

# Guide to Medicare Supplement Insurance

## Medicare Options and Part D

### *This guide:*

- Describes when and how to apply for Medicare
- Describes the prescription drug benefit
- Explains options for health plans used with Medicare

**John Kasich**  
Governor

**Mary Taylor**  
Lt. Governor / Director

[www.insurance.ohio.gov](http://www.insurance.ohio.gov)



**ODI**  
Ohio Department  
of Insurance

## ***Message From Lieutenant Governor Mary Taylor:***

This Guide to Medicare Supplement Insurance, Medicare Options and Part D is provided by the Ohio Department of Insurance to give you clear, unbiased, educational information on your Medicare insurance options in Ohio.

It provides an overview of the Medicare program in general, and details the specifics of your Medicare Supplemental (MedSup) insurance choices. Information in this comprehensive guide includes Medicare basics, when and how to enroll in original Medicare, choosing a MedSup plan, how to use premium charts, and Medicare prescription drug coverage (Part D). This information is designed to guide you in your Medicare selection and help you compare your policy coverage and cost.

Choosing the right insurance plan is an important decision and the Ohio Department of Insurance is here to help. If you have questions after reading this guide, please call the Department's Ohio Senior Health Insurance Information Program (OSHIIIP) at 1-800-686-1578 or email us at [oshiipmail@insurance.ohio.gov](mailto:oshiipmail@insurance.ohio.gov).



Sincerely,

A handwritten signature in black ink that reads "Mary Taylor".

Mary Taylor  
Lt. Governor / Director

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### **Disclaimer notice:**

The information included in this publication is meant to serve as a guide and is not a substitute for legal or professional advice.

Please be certain to check with a professional if you have questions.

Updated May 2016. May change without notice.

### **Alerts**



We use the umbrella as a symbol for Medicare coverage and an **!** to highlight areas where coverage gaps can occur. While Medicare provides many benefits, most people probably need a separate health plan to fill the gaps in Medicare coverage.

## Ohio Senior Health Insurance Information Program — OSHIIP —

Since 1992, the Ohio Senior Health Insurance Information Program (OSHIIP) has provided people on Medicare with free and objective health insurance information and one-on-one insurance counseling. A program of the Ohio Department of Insurance, OSHIIP is funded by the state and a grant from the federal Administration for Community Living (ACL).

OSHIIP staff — along with approximately 800 trained volunteers who live in all parts of our state — educate consumers about Medicare, Medicare supplement insurance policies, Medicare Advantage plans, Medicare prescription drug plans, certain Medicaid issues, long-term care insurance and other health insurance matters.



**OSHIIP**  
Answers to your  
Medicare questions

**Please Note:** The Exchange created by the new health care law does not affect your Medicare coverage. **If you have Medicare, you should not enroll in an Exchange plan.**

### ***OSHIIP Counselors can help you:***

- Understand how various Medicare plans work
- Make sense of doctor and hospital bills
- Translate statements from Medicare and insurance companies
- Determine if you are getting the benefits you are entitled to, and what to do if you are not
- Better understand how to deal with Medicare and insurance in the future

### ***Want to be an OSHIIP Counselor:***

- New volunteers are always needed and welcome
- OSHIIP has sites in most Ohio counties — call us about training classes
- Contact us if you want OSHIIP in your area... you may know of an organization that could serve as a sponsor

***Toll-free: 1-800-686-1578 (7:30 a.m. - 5:00 p.m. Monday - Friday)***

***Fax: (614) 752-0740***

***Internet: [www.insurance.ohio.gov](http://www.insurance.ohio.gov)***

***Email: [oshiipmail@insurance.ohio.gov](mailto:oshiipmail@insurance.ohio.gov)***

*** Facebook: [facebook.com/oshiip](https://facebook.com/oshiip)***

# Helpful Numbers

## Helpful Phone Numbers and Websites

As you make your way through Medicare you may find it useful to keep handy this contact information for the various government agencies and other organizations that can assist people covered by Medicare.



Organization	Phone	Website
Ohio Senior Health Insurance Information Program (OSHIIP)	1-800-686-1578	<a href="http://www.insurance.ohio.gov">www.insurance.ohio.gov</a>
Ohio Department of Insurance Consumer Services	1-800-686-1526	<a href="http://www.insurance.ohio.gov">www.insurance.ohio.gov</a>
Medicare	1-800-MEDICARE (1-800-633-4227)	<a href="http://www.medicare.gov">www.medicare.gov</a>
Medicare Fraud Reporting Pro-Seniors (also legal services) Office of Inspector General	1-800-488-6070 1-800-HHS-TIPS (1-800-447-8477)	<a href="http://www.proseniors.org">www.proseniors.org</a> <a href="http://www.stopmedicarefraud.gov">www.stopmedicarefraud.gov</a>
Social Security Administration	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
Ohio Department of Aging	1-800-282-1206	<a href="http://www.aging.ohio.gov">www.aging.ohio.gov</a>
Ohio Department of Medicaid	1-800-324-8680	<a href="http://www.medicaid.ohio.gov">www.medicaid.ohio.gov</a>
Ohio Public Employee Retirement System (OPERS)	1-800-222-PERS (1-800-222-7377)	<a href="http://www.opers.org">www.opers.org</a>
Ohio School Employees Retirement System (SERS)	1-800-878-5853	<a href="http://www.ohsers.org">www.ohsers.org</a>
Ohio Department of Health (Skilled nursing complaints)	1-800-342-0553	<a href="http://www.odh.ohio.gov">www.odh.ohio.gov</a>
KEPRO	1-855-408-8557	<a href="http://www.keproqio.com">www.keproqio.com</a>
U.S. Dept. of Labor	1-866-487-2365	<a href="http://www.dol.gov">www.dol.gov</a>
Veterans Administration	1-877-222-8387	<a href="http://www.va.gov">www.va.gov</a>
TRICARE	1-877-874-2273	<a href="http://www.tricare.mil">www.tricare.mil</a>
National Council on Aging	1-202-479-1200	<a href="http://www.ncoa.org">www.ncoa.org</a>
Ohio Benefit Bank	1-800-648-1176	<a href="http://www.ohiobenefits.org">www.ohiobenefits.org</a>

# Medicare Basics



## Medicare Basics

Medicare is federal health insurance for people age 65 and older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Most people get their Medicare health coverage in one of two ways. Your costs vary depending on your plan, coverage and the services you use.

### Original Medicare

#### Part A (Hospital)

#### Part B (Medical)

Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits. Page 5 has examples of costs you could pay with Original Medicare only. 



#### Secondary

Medicare Supplement Insurance sold by private insurance companies to fill "gaps" in Original Medicare Coverage.

Others may have coverage through a retirement health plan or Medicaid. Costs vary by policy and company. See page 6.



#### Part D (Prescription Drug Coverage)

You can choose this coverage. Private companies approved by Medicare run these plans. Plans have different costs and cover different drugs. See page 6. 

OR

### Medicare Advantage Plans like HMOs and PPOs

#### Also Called "Part C"

A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans and more. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans include Part D, prescription drug benefit. You may get extra benefits. See page 6.

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#### Annual Open Enrollment Period

Medicare beneficiaries can change plans during the Annual Open Enrollment Period. This period starts every year on Oct. 15 and ends Dec. 7.

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# Medicare Basics

## Medicare Basics

For many years, Medicare had two major parts: Part A for hospital insurance and Part B for medical insurance. These parts are known as the Original Medicare Plan. In recent years, two additional parts were added to Medicare. Here are the four parts of the program:

**Part A (Hospital Insurance)** - Covers inpatient care in hospitals, skilled nursing facilities, some home health and hospice care. Part A does not cover long-term care.

**Part B (Medical Insurance)** - Covers doctors' services and outpatient care, other medical services that Part A doesn't cover (like physical and occupational therapists), and some home health.

**Part C (Medicare Advantage Plans)** - Private companies such as Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Private Fee-for-Service Plans provide both Part A and Part B benefits to eligible people who enroll. Many plans cover prescription drugs as well.

**Part D (Medicare Prescription Drug Coverage)** - Private companies contract with Medicare to provide this coverage. See pages 38-39 for a list of stand-alone plans.

## What You Pay in 2016 with Original Medicare Only

**Part A** → Hospital stay . . . . . \$1,288 deductible per benefit period  
\$322 daily copay for days 61-90  
\$644 daily copay for days 91-150 (lifetime reserve days)  
All charges beyond 150 days  
Skilled nursing . . . . . \$161.00 - daily copay for days 21-100

**Part B** → Doctor visit . . . . . \$166.00 annual deductible  
Generally, 20 percent for all medical services

**ALSO:** Part B monthly premium of **\$104.90\***

- \$121.80 (New enrollees in 2016 and those without SSA deduction)
- Premium may be income based
- Late enrollees may incur a 10% penalty for each year of delay

\* Premium may be higher based on income



# Medicare Basics

## Medicare Basics

### Basics of Medicare Supplement Insurance

Medicare supplement insurance (also called *MedSup* or *Medigap*) is private health insurance. You must have both Medicare Part A and Part B before you apply for this insurance.

MedSup helps pay amounts not covered by the Original Medicare Plan. Only you can decide which policy best meets your needs.

MedSup policies are “standardized” — the plans are identified by letters. Two plans with the same letter are identical, no matter which companies sell them. The only difference is the cost.

See page 25 for a chart describing the benefits of each of the standardized plans. Pages 28-37 show sample premiums from companies.

A MedSup policy covers one person. If you and your spouse both want MedSup coverage, you must buy two policies.

**MedSup policies do not cover:** long-term care (such as care in a nursing home), vision or dental care, eyeglasses, prescription drugs, private-duty nursing or hearing aids.

### Basics of Medicare Advantage (Part C)

Medicare Advantage plans provide an option to Original Medicare with MedSup insurance. Private companies offer these plans to work with Medicare. You must have both Part A and Part B to enroll.

In general, Advantage plans require you to live in a service area to qualify.

Normally, the plan pays its full share only if you use doctors, health care facilities and other providers that contract with the plan.

Companies that serve your county may offer several different Advantage plans in the county. Choose a plan based on your needs.

Many plans include Part D drug coverage. Plans that offer Part D benefits may have a gap in coverage when costs reach a certain amount.

