

MEDICARE SUPPLEMENT COMPARISON GUIDE



SHIP

NC DEPARTMENT OF
INSURANCE

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NORTH CAROLINA DEPARTMENT OF INSURANCE
SENIORS' HEALTH INSURANCE INFORMATION PROGRAM

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TABLE OF CONTENTS

Introduction	1
Medicare Part A Chart.....	2
Medicare Part B Chart.....	3
Tips for Purchasing Medicare Supplement Insurance	4
Innovative Plan Benefits	4
Laws Concerning Medicare Supplement Insurance	5
Medicare Advantage and Medicare Prescription Drug Plans.....	6
Guarantee Issue Laws from the Balanced Budget Act of 1997.....	7
Options for Disabled People Younger than 65 and Medicare Eligible.....	8
Creditable Coverage for Medicare Supplements.....	9
2018 Standardized Medicare Supplement Plans Chart	10
2018 Standardized Medicare Supplement Plan Benefits Explained	11
Licensed Medicare Supplement Insurance Companies.....	16
A Note to the Consumer.....	19
Medicare Supplement Companies and the Plans They Offer	20
Medicare Supplement 2010 Standardized SELECT Plans	30
Glossary	31
Medicare Premium Supplement Comparison Database on the Web	33

INTRODUCTION

Medicare does not pay all of a person's medical expenses. To fill the gaps many people purchase a Medicare Supplement (Medigap) policy or they join a Medicare Advantage plan.

This guide is designed to provide you with the facts necessary to make informed decisions regarding the purchase of a Medicare Supplement plan. Within the pages of this guide you will find:

- an outline of Medicare benefits,
- important insurance tips,
- laws governing supplement insurance,
- a description of the types of health insurance available to people with Medicare, and
- a glossary of commonly used terms.

The most important part of this guide provides information regarding the benefits offered by Medicare Supplement insurance policies sold in North Carolina. The companies listed in this guide are licensed in North Carolina. These plans meet all legal requirements.

For information tailored to individual needs, the interactive *Medicare Supplement Premium Comparison Database* is available at www.ncshiip.com.

Monthly, quarterly, semi-annual and annual premium rates for Medicare Supplement plans offered by companies licensed in North Carolina are available on the Web site. The information offered is specific to supplemental plans, age and gender. Details regarding individual plans are available with the click of a mouse, and the service is free to users. Information regarding Medicare Advantage Plans offered in North Carolina is also available on the Web site.

The Seniors' Health Insurance Information Program (SHIIP) is dedicated to providing information and advice on Medicare, Medicare Supplement insurance, Medicare Advantage, Medicare Prescription Drug Plans, Medicare fraud and abuse and Long-Term Care insurance to North Carolina citizens. Trained SHIIP volunteer counselors are available statewide to provide FREE, local, one-on-one assistance to Medicare beneficiaries and their families.

If you have questions concerning the information in this book or if you need to meet with a SHIIP counselor, call SHIIP toll free at 1-855-408-1212.

THIS GUIDE REFLECTS THE MOST RECENTLY FILED PLANS AS OF THE DATE OF THIS PRINTING AND ARE SUBJECT TO CHANGE. CHECK THE SHIIP WEB SITE FOR THE MOST CURRENT INFORMATION.

MEDICARE PART A (HOSPITAL INSURANCE) – COVERED SERVICES PER BENEFIT PERIOD

2018

*A **benefit period** begins on the first day you receive services as an **inpatient** in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days.

Services	Benefit	Medicare Pays ⁽¹⁾	You Pay ⁽¹⁾
INPATIENT HOSPITALIZATION (admitted) Semi-private room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$1,340 deductible	\$1,340 deductible
	61st to 90th day	All but \$335 per day	\$335 per day
	91st to 150th day ⁽²⁾	All but \$670 per day	\$670 per day
	Beyond 150 days	Nothing	All costs
POST-HOSPITAL SKILLED NURSING FACILITY CARE You must have been an inpatient in a hospital for at least 3 days, enter a Medicare-approved facility generally within 30 days after hospital discharge, and meet other program requirements. ⁽³⁾	First 20 days	100% of approved amount	Nothing
	21st to 100th day	All but \$167.50 per day	Up to \$167.50 per day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE (also see Part B) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay for visits 1-100.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount; 80% of approved amount for Durable Medical Equipment.	Nothing for services; 20% of approved amount for Durable Medical Equipment.
HOSPICE CARE Full scope of pain relief and support services available to the terminally ill.	As long as doctor certifies need.	All but limited costs for outpatient prescription medications and inpatient respite care.	Limited cost sharing for outpatient prescription medications and inpatient respite care.
BLOOD	Blood	All but first three pints per calendar year	For first three pints ⁽⁴⁾

¹ These figures are for 2018 and are subject to change each year.

² Lifetime reserve days may be used only once.

³ Neither Medicare nor Medicare Supplement (Medigap) insurance will pay for most nursing home care.

⁴ To the extent the blood deductible is met under one part of Medicare during the calendar year it does not have to be met under the other part.

NOTE: The Medicare Part A premium is **\$0** for eligible beneficiaries. For those who are ineligible, the Medicare Part A premium is **\$422** per month for those who worked fewer than 30 quarters, or **\$232** per month for those who worked between 30 and 40 quarters.

