & Hepatitis C screening
- HIV & STI screening
- Medical nutritional therapy
- Obesity behavioral therapy
- Tobacco use counseling

Preventive vs Diagnostic Care

You may be charged a copayment for diagnostic service. A preventive service may become a diagnostic service if your doctor finds a health issue, of if your doctor is following-up on an illness or injury you already have. *(For example, if you previously had breast cancer and later receive a mammogram, the mammogram would be a diagnostic service.)*

Vaccine Coverage

Vaccines covered by Medicare Part B include:

- COVID-19
- Hepatitis B
- Influenza
- Pneumonia

Vaccines covered by Medicare Part D:

- Shingles
- Tdap

Vaccines covered by Part D are often more easily accessed for no cost through a pharmacy vs a doctor's office. Ask your provider if they require a specific process.



*For more details about Medicare's coverage of preventive services, including your costs in Original Medicare, visit **Medicare.gov/publications** to read or print the booklet "Your Guide to Medicare Preventive Services."*

PREVENT. DETECT. REPORT.

Join the fight against Medicare fraud, errors and abuse

The U.S. General Accounting Office estimates that $1 of every $7 spent on Medicare is paid inappropriately due to fraud, errors and abuse. Medicare fraud can increase your premiums and result in denied future claims.

Law enforcement on every level—county, state and federal—are joining forces to stop the abusers, but they need your help. Armed with knowledge about Medicare fraud—how to PREVENT it, how to DETECT it, and how to REPORT it—you can join the fight.

Join forces with the Iowa Senior Medicare Patrol (SMP). Iowa SMP's mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report Medicare and health care fraud, errors, and abuse through outreach, counseling and education. The Iowa SMP is housed within the Iowa Insurance Division and provides support through our network of more than 350 SHIIP–SMP volunteers across the state.

Reporting Medicare Fraud

If you suspect fraud, errors or abuse, make an appointment with a SHIIP-SMP counselor at www.shiip.iowa.gov or contact Iowa SHIIP-SMP at 1-800-351-4664 (TTY 1-800-735-2942)

Tips to Detect Medicare Fraud

1. **Always review medical bills, Explanation of Benefits (EOBs) statements, and Medicare Summary Notices (MSNs). Be alert for unexpected or unexplained charges for medical services, prescription drugs, supplies, or equipment.**
2. **If you have Original Medicare, set up your account on Medicare.gov for 24/7 access to your claims history.**
3. **Keep a journal and save your receipts. Compare this information to your medical statements. Are the dates correct? Did you receive the services or supplies? Do you recognize the provider›s name?**

SHIIP
IOWA'S MEDICARE RESOURCE

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

Free. Confidential. Objective.

1-800-351-4664 shiip.iowa.gov

SHIIP-SMP is a service of the State of Iowa.
It does not sell or promote any insurance companies, policies or agents.

SHIP State Health Insurance Assistance Program Navigating Medicare
SMP Senior Medicare Patrol Preventing Medicare Fraud
This project was supported, in part by grant numbers 90SAPG0070 and 90MPPG0046, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201

Tips to Protect Against Medicare Fraud

1. Protect your Medicare Card just like your credit cards. Only give your number to people you know and trust, such as your healthcare provider.

2. Be suspicious of anyone offering you free medical equipment or services by requesting your Medicare number, especially over the phone, on T.V., in junk mail, online or in-person. If you need medical equipment or services, ask your doctor.

3. If individuals call and ask for your insurance or Medicare information, hang up. Beware if someone seems to know part of your Medicare number and ask you to give out the rest. Be suspicious if they say they represent Medicare. Remember: Medicare and other government agencies will never call you to ask you for your Medicare number.

Watch Out for These Common Scams In Iowa

COVID-19

Beware of scammers who offer COVID-19 test kits over the phone or other "free benefits" for Medicare beneficiaries. Scammers will ask you for your Medicare number from your "red, white, and blue card", and then file false claims for additional tests— they will not allow you to cancel the order.

Free Medical Equipment

Stay safe. Don't accept offers of free medical equipment—like those for wheelchairs, walkers, or brace. The equipment is not free; you may receive a bill if Medicare denies the claims. Or you could be denied for medically necessary equipment in the future. Don't give your health information to strangers. Trust your medical professionals to prescribe the equipment you need.

Guard Your Card

Your Medicare card is very valuable to scammers— it is as important as your Social Security number and as valuable as any credit card. In the wrong hands, your Medicare number can be used to bill for services and products that you may not even receive or may not be medically necessary. Never give out your Medicare number over the phone or to people who are not your health care providers. Do not believe callers telling you Medicare is issuing new cards. The card you receive when you sign up does not need to be replaced. Offers for new Medicare gold cards, chip cards, plastic cards—or other types—are all scams.

SHIIP
IOWA'S MEDICARE RESOURCE

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

1-800-351-4664 shiip.iowa.gov

SHIIP-SMP is a service of the State of Iowa.
It does not sell or promote any insurance companies, policies or agents.

SHIP State Health Insurance Assistance Program
SMP Senior Medicare Patrol
This project was supported, in part by grant numbers 90SAPG0070 and 90MPPG0046, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201