If you choose an Advantage plan you remain in the Medicare program. You do not need a Medicare supplement policy.

### Basics of Prescription Drug Coverage (Part D)

If you have either Part A or Part B, you can buy coverage that helps pay prescription costs. Medicare-approved drug plans are offered by private insurance companies.

In general, there is a penalty if you delay enrolling in Part D when you are first eligible. But if you have equal or better coverage from another source – such as a retirement plan – you won’t be subject to the penalty.

MedSup insurance sold today does not include prescription coverage. If you buy a Medicare supplement policy, you may need to consider a “stand-alone” drug plan in addition.

If you choose a Medicare Advantage plan, coverage for prescription drugs may be included. Ask the plan for details.

**Coverage gap:** You may owe the full cost for prescriptions in the “donut hole.” Read more about this possible gap in coverage at the top of the next page.

# Medicare Basics

## Medicare Basics

### What is the “donut hole” in Part D?

You can enter a coverage gap called the donut hole. In 2016, copays are reduced for people while in the gap. For brand names, you'll pay 45 percent; for generic drugs, you'll receive a 42 percent discount. The 2016 gap starts when your prescriptions' total cost reaches \$3,310 and ends when the total cost reaches \$7,062. Then catastrophic coverage starts and you pay five percent of your drug costs until year end. People who qualify for the low income subsidy (includes those on Medicaid) will not have a donut hole. See pages 22-23.

### How do I avoid the donut hole?

Some Part D and Advantage plans may help cover some drugs. Such plans usually have higher premiums than plans that do not cover the gap. See

pages 38-39.

Other ways to avoid, delay or lessen the effect of the donut hole:

- Ask your doctor if a generic drug is available. Generics cost less than brand-name drugs. When you use generics, you lower your total prescription costs and delay the donut hole.
- If the drug is new, ask your doctor if a less expensive, older drug is appropriate for your condition.
- Ask your doctor for free samples.
- Buy your prescriptions in bulk.

Call OSHIIP at **1-800-686-1578** for help finding discount prescription cards.

## Shopping Tips

### MedSup / Medigap

- Plan benefits are shown on page 26. Other than price, each plan is identical from company to company.
- Pick the plan that best meets your medical needs and budget. Then shop companies for price and service.
- You have a 30-day “free look” period after the policy arrives during which you can decide to cancel the policy for a full refund.

### Medicare Advantage

- Many plans require you to use network providers. Ask your health care providers about plans in which they participate.
- Plans are available by service area only.

### Prescription drug plans

- Plans vary. Visit [www.medicare.gov](http://www.medicare.gov) or call OSHIIP (**1-800-686-1578**) for your report. See pages 38-39.

# Original Medicare

## When and How to Enroll in Original Medicare

Most people enroll before they turn 65. If you do not apply at age 65 there may be a penalty. You cannot enroll in a MedSup plan or a Medicare Advantage plan until you have first enrolled in Medicare Part A and Part B — Original Medicare.



### Remember these things about enrolling in Medicare:

- For most, it's not automatic.
- You must apply to receive it.
- If you apply late, you may pay a penalty.
- You apply at your local Social Security office.

### Seven-month enrollment period:

You have a total of seven months to enroll in Medicare without a financial penalty.

### When Medicare enrollment starts:

Your Medicare enrollment period starts **three months before** the month of your 65th birthday.

### When Medicare enrollment ends:

Your enrollment period ends **three months after** the month of your 65th birthday.

### When Medicare coverage starts:

If you apply **before** your birth month, your Medicare coverage should start on the first day of your birth month.

### Sooner beats later!

If you apply during your birth month or the next three months, coverage may be delayed for as long as six months.

### To apply for Medicare:



Contact your local Social Security Administration (SSA) office or call SSA's national number:

**1-800-772-1213.**

### If you miss your enrollment

If you don't enroll in Medicare during your initial seven-month enrollment period:

- You must wait to apply until the next General Enrollment Period (January through March each year)
- Once enrolled you won't be covered until the following July
- For each year you delay, you'll pay an extra 10 percent for the Part B premium

### Medicare may work differently...

- If you have retirement benefits from an employer (see pages 12-13) or,
- If you still work and have employer health coverage (see pages 16-17).

# Enrollment

## Medicare Enrollment Examples:

• If your 65th birthday is April 10 and you apply for Medicare in...

January • February • March



Medicare starts April 1

April • May • June • July

Medicare starts the first day of



May • July • Sept. • Oct.

• However, if you miss your enrollment period and apply...

After July



- You can't enroll until next January
- Your coverage starts the following July
- You'll pay a 10 percent penalty each year you wait

### Now you try

#### My Medicare enrollment dates:

I turn 65 \_\_\_\_\_  
(month, year)

My Medicare enrollment starts three months BEFORE my birth month.

That means I can enroll starting in \_\_\_\_\_  
(month, year)

My Medicare enrollment ends three months AFTER my birth month.

That means I must enroll by \_\_\_\_\_  
(month, year)

### What's your situation?

Find your Medicare situation below then turn to the pages shown to read helpful general information.

#### I am...

- Almost Age 65 and New to Medicare..... pages 10-11
- At Least 65 and in a Retirement Health Plan ..... pages 12-13
- School Employees Retirement System of Ohio (SERS) ..... pages 14
- Public Employees Retirement System of Ohio (PERS)..... pages 15
- At Least 65 and in an Employer Health Plan ..... pages 16-17
- At Least 65 with MedSup or an Advantage Plan & Want to Switch .... pages 18-19
- Under Age 65 and Covered by Medicare ..... page 20
- Any Age with ESRD (Permanent Kidney Failure)..... page 21
- At Least 65 with Limited Finances..... pages 22-23

# New to Medicare

## Almost Age 65 and New to Medicare

Before your 65th birthday, you must decide whether to enroll in Medicare Part B. Your Medicare enrollment period begins three months before the month you turn 65 and ends three months after your birthday month.

### How do I get started?

**Read pages 8-9 of this guide.**

Go online to [www.socialsecurity.gov](http://www.socialsecurity.gov) or call your local Social Security Administration (SSA) office to apply for Medicare. If you miss your seven-month enrollment window, you may have to wait more than a year before you are covered. To find an office near you:

- Visit [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Or call 1-800-772-1213

### My 65th birthday is at the end of the month. When am I eligible for Medicare?

Medicare starts on the first day of the month of your 65th birthday, no matter what day your birthday really is. So, if you apply the month before you turn 65, you are covered as of the first day of your birthday month.

However, if your birthday is the first day of the month, you “turn 65” a month early. (**Example:** your birthday is July 1, and if you apply in May, you’re covered as of June 1.)

### What happens if I miss my Medicare enrollment period?

You would have to wait to apply until the next General Enrollment Period (January - March each year). Your coverage will start the following July. Plus, you may pay a penalty for your Part B premium. See pages 8-9 for details.

If you and your spouse are ready to retire and will no longer have health coverage through a current employer, you must enroll in Part B during your seven-month enrollment period to avoid penalty.

### How will my retirement benefits work with Medicare?

If you have retirement benefits through an employer or union, see pages 12-13.

### I’m 65, still work and have coverage through my employer. What should I do?

If you still work (or your spouse does) and have group health coverage through a current employer, you can delay Part B without penalty. See pages 16-17.

When you enroll in Part B, you automatically begin your open enrollment period for coverage that supplements Medicare. These plans are sold by private companies and pay most of your Medicare deductibles and coinsurance.

### When should I buy a Medicare supplement insurance policy?

Your Medicare supplement open enrollment period is the best time to apply for and buy a MedSup policy (Medigap). This period lasts six months, starting the first day of the month in which you are age 65 and enrolled in Medicare Part B.

# New to Medicare

## Almost Age 65 and New to Medicare

### Why is this the best time?

During your initial enrollment period, an insurance company cannot deny you coverage because of your health, make you wait for coverage to start or charge you more for a policy because of health problems.

If you (or your spouse) still work at age 65, you may want to wait to enroll in Medicare Part B. MedSup open enrollment will begin when you enroll in Part B. See pages 16-17.

### What if I cannot afford to buy Medicare supplement insurance?

First, enroll in Medicare Part A and B through your local Social Security office. People on Medicare with limited incomes can apply for help to pay health care costs. Apply through your county's Department of Job and Family Services. See pages 22-23 of this guide for more information.

### What should I know about Part D prescription drug coverage?

All people with Medicare are eligible to enroll in Part D, which helps pay prescription costs. Your initial enrollment period lasts seven months and matches your Part B enrollment period (starts three months before and ends three months after your birthday month).

As with Part B, you can decide to opt out of Part D during your initial enrollment period. If you enroll at a later date you may owe a penalty on the premium.

People with retiree benefits (see pages 12-13) or an employer health plan (see pages 16-17) should ask about "creditable coverage" relating to Medicare Part D.

Part D is available in stand-alone plans (used with Original Medicare) or as part of a Medicare Advantage plan. Many plans are available. The Department's Ohio Senior Health Insurance Information Program (OSHIIP) can give you the information on available plans.

### What should I know about the donut hole?

If your prescriptions are expensive or many, you may enter a coverage gap known as the **donut hole**. See page 7 for more information.

Consider cost, convenience and coverage before choosing a prescription plan. Once you select a plan, you typically must stay with that plan for the calendar year. Penalties for late enrollment may apply.

People with limited incomes may get help paying for Part D coverage through the low income subsidy (LIS) program provided by the Social Security Administration. 

To get an LIS application, call OSHIIP at **1-800-686-1578**.

### Helpful Contacts

Medicare ..... 1-800-633-4227  
Social Security..... 1-800-772-1213  
OSHIIP ..... 1-800-686-1578

### Annual Open Enrollment Period

People on Medicare can change plans during the Annual Open Enrollment Period. This period starts every year on Oct. 15 and ends Dec. 7.

# Retirement Plan

## At Least 65 and in a Retirement Health Plan

If you have benefits from a retirement health plan offered by your employer (or your spouse's employer) the best way to decide what you should do about Medicare is to discuss your situation with the employer's Human Resources experts or the union office. How the retirement plan works and whether it's continued is the employer's decision.

### Must I enroll in Medicare even though I already get Social Security payments?

If you are already receiving Social Security income prior to age 65, you should receive your Medicare card from Social Security automatically.

### Will my former employer continue to cover my health care?

Retiree health benefits vary with every employer. Some plans offer no health benefits while others add to Medicare's coverage. To find out if your former employer (or your spouse's former employer) will continue to cover health care, contact the company's Human Resources department or the union office.

Here are some sample questions you might ask:

- Will health insurance be offered to me when I am eligible for Medicare?
- Should I enroll in Medicare? (Many plans require you to enroll in Medicare and the plan acts as a secondary payer.)
- How will the insurance coordinate with Medicare?
- What will be my out-of-pocket costs? Premium? Deductible? Copayment? Coverage limits? Maximum out-of-pocket?
- Are additional benefits available? What about vision, dental, prescription and preventive?

### What healthcare coverage will my former employer provide?

If your former employer offers any healthcare coverage after you retire, the coverage is unique to that employer. Here are some examples of how most retiree benefits work:

1. Employer healthcare pays secondary to original Medicare.
2. Employer sponsors a Medicare Advantage plan for retirees.
3. Employer uses a Connector Model. With a connector model, the employer contracts with one brokering agency or "Connector" that enrolls retirees into individual health and prescription drug plans. Employers may offer financial incentives to retirees or retiree reimbursement accounts to help with the cost of the individual plans. Retirees must enroll in the plans via the connector to receive any financial benefit.

# Retirement Plan

## At Least 65 and in a Retirement Health Plan

### What if my former employer does not continue to cover my health care?

If you are not eligible for group health coverage from a former employer, consider the options shown below.

- Option One: Enroll in Medicare with no additional insurance. See pages 4-5 to learn about your out-of-pocket expenses.
- Option Two: Enroll in Medicare and shop for a Medicare supplement policy (Medigap).
- Option Three: Enroll in a Medicare Advantage Plan.

### What about prescription drug coverage?

If your former employer's retirement plan includes prescription coverage that is at least as good as Medicare's Part D plans, you can keep the employer's coverage. This is known as "creditable" coverage.

Each year the employer must notify you in writing to tell you if your drug coverage is creditable. Having creditable coverage allows you to enroll in Part D without penalty at some later date, if necessary.

If your retirement plan offers health care without prescription drug coverage — or drug coverage that is not as good as Medicare Part D — you can choose a stand-alone drug plan. Consider all of your out-of-pocket costs, including the monthly premium, deductible, copays and the coverage gap known as the **donut hole** (see page 7 for details). See pages 38-39 for a list of stand-alone Part D plans.



### Helpful Contacts



Medicare..... 1-800-633-4227  
U.S. Dept. of Labor..... 1-866-487-2365  
OSHIIP ..... 1-800-686-1578

Questions? Call OSHIIP for answers: 1-800-686-1578.



## School Employees Retirement System of Ohio (SERS)



***The Mission of SERS is to provide our members, retirees, and beneficiaries with pension benefit programs and services that are soundly financed, prudently administered, and delivered with understanding and responsiveness.***

### Health Care Coverage Fast Facts

- The School Employees Retirement System (SERS) is a public pension system serving nonteaching public school employees.
- Health Care coverage is available to SERS retirees with at least 10 years of service credit.
- Medicare age retirees can select from several Medicare Advantage plans depending on where they live:
  - Aetna MedicareSM Plan (PPO)
  - AultCare PrimeTime HMO
  - Paramount Elite HMO
- Medicare Part D Prescription coverage is included in every plan.
- There are no deductibles.
- A 3-day inpatient stay is not required for admission to a skilled nursing facility.
- The plans have a \$3000 out-of-pocket maximum.
- Retirees enrolled in a SERS Medicare Advantage plan receive \$45.50 a month to help defray the cost of the Medicare Part B premium.

- Aetna and Paramount plans include Silver Sneakers®.
- SERS also offers coverage for retirees not yet eligible for Medicare.
- The retiree's service credit determines the premium.
- Premiums are subsidized for most retirees after they have at least 20 years of service.

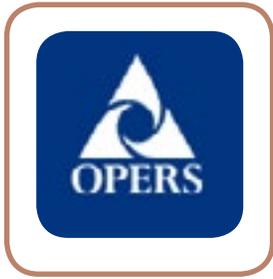
SERS Health Care Specialists are available to take your calls Monday through Friday from 8 AM to 4:30 PM.  
**Call 800-878-5853.**

### Helpful Contacts



Medicare .....	1-800-633-4227
SERS .....	1-800-878-5853
OSHIIP .....	1-800-686-1578

## Ohio Public Employees Retirement System of Ohio (OPERS)



**OPERS is the largest state pension fund in Ohio serving more than 1 million members, as well as being the 11th largest public retirement system in the state. OPERS is also the 15th largest retirement system in the U.S.**

OPERS, which recognized its 75th year in 2010, provides retirement, disability and survivor benefit programs for public employees throughout the state who are not covered by another state or local retirement system.

OPERS provides health care coverage for eligible benefit recipients who have 20 years of qualifying service credit and retire from either the Traditional Pension Plan or the Combined Plan. Although OPERS understands the importance of offering meaningful health care coverage, the board has the discretion to review, rescind, modify or change health care coverage at any time.

Participants not yet eligible for Medicare will be enrolled in the OPERS Retiree Health Plan administered by Medical Mutual.

In 2016, OPERS introduced a Medicare Connector for Medicare retirees enrolled in Medicare Parts A and B. As a result, effective Dec. 31, 2015, OPERS no longer sponsors a group Medicare Advantage plan or Medicare Part D prescription plan for these retirees.

Instead, retirees select a Medigap (Medicare Supplement), Medicare Part D prescription plan or Medicare Advantage plan

on the individual Medicare market that best suits their personal needs. Members **MUST** enroll through the Connector.

### Helpful Contacts



- OPERS ..... 1-800-222-7377
- Connector..... 1-844-287-9945
- OSHIIP ..... 1-800-686-1578



# Employer Plan

## At Least 65 and in an Employer Health Plan

If you still work or your spouse still works you might be covered by an employer health plan. Talk to the employer's Human Resources office and ask about the coverage. Find out how the plan works with Medicare to pay health costs.

### Am I entitled to Medicare even though I'm still working?

Yes. At age 65, you qualify for Medicare benefits. The Medicare Part A premium is free for most people who have worked and contributed to Social Security; others may purchase Part A coverage. If you have current employer group coverage, you can delay enrolling in Part B.

### Should I enroll in Medicare even if I'm still employed at 65?

Talk to a health benefits specialist in the employer's Human Resources office to decide.

#### In general:

If you're not covered by an employer's group health plan, it's a good idea to enroll. You will owe a monthly premium for Part B. Once you have Part B, consider buying a MedSup policy (Medigap) to help with the gaps in Medicare coverage. MedSup enrollment starts as soon as you have Part B; this enrollment period cannot be changed or restarted.

If you are covered by the employer's health plan, you have a choice. You can either enroll in Part B now or delay enrollment with no penalty.

Delaying Part B will save you money because you won't owe the monthly Part B premium. You can't buy a MedSup policy until you're enrolled in Part B.

When you decide to retire, you will have a special Part B enrollment period of eight months. Consider a MedSup policy once you're enrolled in Part B.

### Who pays first?

If you have health insurance through a current employer, your group health plan will usually pay first. In this case Medicare will pay second, and if you have a MedSup policy, it will pay last.

Always check with your employer's Human Resources office to find out how the health plan works with Medicare.



### Health Savings Accounts (HSAs) and Medicare

A health savings account (HSA) is an account that someone who has a high deductible health plan (HDHP) can contribute to on a tax-free basis. If you have an HSA and you will soon be eligible for Medicare, it is important to plan ahead and understand how enrolling in Medicare will affect your HSA.

If you enroll in Medicare Part A and/or Part B, you can no longer contribute to your HSA. By law, people with Medicare are not allowed to put money into an HSA. However, you may withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (deductibles, premiums, copays or coinsurances).

Whether you should delay enrollment in Medicare or Social Security income so you can continue contributing to your HSA depends on your circumstances. For more information, call 1-800-829-1040 or visit [www.irs.gov](http://www.irs.gov) to find contact information for your local Internal Revenue Service (IRS) office.

# Employer Plan

## At Least 65 and in an Employer Health Plan

### What if I lose my group health plan?

If your current employer decides to end group health insurance, you would want to enroll in Part B, if you haven't done so already. You have eight months after your coverage ends to enroll in Part B without a penalty.

If this is your first time enrolling and you are at least 65, you have six months to buy a MedSup Plan A, Plan B, Plan C, Plan F, Plan K or Plan L with no regard to your health status. If you are in good health, you can likely get any MedSup plan from any company.

### Do I need Part D for prescriptions?

If the employer plan doesn't have a prescription benefit, consider buying a Part D prescription drug plan. Many plans are available. The Department's Ohio Senior Health Insurance Information Program (OSHIIP) can help you find a plan to pay some of your costs.

OSHIIP can run a computer report to compare all the available prescription drug plans and their costs. Call us at **1-800-686-1578** to have a report done for you. Or run your own report at **www.medicare.gov**.

Prescription drug coverage may be included in your employer health plan. If so, your employer must let you know in writing by Oct. 15 each year if the plan's drug coverage is at least as good as the Medicare plans. If it is, you have "creditable" coverage and can delay enrolling in a Part D plan without penalty.

If your employer informs you the plan's prescription coverage is **not** as good as Medicare's Part D plans, consider buying a Part D plan.

Consider all of your out-of-pocket costs, including the monthly premium, deductible, copays and the coverage gap known as the **donut hole**. See page 7 for details on the donut hole; see pages 38-39 for a list of plans.



### Helpful Contacts



Medicare .....	1-800-633-4227
U.S. Dept. of Labor .....	1-866-487-2365
OSHIIP .....	1-800-686-1578

## ***At Least 65 with MedSup or an Advantage Plan and Want to Switch***

If Medicare has covered you for some time and you want to switch health plans, it's a good idea to follow Medicare's rules for switching. Consider all the factors that may affect your health care when you switch.

### **Can I switch from one MedSup plan to another?**

If you stay with the same company, you may be able to switch to a different plan. If you decide to switch to a new company, you may be asked health questions on the application. It is important to be honest and complete in your answers. The new company will decide whether to offer you coverage.

If you allowed your old MedSup policy to lapse, you may find it more difficult to find coverage. The company could make you wait before it covers a pre-existing condition.

Shop carefully to be sure the new plan meets your needs.

### **Can I switch from one Medicare Advantage plan to another?**

Yes. However, changing plans is limited to certain time frames, as follows.

- Annual Open Enrollment Period, Oct. 15 - Dec. 7. All people on Medicare can change plans during this time. Coverage under the new plan starts Jan. 1.
- Special Enrollment Periods. You may be allowed to change plans at different times during the year, depending on your situation. Call OSHIIP (1-800-686-1578) for details.

### **How can I be sure I won't have a gap in coverage when I switch plans?**

Keep your old plan in place until the new coverage starts. You might pay two premiums for a short time but you won't have a break in coverage and won't risk large out-of-pocket health care expenses.

### **How do I switch from a MedSup policy to a Medicare Advantage plan?**

You generally must wait until the annual enrollment period (Oct. 15 - Dec. 7). Contact the Advantage plan directly to enroll. Coverage will start Jan. 1.

Find out from the Advantage plan whether prescription drug coverage (Part D) is included. If it is, this benefit will take the place of any Medicare stand-alone drug plan you have.

Keep the MedSup policy and the old drug plan in place until your new coverage begins.

Cancel the old plans once your new coverage is in effect. Send the insurance company a written request to cancel your old coverage on a specific date. If you don't cancel, you could continue getting premium bills.



## Under Age 65 and Covered by Medicare

If you are under age 65 and covered by Medicare due to a disability, your choices may be limited. Once you're 65, you'll have full options.

### Do any companies sell Medicare supplement insurance to people who are under age 65?

Yes, there are companies that make Medicare supplement (MedSup) policies available to people in Ohio who are covered by Medicare due to a disability. The insurance is generally more expensive than MedSup coverage offered to people age 65 and over. However, for the purpose of publication in this guide, no company reported MedSup premiums for people with a disability.

Your options in Ohio for coverage to help you pay Medicare bills may include:

- One of the MedSup companies offering coverage to people age 65 and over may sell you a policy; check pages 28-29 for company phone numbers and websites
- If you purchased health insurance before you became disabled, the company that issued your policy may sell you MedSup coverage
- Join a Medicare Advantage plan serving your county (see "What other options do I have before turning age 65?" on this page)
- If you qualify, apply for Medicaid; it pays costs not covered by Medicare (see "What can I do if I can't afford any plan available to me?" on this page)

### Why don't more companies sell to those under age 65?

Ohio allows Medicare supplement (MedSup) companies to decide whether to include this group for coverage.

Premiums for these plans are normally more expensive than MedSup policies for people age 65 and older.

### When I reach age 65, will my choices for a MedSup policy increase?

Yes. You'll have a six-month open enrollment period during which you can choose any standard MedSup plan. Companies cannot reject your application or medically underwrite the policy when you reach age 65.

### What other options do I have before I turn 65?

Unless you have kidney failure (ESRD), you can enroll in any Medicare Advantage plan serving your county. Coverage must be provided, as long as you pay the plan premium.

### What can I do if I can't afford any plan available to me?

One option may be Medicaid. If you qualify, Medicaid pays costs not covered by Medicare. See pages 22-23 for general details. Contact your county Department of Job and Family Services to find out if you're eligible.

## Any Age with ESRD (Kidney Failure)

People with End-Stage Renal Disease (ESRD, or kidney failure) have very limited options for health coverage to fill Medicare's gaps.

### Can I get a Medicare supplement policy or a Medicare Advantage plan to cover my health costs not paid by Medicare?

Unless your situation qualifies you for a Guaranteed Issue Opportunity, you cannot get coverage.

Without some other type of assistance, you will be responsible for paying Medicare deductibles, coinsurance and other medical costs not paid by Medicare. These amounts can be quite large.

### How can I qualify for a Guaranteed Issue Opportunity?

You have a Guaranteed Issue Opportunity when:

- You have both Medicare Part A and Part B along with insurance that is secondary to Medicare — such as employer coverage through your spouse, **and**
- You are at least age 65 and your Medicare Initial Enrollment Period has ended, **and**
- You lose the secondary insurance.

Within 63 days after losing the secondary coverage, you can apply for MedSup Plan A, Plan B, Plan C, Plan F, Plan K or Plan L. Companies cannot reject your application or underwrite the policy if you apply within the time limit.

### What are my other options?

One option could be Medicaid. If you qualify, Medicaid pays costs not covered by Medicare. See pages 22-23 for general details. Contact your county Department of Job and Family Services to find out if you're eligible.

The National Kidney Foundation (1-800-622-9010) may also provide assistance.

### Are there any other alternatives?

The Ohio Benefit Bank connects people with limited and moderate incomes to public programs for people in need. Check your eligibility from multiple sources of assistance by contacting Ohio Benefits Bank.

Visit [www.ohiobenefits.org](http://www.ohiobenefits.org) or call 1-800-648-1176 for more information.

### Helpful Contacts



Medicare .....	1-800-633-4227
Ohio Medicaid.....	1-800-324-8680
Dept. of Aging.....	1-800-282-1206
Kidney Foundation...	1-800-622-9010
OSHIIP .....	1-800-686-1578



# Limited Finances

## Limited Finances

People with Medicare who have limited finances may get help paying medical costs through Medicaid. Apply through the Ohio Department of Medicaid to determine if you qualify.

### What is the difference between Medicare and Medicaid?

Medicare is federal health insurance for people age 65 or older, under 65 with certain disabilities and any age with End Stage Renal Disease (permanent kidney failure) requiring dialysis or kidney transplants.

Medicaid is a program that helps pay medical costs for people with limited incomes and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

### If I qualify for Medicaid, do I need Medicare supplement insurance?

No. Medicaid pays costs that the Medicare supplement (MedSup) policy would pay. With full Medicaid coverage, you will not have to pay Medicare's deductibles or copays. Medicaid covers these expenses and the cost of health services not covered by Medicare.

To qualify, you must meet the specific income and resource limits. Contact Ohio Medicaid or your local Jobs and Family Services.

### What if I don't meet the Medicaid requirements for eligibility even though my finances are limited?

You may be able to get help with your out-of-pocket medical costs if you qualify as a Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB) or Qualified Individual (QI).

*Qualified Medicare Beneficiary:* You do not need a MedSup if you're eligible for QMB because the program is like having a free MedSup policy. QMB pays:

- Your deductibles and coinsurance that are not paid by Medicare
- Your Medicare Part B premium

*Specified Low Income Medicare Beneficiary and Qualified Individual:* SLMB and QI offer fewer benefits than QMB because the income limits are higher.

Both programs pay:

- Your Medicare Part B premium
- Retroactive Part B premiums for each of the past three months

For more information about eligibility, call the Ohio Medicaid Hotline: **1-800-324-8680**.



# Rights & Protections

## Medicare Supplement Rights and Protections

Medicare supplement (MedSup) protections apply to those persons who face uncertain conditions as explained below. There may be times when more than one situation applies to you. When this happens, you can choose the MedSup protection that gives you the best choice of MedSup policies.

Guaranteed issue and open enrollment rights apply to both MedSup and Medicare SELECT policies. Regardless of your health, you have an open enrollment opportunity during the first six months you are both age 65 and enrolled in Medicare Part B. You also have guaranteed issue rights in the situations described below; these rights generally end 63 days after you lose coverage.

<b>SITUATION</b>	<b>Protects you if...</b>	<b>MedSup Plan Choices</b>
<b>Situation 1</b>	Your Medicare Advantage Plan or PACE program coverage ends because the plan is leaving the Medicare program.	A, B, C, F, K, L
<b>Situation 2</b>	Your coverage through your group health plan ends.	A, B, C, F, K, L
<b>Situation 3</b>	You have to end your health coverage because you move out of the plan's service area.	A, B, C, F, K, L
<b>Situation 4</b> (trial right)	You joined a Medicare Advantage Plan or PACE program when you were first eligible for Medicare at age 65. Within the first year of joining, you decided you want to leave.	A — N
<b>Situation 5</b> (trial right)	You dropped a MedSup policy to join a Medicare Advantage Plan, Medicare SELECT policy or PACE program for the first time and now you want to leave after less than a year in the plan.	A, B, C, F, K, L
<b>Situation 6</b>	You lose your MedSup coverage when your insurance company goes bankrupt or your MedSup coverage ends through no fault of your own.	A, B, C, F, K, L
<b>Situation 7</b>	You leave your plan because your Medicare Advantage Plan, Medicare SELECT policy, or MedSup company has misled you or hasn't followed the rules. For example, the marketing materials were not true or quality standards were not met.	A, B, C F, K, L

# Choosing MedSup

## Choosing a MedSup Plan

Use this page to help understand the benefits chart on page 26. Every company that sells MedSup must offer Plan A. All of the other standard plans must include Plan A's basic benefits.

### Plan A: bargain basic

Plan A is very basic. It has the fewest benefits and the lowest prices. While it won't patch all the holes, Plan A fills some of the biggest gaps in coverage by Medicare. Its benefits are described below.

### Hospitalization (Medicare Part A)

You pay the deductible (\$1,288 in 2016), then Plan A combines with Medicare to cover all Medicare-approved hospital charges for at least 515 continuous days in a hospital. And if you were in and out of the hospital you'd be covered for more than 515 days, because 90 of the Medicare days are "renewable."

### Medical bills (Medicare Part B)

You pay the annual deductible (\$166 in 2016), then you're covered for 100% of Medicare-approved medical expenses (Medicare pays 80%, Plan A pays 20%). Because of Ohio's law on balance billing, that's your full bill if you are treated by an Ohio practitioner.

### Blood (Medicare Part B)

You pay the annual Part B deductible (\$166 in 2016), then Plan A combines with Medicare to cover all blood expenses for the first three pints each year.

### Other plans add benefits

The **basic** benefits are identical in each of the standard MedSup policies. So when shopping, you can focus on the **extra** benefits that help fill the rest of the gaps in Medicare coverage, such as deductibles, copayments and medical expenses that Medicare does not cover.

### Standard MedSup plans combine these extra benefits in different ways

- **Part A deductible** (\$1,288 per benefit period in 2016)
- **Part B deductible** (\$166 per calendar year in 2016)
- **Skilled Nursing Care:** starts paying after Medicare has paid for your first 20 days in a skilled nursing facility. MedSup pays your coinsurance for the next 80 days (\$161.00 per day in 2016). It pays for those 80 days only.
- **Excess charges under Part B:** pays either 80 percent or 100 percent of the amount a doctor can legally add to a Medicare approved charge.
  - **Note:** Most Ohio residents do not need excess charges coverage because of the state's balance bill ban. Call OSHIIP for details: 1-800-686-1578.
- **Foreign travel emergency:** emergency care when traveling outside the U.S. You pay a \$250 deductible; coverage pays 80 percent up to \$50,000 lifetime limit within 60 days of your trip.

### Use the chart on page 26

The company's sales material must include a similar chart. Pick the plan that best meets your needs, then shop for price and service.

## Medicare Supplement Insurance (Medigap) Plans

Benefits	A	B	C	D	F*	G	K**	L**	M	N***
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part A deductible		100%	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part B deductible			100%		100%					
Medicare Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
<p>* Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,180 in 2016 before your policy pays anything.</p> <p>** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), the Medigap plan pays 100% of covered services for the rest of the calendar year.</p> <p>*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to \$50 copayment for emergency room visits that don't result in an inpatient admission.</p>							Out-of-pocket limit in 2016			
							\$4,960	\$2,480		

# Premium Charts

## Using the Premium Charts on Pages 28-35

This page helps you understand the insurance company and policy information contained in our premium charts. Each company reported the premiums for its policies to the Department of Insurance in February 2016. **Please note:** premiums can change at any time. Use these premium charts as a shopping tool, not as current information.

### Using the premium charts

Read the premium charts from left to right to find these details about the company and the policies it offers. Companies may offer various discounts, so be sure to ask if you qualify.

- **Company** — Due to space limitations words like Insurance, Company and Corporation are not used.
- **Phone** — The number to call for new sales.
- **Internet Address** — How to reach the company online.
- **Avg. % Change** – What is the 1-year average change in the company's premiums for the policies shown over the past 5 years? *Note:* N/A in this column means the company has sold Medicare policies in Ohio less than 5 years.
- **Pre-ex** — The number of months before the policy will pay for your pre-existing conditions, if pre-ex applies to you.
- **Plans A, B, C, etc.** — The monthly premium amount a new customer would pay for a policy. A separate version of Plan F with a \$2,180 deductible (2016) is noted with an \*.
  - **GI** = The policy is Guaranteed Issue; you cannot be turned down for coverage because of poor health.

**Your gender, zip code, age at the time of purchase, attained age, tobacco use, payment method and medical claims are some of the factors that can affect your premium amount for Medicare supplemental insurance.**

## MedSup Plan Monthly Premiums for Age 65

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	2.7%	\$83	\$120	\$149		\$150			\$54	\$89		\$104
Aetna Health & Life	1-800-264-4000	aetnaseniorproducts.com	0	-2.6%	\$110	\$122			\$138		\$126				\$99
American Republic Corp	1-888-755-3065	americanenterprise.com	0	3%	\$126				\$167	\$59		\$79	\$109		
American Retirement	1-866-459-4272	cigna.com	6	16.1%	\$110		\$139		\$140		\$114				\$95
Anthem BC / BS	1-855-306-9356	anthem.com	6	1%	\$94				\$138						\$101
Assured Life Association	1-877-223-3666	assuredlife.org	0	11.2%	\$140	\$152	\$208	\$161	\$209		\$154				\$98
AultCare PrimeChoices	1-877-863-1791	primetimehealthplan.com	0	2.7%	\$109				\$149	\$59	\$137			\$123	\$125
Bankers Fidelity Life	1-800-241-1439	bflic.com	0	4.54%	\$123				\$131	\$40	\$148	\$70			\$90
Central States Indemnity	1-866-644-3988	csi-omaha.com	0	N/A	\$98		\$133	\$107	\$133		\$108				\$91
Colonial Penn Life	1-800-800-2254	colonialpenn.com	0	5.83%	\$136	\$161			\$189	\$39	\$150	\$61	\$114	\$142	\$96
Combined	1-800-544-5531	combinedinsurance.com	0	-2.5%	\$110				\$127						\$104
Equitable Life & Casualty	1-877-358-4060	equilife.com	0	4.20%	\$114				\$161						\$107
Everence Association #	1-800-348-7468	everence.com	0	3.6%	\$118		\$176		\$201				\$103		\$96
Gerber Life	1-877-778-0839		0	11.70%	\$138		\$190	\$157	\$195		\$158				
Globe Life & Accident	1-800-801-6831	globecaremedsupp.com	2	1.54%	\$82	\$123	\$141		\$142	\$34					
Government Personnel Mutual	1-866-242-7573	gpmilife.com	0	6%	\$117		\$159	\$104	\$163		\$102				\$98
Humana	1-888-310-8482	humana-medicare.com	3	8.75%	\$133	\$140	\$161		\$164	\$52		\$75	\$107		\$99
KSKJ Life	1-800-321-0102	kskjlife.com	0	9.60%	\$111	\$135	\$161	\$126	\$168		\$124			\$99	\$95
Liberty National	1-800-331-2512	libertynational.com	2	0.40%	\$141	\$197			\$222	\$38					\$172
Manhattan Life	1-800-877-7703	familylifeins.com	0	4.5%	\$103	\$124	\$144	\$124	\$145		\$113			\$132	\$90

### Please note:

\*G\* Group policy; may not be available for individual purchase

#....Company is a fraternal benefit organization; policies are available only to those eligible for membership

^^....Innovative plan design, contact company for details

- See page 27 for details on using the premium charts
- Premiums were reported in January 2016 and may change at anytime
- Your gender, zip code, age at time of purchase, attained age, tobacco use, payment method and medical claims are some of the factors that can affect your Med Sup premium account

# MedSup Plan Monthly Premiums for Age 65

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
Medical Mutual	1-800-382-5729	medmutual.com	0	N/A	\$94		\$138		\$139	\$49					\$97
Omaha	1-800-667-2937	mutualofomaha.com	0	4.69%	\$94		\$135	\$109	\$148		\$103				
Paramount	1-888-891-0707	paramounthealthcare.com	0	3.61%	\$102		\$147		\$155						\$119
Pekin Life	1-800-322-0160	pekininsurance.com	6	N/A	\$150				\$194	\$69	\$162				
Philadelphia American Life	1-800-552-7879	neweralife.com	0	6%	\$102		\$151				\$111				\$103
Physicians Mutual	1-800-228-9100	physiciansmutual.com	0	N/A	\$138			\$130	\$103^^	\$38					\$119
Reserve National	1-800-654-9106	reservenational.com	6	8.23%	\$154		\$229		\$200	\$58	\$169				\$145
Shenandoah Life	1-855-406-9085	shenlife.com	0	0%	\$92		\$123	\$96	\$124		\$97				\$84
Standard Life & Accident	1-888-350-1488	slaico.com	0	4.30%	\$196	\$223	\$253	\$152	\$208	\$28	\$154				\$100
State Farm Mutual Auto	Call a local agent	statefarm.com	0	5.6%	\$95		\$143		\$145						
State Mutual	1-877-872-5500	statemutualinsurance.com	0	12.8%	\$89	\$104	\$125	\$101	\$129	\$51	\$102			\$97	\$90
Summa	1-888-464-8440	summacare.com	0	4%	\$111		\$154	\$148	\$163						
THP Insurance	1-877-847-7915	healthplan.org	0	0%	\$114		\$154		\$154	\$61					\$123
Thrivent Financial for Lutherans #	1-800-847-4836	thrivent.com	0	0%	\$110	\$123	\$146	\$129	\$146	\$44	\$130		\$90	\$118	
United American	1-800-331-2512	unitedamerican.com	2	2.35%	\$103	\$171	\$194	\$181	\$204	\$30	\$162	\$91	\$128		\$144
United Commercial Travelers #	1-800-848-0123	uct.org	0	0%	\$90	\$105	\$126	\$107	\$126		\$108				\$89
USAA Life	1-800-531-8722	usaa.com	0	11.4%	\$120				\$127						\$92

**Please note:**

\*G\* Group policy; may not be available for individual purchase

#....Company is a fraternal benefit organization; policies are available only to those eligible for membership

^^....Innovative plan design, contact company for details

- See page 27 for details on using the premium charts
- Premiums were reported in January 2016 and may change at anytime
- Your gender, zip code, age at time of purchase, attained age, tobacco use, payment method and medical claims are some of the factors that can affect your Med Sup premium account

## MedSup Plan Monthly Premiums for Age 70

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	2.7%	\$101	\$145	\$181		\$182			\$65	\$108		\$127
Aetna Health & Life	1-800-264-4000	aetnaseniorproducts.com	0	-2.6%	\$132	\$149			\$169		\$157				\$123
American Republic Corp	1-888-755-3065	americanenterprise.com	0	3%	\$141				\$188	\$66		\$89.00	\$122		
American Retirement	1-866-459-4272	cigna.com	6	16.1%	\$130		\$162		\$163		\$136				\$112
Anthem BC / BS	1-855-306-9356	anthem.com	6	0.4%	\$112				\$179						\$132
Assured Life Association	1-877 223-3666	assuredlife.org	0	11.2%	\$165	\$179	\$245	\$189	\$246		\$181				\$116
AultCare PrimeChoices	1-877-863-1791	primetimehealthplan.com	0	2.7%	\$127				\$189	\$75	\$173			\$156	\$158
Bankers Fidelity Life	1-800-241-1439	bflic.com	0	4.54%	\$137				\$146	\$46	\$173	\$83			\$101
Central States Indemnity	1-866-644-3988	csi-omaha.com	0	N/A	\$98		\$133	\$107	\$133		\$108				\$91
Colonial Penn Life	1-800-800-2254	colonialpenn.com	0	5.83%	\$166	\$196			\$229	\$47	\$185	\$75	\$136	\$175	\$124
Combined	1-800-544-5531	combinedinsurance.com	0	-2.50%	\$131				\$150						\$134
Equitable Life & Casualty	1-877-358-4060	equilife.com	0	4.20%	\$130				\$185						\$123
Everence Association #	1-800-348-7468	everence.com	0	3.6%	\$127		\$208		\$218				\$113		\$115
Gerber Life	1-877-778-0839		0	11.70%	\$164		\$225	\$186	\$231		\$187				
Globe Life & Accident	1-800-801-6831	globecaremedsupp.com	2	1.54%	\$108	\$154	\$173		\$174	\$41					
Government Personnel Mutual	1-866-242-7573	gpmllife.com	0	6.00%	\$128		\$175	\$114	\$179		\$112				\$108
Humana	1-888-310-8482	humana-medicare.com	3	8.75%	\$157	\$165	\$190		\$194	\$62		\$89	\$126		\$118
KSKJ Life	1-800-321-0102	kskjlife.com	0	9.60%	\$132	\$161	\$193	\$149	\$198		\$148			\$118	\$111
Liberty National	1-800-331-2512	libertynational.com	2	0.40%	\$156	\$225			\$260	\$47					\$204
Manhattan Life	1-800-877-7703	familylifeins.com	0	4.5%	\$113	\$136	\$159	\$137	\$159		\$124			\$145	\$99

### Please note:

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^^...Innovative plan design, contact company for details

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# MedSup Plan Monthly Premiums for Age 70

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
Medical Mutual	1-800-382-5729	medmutual.com	0	N/A	\$130		\$190		\$191	\$68					\$133
Omaha	1-800-667-2937	mutualofomaha.com	0	4.69%	\$106		\$153	\$123	\$168		\$117				
Paramount	1-888-891-0707	paramounthealthcare.com	0	3.61%	\$122		\$175		\$185						\$142
Pekin Life	1-800-322-0160	pekininsurance.com	6	N/A	\$177				\$230	\$90	\$193				
Philadelphia American Life	1-800-552-7879	neweralife.com	0	6%	\$104		\$170				\$125				\$116
Physicians Mutual	1-800-228-9100	physiciansmutual.com	0	N/A	\$159			\$158	\$121^^	\$49					\$145
Reserve National	1-800-654-9106	reservenational.com	6	8.23%	\$183		\$272		\$237	\$68	\$201				\$172
Shenandoah Life	1-855-406-9085	shenlife.com	0	0%	\$101		\$136	\$106	\$137		\$107				\$93
Standard Life & Accident	1-888-350-1488	slaico.com	0	4.30%	\$200	\$228	\$259	\$156	\$213	\$29	\$158				\$103
State Farm Mutual Auto	Call a local agent	statefarm.com	0	5.60%	\$120		\$180		\$182						
State Mutual	1-877-872-5500	statemutualinsurance.com	0	12.8%	\$101	\$118	\$143	\$116	\$145	\$57	\$116			\$111	\$102
Summa	1-888-464-8440	summacare.com	0	4%	\$135		\$199	\$191	\$209						
THP Insurance	1-877-847-7915	healthplan.org	0	0%	\$132		\$186		\$186	\$74					\$151
Thrivent Financial for Lutherans #	1-800-847-4836	thrivent.com	0	0.35%	\$131	\$148	\$172	\$157	\$173	\$54	\$158		\$109	\$143	
United American	1-800-331-2512	unitedamerican.com	2	2.35%	\$115	\$196	\$227	\$214	\$238	\$37	\$192	\$122	\$171		\$172
United Commercial Travelers #	1-800-848-0123	uct.org	0	0%	\$100	\$117	\$140	\$119	\$141		\$120				\$98
USAA Life	1-800-531-8722	usaa.com	0	11.4%	\$140				\$148						\$107

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## MedSup Plan Monthly Premiums for Age 75

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	2.70%	\$131	\$188	\$234		\$235			\$85	\$140		\$164
Aetna Health & Life	1-800-264-4000	aetnaseniorproducts.com	0	-2.60%	\$151	\$176			\$200		\$189				\$149
American Republic Corp	1-888-755-3065	americanenterprise.com	0	3%	\$168				\$223	\$78		\$105	\$145		
American Retirement	1-866-459-4272	cigna.com	6	16.1%	\$149		\$188		\$190		\$160				\$132
Anthem BC / BS	1-855-306-9356	anthem.com	6	0.3%	\$135				\$221						\$162
Assured Life Association	1-877-223-3666	assuredlife.org	0	11.2%	\$182	\$199	\$274	\$212	\$275		\$203				\$130
AultCare PrimeChoices	1-877-863-1791	primetimehealthplan.com	0	2.7%	\$152				\$228	\$90	\$209			\$188	\$190
Bankers Fidelity Life	1-800-241-1439	bflic.com	0	4.54%	\$154				\$170	\$55	\$207	\$99			\$120
Central States Indemnity	1-866-644-3988	csi-omaha.com	0	N/A	\$115		\$156	\$125	\$156		\$126				\$106
Colonial Penn Life	1-800-800-2254	colonialpenn.com	0	5.83%	\$201	\$237			\$278	\$56	\$227	\$93	\$166	\$217	\$159
Combined	1-800-544-5531	combinedinsurance.com	0	-2.50%	\$145				\$182						\$153
Equitable Life & Casualty	1-877-358-4060	equilife.com	0	4.20%	\$146				\$209						\$139
Everence Association #	1-800-348-7468	everence.com	0	3.6%	\$134		\$234		\$231				\$120		\$131
Gerber Life	1-877-778-0839		0	11.70%	\$181		\$254	\$210	\$260		\$211				
Globe Life & Accident	1-800-801-6831	globecaremedsupp.com	2	1.54%	\$115	\$177	\$204		\$205	\$51					
Government Personnel Mutual	1-866-242-7573	gpmllife.com	0	6%	\$144		\$199	\$130	\$204		\$128				\$123
Humana	1-888-310-8482	humana-medicare.com	3	8.75%	\$182	\$191	\$221		\$225	\$72		\$103	\$147		\$136
KSKJ Life	1-800-321-0102	kskjlife.com	0	9.60%	\$157	\$191	\$232	\$177	\$237		\$175			\$140	\$133
Liberty National	1-800-331-2512	libertynational.com	2	0.40%	\$164	\$246			\$293	\$62					\$235
Manhattan Life	1-800-877-7703	familylifeins.com	0	4.5%	\$135	\$162	\$190	\$164	\$190		\$149			\$174	\$119

### Please note:

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- Your gender, zip code, age at time of purchase, attained age, tobacco use, payment method and medical claims are some of the factors that can affect your Med Sup premium account

# MedSup Plan Monthly Premiums for Age 75

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
Medical Mutual	1-800-382-5729	medmutual.com	0	N/A	\$164		\$240		\$241	\$86					\$169
Omaha	1-800-667-2937	mutualofomaha.com	0	4.69%	\$127		\$183	\$147	\$201		\$140				
Paramount	1-888-891-0707	paramounthealthcare.com	0	3.61%	\$148		\$213		\$224						\$172
Pekin Life	1-800-322-0160	pekininsurance.com	6	N/A	\$195				\$259	\$117	\$217				
Philadelphia American Life	1-800-552-7879	neweralife.com	0	6%	\$125		\$204				\$150				\$139
Physicians Mutual	1-800-228-9100	physiciansmutual.com	0	N/A	\$172			\$194	\$145^^	\$62					\$178
Reserve National	1-800-654-9106	reservenational.com	6	8.23%	\$215		\$319		\$279	\$80	\$236				\$202
Shenandoah Life	1-855-406-9085	shenlife.com	0	0%	\$121		\$162	\$127	\$164		\$128				\$112
Standard Life & Accident	1-888-350-1488	slaico.com	0	4.30%	\$215	\$244	\$278	\$167	\$229	\$31	\$169				\$110
State Farm Mutual Auto	Call a local agent	statefarm.com	0	5.6%	\$139		\$209		\$211						
State Mutual	1-877-872-5500	statemutualinsurance.com	0	12.8%	\$119	\$139	\$170	\$136	\$172	\$68	\$137			\$131	\$121
Summa	1-888-464-8440	summacare.com	0	4%	\$156		\$246	\$236	\$260						
THP Insurance	1-877-847-7915	healthplan.org	0	0%	\$147		\$221		\$221	\$87					\$182
Thrivent Financial for Lutherans #	1-800-847-4836	thrivent.com	0	1.18%	\$150	\$174	\$205	\$189	\$206	\$66	\$190		\$131	\$171	
United American	1-800-331-2512	unitedamerican.com	2	2.35%	\$121	\$213	\$256	\$243	\$268	\$45	\$218	\$136	\$191		\$197
United Commercial Travelers #	1-800-848-0123	uct.org	0	0%	\$118	\$138	\$167	\$140	\$168		\$141				\$117
USAA Life	1-800-531-8722	usaa.com	0	11.4%	\$167				\$177						\$128

**Please note:**

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- See page 27 for details on using the premium charts
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- Your gender, zip code, age at time of purchase, attained age, tobacco use, payment method and medical claims are some of the factors that can affect your Med Sup premium account

## MedSup Plan Monthly Premiums for Age 80

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	2.7%	\$131	\$188	\$234		\$235			\$85	\$140		\$164
Aetna Health & Life	1-800-264-4000	aetnaseniorproducts.com	0	-2.6%	\$165	\$196			\$225		\$218				\$174
American Republic Corp	1-888-755-3065	americanenterprise.com	0	3%	\$189				\$251	\$88		\$119	\$163		
American Retirement	1-866-459-4272	cigna.com	6	16.1%	\$167		\$218		\$221		\$187				\$156
Anthem BC / BS	1-855-306-9356	anthem.com	6	-0.2%	\$155				\$254						\$193
Assured Life Association	1-877-223-3666	assuredlife.org	0	11.2%	\$193	\$215	\$296	\$230	\$297		\$221				\$141
AultCare PrimeChoices	1-877-863-1791	primetimehealthplan.com	0	2.7%	\$157				\$257	\$102	\$236			\$212	\$215
Bankers Fidelity Life	1-800-241-1439	bflic.com	0	4.54%	\$166				\$196	\$64	\$232	\$113			\$140
Central States Indemnity	1-866-644-3988	csi-omaha.com	0	N/A	\$133		\$180	\$145	\$181		\$146				\$123
Colonial Penn Life	1-800-800-2254	colonialpenn.com	0	5.83%	\$235	\$277			\$331	\$67	\$274	\$115	\$199	\$259	\$197
Combined	1-800-544-5531	combinedinsurance.com	0	-2.5%	\$153				\$206						\$167
Equitable Life & Casualty	1-877-358-4060	equilife.com	0	4.20%	\$157				\$226						\$150
Everence Association #	1-800-348-7468	everence.com	0	3.6%	\$142		\$253		\$250				\$130		\$143
Gerber Life	1-877-778-0839		0	11.70%	\$193		\$275	\$228	\$282		\$229				
Globe Life & Accident	1-800-801-6831	globecaremedsupp.com	2	1.54%	\$116	\$178	\$218		\$220	\$62					
Government Personnel Mutual	1-866-242-7573	gpmllife.com	0	6%	\$157		\$223	\$146	\$228		\$144				\$138
Humana	1-888-310-8482	humana-medicare.com	3	8.75%	\$207	\$218	\$251		\$256	\$82		\$117	\$167		\$155
KSKJ Life	1-800-321-0102	kskjlife.com	0	9.60%	\$179	\$217	\$263	\$202	\$267		\$199			\$159	\$151
Liberty National	1-800-331-2512	libertynational.com	2	0.40%	\$166	\$253			\$329	\$82					\$268
Manhattan Life	1-800-877-7703	familylifeins.com	0	4.5%	\$155	\$187	\$218	\$188	\$219		\$171			\$200	\$137

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# MedSup Plan Monthly Premiums for Age 80

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F *	G	K	L	M	N
Medical Mutual	1-800-382-5729	medmutual.com	0	N/A	\$191		\$280		\$281	\$100					\$197
Omaha	1-800-667-2937	mutualofomaha.com	0	4.69%	\$148		\$213	\$171	\$234		\$163				
Paramount	1-888-891-0707	paramounthealthcare.com	0	3.61%	\$168		\$242		\$255						\$196
Pekin Life	1-800-322-0160	pekininsurance.com	6	N/A	\$207				\$280	\$134	\$236				
Philadelphia American Life	1-800-552-7879	neweralife.com	0	6%	\$152		\$248				\$182				\$169
Physicians Mutual	1-800-228-9100	physiciansmutual.com	0	N/A	\$183			\$230	\$168^^	\$77					\$211
Reserve National	1-800-654-9106	reservenational.com	6	8.23%	\$249		\$370		\$323	\$93	\$274				\$234
Shenandoah Life	1-855-406-9085	shenlife.com	0	0%	\$139		\$185	\$145	\$187		\$146				\$128
Standard Life & Accident	1-888-350-1488	slaico.com	0	4.30%	\$255	\$290	\$330	\$199	\$271	\$37	\$200				\$131
State Farm Mutual Auto	Call a local agent	statefarm.com	0	5.6%	\$156		\$235		\$237						
State Mutual	1-877-872-5500	statemutualinsurance.com	0	12.8%	\$133	\$156	\$191	\$152	\$192	\$75	\$153			\$147	\$134
Summa	1-888-464-8440	summacare.com	0	4%	\$167		\$292	\$280	\$308						
THP Insurance	1-877-847-7915	healthplan.org	0	0%	\$155		\$254		\$254	\$101					\$214
Thrivent Financial for Lutherans #	1-800-847-4836	thrivent.com	0	2.29%	\$160	\$194	\$240	\$225	\$241	\$81	\$226		\$156	\$201	
United American	1-800-331-2512	unitedamerican.com	2	2.35%	\$122	\$219	\$286	\$273	\$300	\$55	\$245	\$146	\$205		\$224
United Commercial Travelers #	1-800-848-0123	uct.org	0	0%	\$135	\$157	\$191	\$160	\$192		\$161				\$134
USAA Life	1-800-531-8722	usaa.com	0	11.4%	\$195				\$205						\$149

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# Medicare Select Plan Monthly Premiums

Medicare Select is a special type of MedSup policy which may require you to use network doctors and facilities. Call the company for details. Standard plan benefits apply. See pages 25-27.

MedSelect / age 65

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	3.3%			\$127		\$127						
Anthem BC / BS	1-855-306-9356	anthem.com	6	-0.4%					\$114						\$80
Assured Life Association	1-877 223-3666	assuredlife.org	0	12.38%		\$126	\$173	\$133	\$173						
Gerber Life	1-877-778-0839		0	11.90%			\$158	\$131	\$162		\$131				
Omaha	1-800-667-2937	mutualofomaha.com	0	0%			\$131	\$110	\$132		\$111				
Paramount	1-888-891-0707	paramounthealthcare.com	0	8.99%			\$162								\$135
Summa	1-888-464-8440	summacare.com	0	4%			\$137	\$130	\$145						

MedSelect / age 70

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	3.3%			\$154		\$155						
Anthem BC / BS	1-855-306-9356	anthem.com	6	-0.9%					\$149						\$104
Assured Life Association	1-877 223-3666	assuredlife.org	0	12.38%		\$148	\$203	\$157	\$204						
Gerber Life	1-877-778-0839		0	11.90%			\$187	\$155	\$192		\$155				
Omaha	1-800-667-2937	mutualofomaha.com	0	0%			\$149	\$124	\$150		\$126				
Paramount	1-888-891-0707	paramounthealthcare.com	0	8.99%			\$193								\$161
Summa	1-888-464-8440	summacare.com	0	4%			\$177	\$167	\$186						

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- See page 27 for details on using the premium charts
- Premiums were reported in January 2016 and may change at anytime
- Your gender, zip code, age at time of purchase, attained age, tobacco use, payment method and medical claims are some of the factors that can affect your Med Sup premium account

# Medicare Select Plan Monthly Premiums

MedSelect / age 75

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	3.3%			\$200		\$200						
Anthem BC / BS	1-855-306-9356	anthem.com	6	2.1%					\$183						\$128
Assured Life Association	1-877-223-3666	assuredlife.org	0	12.38%		\$166	\$227	\$176	\$228						
Gerber Life	1-877-778-0839		0	11.90%			\$211	\$175	\$216		\$175				
Omaha	1-800-667-2937	mutualofomaha.com	0	0%			\$178	\$149	\$179		\$150				
Paramount	1-888-891-0707	paramounthealthcare.com	0	8.99%			\$234								\$196
Summa	1-888-464-8440	summacare.com	0	4%			\$219	\$207	\$231						

MedSelect / age 80

Company	Phone	Internet Address	Pre-Ex	Avg. % Change	A	B	C	D	F	F*	G	K	L	M	N
AARP / United Healthcare *G*	1-800-523-5800	aarphealthcare.com	3	3.3%			\$200		\$200						
Anthem BC / BS	1-855-306-9356	anthem.com	6	2.6%					\$211						\$152
Assured Life Association	1-877-223-3666	assuredlife.org	0	12.38%		\$178	\$245	\$191	\$246						
Gerber Life	1-877-778-0839		0	11.90%			\$228	\$190	\$234		\$190				
Omaha	1-800-667-2937	mutualofomaha.com	0	0%			\$208	\$173	\$208		\$175				
Paramount	1-888-891-0707	paramounthealthcare.com	0	8.99%			\$266								\$223
Summa	1-888-464-8440	summacare.com	0	4%			\$260	\$246	\$274						

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# Medicare Part D

## Medicare Part D Stand-Alone Prescription Drug Plans for 2016

People who get their health benefits from a Medicare supplement policy or a Medicare Advantage plan with no drug coverage may enroll in a stand-alone prescription drug plan. New customers can call the phone numbers shown; if you need to contact a plan you're already in, check your membership card for a customer service phone number.

Company Name Company Phone	Part D Plan Names Offered by the Company	\$0 Prem. w/LIS?	Monthly Premium	Annual Deduct.	Type of Coverage in the Gap
Advantage 1-855-647-0075	Plus Meridian		\$105.80	\$360	No
Aetna 1-855-338-7030	Medicare Rx Saver	•	\$25.10	\$360	No
Anthem BC / BS 1-800-261-8667	Blue MedicareRx Standard		\$41.20	\$360	No
	Blue MedicareRx Plus		\$80.00	\$0	Yes
	Blue MedicareRx Premier		\$128.00	\$0	Yes
CIGNA 1-800-735-1459	HealthSpring Rx Secure-Extra		\$42.30	\$250	No
	HealthSpring Rx Secure		\$48.90	\$360	No
Envision 1-866-250-2005	RxPlus Silver		\$32.40	\$360	No
Express Scripts 1-866-477-5704	Medicare Value		\$40.70	\$360	No
	Medicare Choice		\$64.90	\$360	No
First Health 1-855-389-9688	Part D Value Plus		\$33.90	\$240	Yes
	Part D Premier Plus		\$79.10	\$0	Yes

# Medicare Part D

Company Name Company Phone	Part D Plan Names Offered by the Company	\$0 Prem. w/LIS?	Monthly Premium	Annual Deduct.	Type of Coverage in the Gap
Humana  1-800-706-0872	Walmart Rx Plan		\$18.40	\$360	No
	Preferred Rx Plan	•	\$27.40	\$360	No
	Enhanced		\$70.50	\$0	Yes
SilverScript  1-866-552-6106	Choice	•	\$19.60	\$0	No
	Plus		\$78.90	\$0	Yes
Symphonix  1-855-355-2280	Symphonix Value Rx	•	\$27.50	\$360	No
	Symphonix Prime Saver		\$39.70	\$200	No
Stonebridge  1-877-527-1958	Transamerica Classic		\$125.90	\$360	No
UnitedHealthcare  1-888-867-5564	AARP MedicareRx Saver Plus		\$39.10	\$360	No
	AARP MedicareRx Preferred		\$57.60	\$0	No
WellCare  1-888-293-5151	Classic	•	\$29.70	\$320	No
	Extra		\$60.60	\$0	No

**Please note: [www.medicare.gov](http://www.medicare.gov) is the source for this information.**

# Comparison Worksheet

## Medicare Advantage Plan Comparison Worksheet

Use this worksheet to help compare available Medicare Advantage plans. **1)** Go to [www.medicare.gov](http://www.medicare.gov) or call OSHIIP (1-800-686-1578) to identify the plans serving your county. **2)** Call the plans for benefit information. Find out if your preferred doctors and hospitals are in the plan's network and circle yes or no on the worksheet. Ask the plan about your financial responsibilities. Write these out-of-pocket costs on the worksheet. **3)** Choose which plan (if any) is right for you.

	Plan 1	Plan 2	Plan 3
<b>Plan name</b>	_____	_____	_____
<b>Phone</b>	_____	_____	_____
<b>My doctors and hospitals are in the plan's network</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Monthly Premium</b>	_____	_____	_____
<b>Copays</b>			
Hospital	_____	_____	_____
Emergency	_____	_____	_____
Urgent care	_____	_____	_____
Office visit			
Primary care	_____	_____	_____
Specialist	_____	_____	_____
Physical exam	_____	_____	_____
Preventive care	_____	_____	_____
Therapy	_____	_____	_____
Ambulance	_____	_____	_____
<b>Additional benefits</b>			
Drugs	_____	_____	_____
Vision	_____	_____	_____
Hearing	_____	_____	_____
Dental	_____	_____	_____
<b>Additional plan information</b>			
Do I need referrals?	_____	_____	_____
Wellness programs?	_____	_____	_____
Disease management?	_____	_____	_____
Other benefits?	_____	_____	_____

# Medicare Supplement vs. Medicare Advantage

	<b>Medicare Supplement</b> (aka MedSup or Medigap)	<b>Medicare Advantage</b> (aka Part C)
Cost?	<ul style="list-style-type: none"> <li>Part B premium</li> <li>Higher plan premium                             <ul style="list-style-type: none"> <li>Typically \$150-\$200 or more/month</li> </ul> </li> <li>Little or no out-of-pocket cost when using services</li> </ul>	<ul style="list-style-type: none"> <li>Part B premium</li> <li>Lower plan premium                             <ul style="list-style-type: none"> <li>Typically \$0-\$100 or more/month</li> </ul> </li> <li>Charged copays or coinsurance when using services</li> </ul>
Coverage?	<ul style="list-style-type: none"> <li>Pays secondary after (and only after) Medicare Part A and Part B processes claims</li> </ul>	<ul style="list-style-type: none"> <li>Replaces Medicare Part A and Medicare Part B (and usually includes Part D drug benefit)</li> <li>Must cover at minimum all services provided by Original Medicare</li> </ul>
Provider Choice?	<ul style="list-style-type: none"> <li>Any provider that accepts Medicare</li> </ul>	<ul style="list-style-type: none"> <li>Must use plan network of providers</li> <li>Cost is generally higher if provider is out of network</li> <li>Some plans will not pay anything if provider is out of network</li> </ul>
Drug Coverage Included?	<ul style="list-style-type: none"> <li>No</li> <li>Need to have creditable drug coverage or purchase a Part D Prescription drug plan separately</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Most Medicare Advantage plans include the Part D drug benefit</li> <li>You must take Part D from the Medicare Advantage plan</li> </ul>
Is It Right For Me?	<ul style="list-style-type: none"> <li>Frequent traveler</li> <li>Important to have access to any provider</li> <li>Use numerous health services or have chronic illness</li> <li>Able to afford premiums</li> </ul>	<ul style="list-style-type: none"> <li>Infrequent traveler</li> <li>Willingness to change providers</li> <li>Looking to potentially save money monthly and prefer to pay copays as needed</li> <li>Willingness to review/change plans each year</li> </ul>
Cards in Your wallet?	<ul style="list-style-type: none"> <li>Three                             <ol style="list-style-type: none"> <li>Original Medicare card (red, white and blue)</li> <li>MedSup card</li> <li>Part D/Prescription card</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>One                             <ol style="list-style-type: none"> <li>Medicare Advantage Card- No need to carry your Original Medicare card, put it away someplace safe</li> </ol> </li> </ul>
When Can I Purchase?	<p>Applications may be completed through insurance companies and agents during:</p> <ul style="list-style-type: none"> <li>MedSup Open Enrollment (1<sup>st</sup> six months after taking Part B at age 65 or older)</li> <li>Guaranteed issue situations (refer to page 24)</li> <li>Anytime, however outside of the MedSup Open Enrollment and Guaranteed Issue Situations, plans may medically underwrite policies and turn you down</li> </ul>	<p>Applications may be completed on <a href="http://www.medicare.gov">www.medicare.gov</a> during:</p> <ul style="list-style-type: none"> <li>Initial Open Enrollment when new to Medicare</li> <li>Annual Open Enrollment (Oct 15-Dec 7 each year)</li> <li>Special Enrollment Periods based on individual situations</li> <li>Medicare Advantage plans must accept your application during enrollment periods as long as you                             <ol style="list-style-type: none"> <li>Live in the Service Area (county)</li> <li>Have both Medicare A &amp; B</li> <li>Do not have End Stage Renal Disease</li> </ol> </li> </ul>

# Glossary

## Glossary

**Assignment** - A doctor agrees to accept the Medicare-approved amount as full payment for a patient's treatment under Original Medicare. Ohio law prohibits medical practitioners and their employers from charging more than Medicare approves. Most Ohio doctors accept Medicare assignment.

**Benefit period** - Medicare measures your use of hospital and skilled nursing facility services by benefit periods. A benefit period begins the day you are admitted and ends when you've received no skilled services at a hospital or skilled nursing facility for 60 days in a row. A new benefit period begins with a new admission. You pay the Part A deductible for each benefit period. There's no limit to benefit periods.

**Copayment (coinsurance)** - A cost you pay for services or treatments you receive. Usually, coinsurance is a percentage; copayments are set dollar amounts. For ease of reading, this guide uses *copayment* (or *copay*) when referring to costs of this type — no matter what Medicare or other insurance calls such payments.

**Crossover** - A provision in many MedSup policies that allows Medicare to send claims directly to the MedSup insurance company. Without crossover, Medicare mails you the claims and you must send them to the insurer.

**Deductible** - An amount you pay for Medicare-covered services before Medicare begins to pay. The Part A deductible is paid per benefit period; the Part B deductible is paid annually. Deductible amounts can change every year.

**Donut hole** - A coverage gap allowed in Part D (prescription drug) plans. See page 7 for more information.

**Durable Medical Equipment (DME)** - Medical equipment ordered by a doctor for home use. These items must be reusable (examples: walkers, wheelchairs, hospital beds).

**End-Stage Renal Disease (ESRD)** - Permanent kidney failure. Treatment may be lifetime dialysis or a kidney transplant.

**Excess charges** - Any amount the doctor or supplier charges you that is more than Medicare approves. Ohio law prohibits this, but other states may allow these charges.

**Guaranteed issue rights** - In certain situations, rights you have that require an insurance company to sell or offer you a MedSup policy. The company cannot deny you coverage or place conditions on a policy, it must cover your pre-existing conditions and it cannot charge more for a policy because of your past or present health problems.

**Guaranteed renewable** - Your MedSup policy must be automatically renewed or continued unless you commit fraud or don't pay premiums.

**Home health care** - Skilled nursing care and certain other health care you get in your home when ordered by your doctor.

**Hospice care** - A special way of caring for people who are terminally ill and their families. Hospice includes physical care and counseling and is covered by Medicare under Part A.

**Lifetime reserve days** - The 60 days Medicare pays for when you already have been in a hospital for more than 90 days. These 60 days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for your daily copay.

**Long-term care** - A variety of services that help people who have chronic conditions. The care can be received at home, in the community, in a nursing home or an assisted living facility. Most long-term care is custodial; Medicare does not cover custodial care.

**Low-income subsidy (extra help)** - Financial assistance that helps people who qualify pay costs associated with Part D coverage.

# Glossary

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**Medicaid** - A program funded by federal and state money that helps pay medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

**Medical underwriting** - An insurance company process that looks at your health history to decide whether to accept your application for insurance and how much to charge you for that insurance.

**Medically necessary** - Services or supplies that meet the conditions below:

- Proper and needed for the diagnosis or treatment of your medical condition
- Provided for the diagnosis, direct care and treatment of your medical condition
- Meet the standards of good medical practice in the local area and are not mainly for the convenience of you or your doctor.

**Medicare Advantage** - Medicare health plans that must include all benefits Medicare offers and may carry extra benefits as well. Medicare contracts annually with private companies to offer these plans. They are available based on the county where you live.

**Medicare-approved amount** - In Original Medicare, an amount Medicare sets as reasonable for a covered medical service. This is the amount paid by you and your additional health insurance to a doctor or other provider for a service or supply. Ohio law prohibits medical practitioners and their employees from charging more than Medicare approves.

**Medicare carrier** - A private company that contracts with Medicare.

**Medicare Select** - A type of MedSup policy that may require you to use hospitals and doctors in a network for the plan to pay its full share.

**MedSup open enrollment period** - A one-time-only six month period when you can buy any MedSup policy offered in Ohio. It starts when you sign up for Medicare Part B at age 65 or older. You cannot be denied coverage or charged more due to past or present health problems when you apply during this period.

**MedSup policy** - Medicare supplement insurance. MedSup is sold by private insurance companies to fill coverage gaps in Original Medicare. The 10 standardized plans, named with letters of the alphabet, work only with the Original Medicare Plan.

**Original Medicare** - A fee-for-service health plan that lets you go to any doctor, hospital or other provider accepting Medicare. You may first owe a deductible for services under Part A (hospital insurance) or Part B (medical insurance). Medicare pays most of its approved amount for your services; you are responsible for your portion (usually 20 percent).

**Pre-existing condition** - A health problem for which you were diagnosed or received treatment within six months before the date a new insurance policy starts.

**Premium** - A periodic payment you make to Medicare, an insurance company or a health care plan for coverage.

**Skilled nursing care** - A level of care given by Registered Nurses. Examples include giving intravenous injections, tube feeding, supplying oxygen to help you breathe and changing sterile dressings on a wound. Any service that could be done safely by an average non-medical person — or one's self — and without the supervision of a Registered Nurse is not considered skilled care.

**Skilled Nursing Facility** - A facility with the staff and equipment to give skilled nursing care and / or skilled rehabilitation services and other related health services.





# Contact ODI

To request consumer publications  
or ask questions about insurance, please call the  
Ohio Department of Insurance consumer lines:

Medicare issues .....1-800-686-1578  
Other types of insurance .....1-800-686-1526  
Fax .....(614) 752-0740

TDD/TTY phone users, please call Ohio Relay Service 711

For many Department services and  
publication updates, please visit our website  
[www.insurance.ohio.gov](http://www.insurance.ohio.gov)

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