MEDICARE PART B (MEDICAL INSURANCE) – COVERED SERVICES PER CALENDAR YEAR

2018

Services	Benefit	Medicare Pays	You Pay ⁽⁵⁾
MEDICAL EXPENSE Physicians' services, outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance services, outpatient mental health services, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$183 deductible)	\$183 deductible ⁽⁶⁾ 20% of approved amount and charges above approved amount ⁽⁷⁾
CLINICAL LABORATORY SERVICES	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount.	Nothing
PREVENTIVE BENEFITS	Preventive services & screenings	100% for most; or 80% of approved amount (after \$183 deductible), depending on test	Nothing for most; or \$183 deductible 20% of approved amount, depending on test
HOME HEALTH CARE (also see Part A) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount	Nothing
		80% of approved amount for Durable Medical Equipment	\$183 deductible ⁽⁶⁾ 20% of approved amount for Durable Medical Equipment
OUTPATIENT HOSPITAL TREATMENT Reasonable and necessary services for the diagnosis or treatment of an illness or injury. (for inpatient see Part A)	Unlimited if medically necessary	80% of approved amount (after \$183 deductible)	\$183 deductible ⁽⁶⁾ 20% of approved amount
BLOOD	Blood	80% of approved amount (after \$183 deductible and starting with the 4th pint)	\$183 deductible ⁽⁶⁾ First 3 pints plus 20% of approved amount for additional pints ⁽⁸⁾

The monthly Part B premium for 2018 is \$134. (Premiums will be higher for individuals with annual incomes of **\$85,000** or more and married couples with annual incomes of **\$170,000** or more.)

⁵ These figures are for 2018 and are subject to change each year.

⁶ Once you have paid **\$183** for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the calendar year.

⁷ The amount by which a physician's charge can exceed the Medicare approved amount is limited by law.

⁸ To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

TIPS FOR PURCHASING MEDICARE SUPPLEMENT INSURANCE

- There are laws which require an agent who sells a Medicare Supplement policy to anyone who already has a Medicare Supplement policy to have the applicant sign a replacement form agreeing to drop all other individual Medicare Standardized Supplement policies.
- Experts say that one good Medicare Supplement is sufficient health insurance to complement Medicare Part A and Part B.
- Answer all health questions accurately **yourself**.
- A policyholder has a 30-day free-look period during which time he/she can return the policy for a full refund.
- If purchasing the policy through a local insurance agent, remember to get the company's address and telephone number as well as the address and phone number of the insurance agent.
- When purchasing a Medicare Supplement policy through an insurance agent, always write the check payable to the insurance company. **Do not** make the check payable to the insurance agent, and **do not pay with cash**.
- Ask the local insurance agent about any special rates or discount features.
- Providers may not always file claims on Medicare Supplement insurance. It is your responsibility to make sure the claims are filed.
- Persons eligible for Medicare younger than age 65 due to disability have limited access to Medicare Supplement insurance. Contact SHIP for more information.
- Medicare Supplement policies sold after January 1992 are standardized. There are no differences in the standardized plans among insurance carriers. Benefits in older plans issued prior to 1992 may differ from company to company.
- If you are enrolled in a Medicare Advantage plan, an agent may not sell you a Medicare Supplement plan unless you are disenrolling from the Medicare Advantage plan.

INNOVATIVE PLAN BENEFITS

All Medicare Supplement policies are standardized and must follow federal and state laws. They are private policies sold to Original Medicare beneficiary members to help fill in the gaps of medical costs after Medicare Part A and Part B have paid. Companies selling these plans are also allowed to offer separate benefits to their policy holders commonly referred to as innovative benefits. These innovative benefits are separate riders that come at additional costs beyond the cost of the Medicare Supplement policy. They offer coverage such as dental, optical, vision, etc. These riders may be discounted programs or actual insurance coverage and it is important that the beneficiary have a clear understanding of the benefits that they are purchasing. It is also important that the beneficiary understands that this is not a part of their Medicare Supplement and has no bearing on the benefits offered by the supplements coverage.

LAWS CONCERNING MEDICARE SUPPLEMENT INSURANCE

FREE-LOOK PERIOD A free-look period of 30 days is required during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the date the applicant actually receives the certificate or policy, not from the date of application.

GUARANTEED RENEWABLE All Medicare Supplement policies are guaranteed renewable. This means that the insurance company agrees to continue insuring the policyholder for as long as the premium is paid.

OUTLINE OF COVERAGE An outline of coverage must be given to each applicant for a Medicare Supplement policy. It must clearly show which benefits Medicare pays, which benefits the policy pays and the limitations that are not covered.

NAIC/CMS BUYER'S GUIDE The Centers for Medicare and Medicaid Services (CMS)/National Association of Insurance Commissioners (NAIC) buyer's guide must be given to each applicant. This is called *2018 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

SUSPENSION OF SUPPLEMENT WHILE ON MEDICAID Section 4354 of OBRA-90 which amended Section 1882 of the Social Security Act states that insurers must suspend Medicare Supplement premiums and benefits upon request of the policyholder (within 90 days of Medicaid eligibility) for a period of 24 months during the time the policyholder is entitled to Medicaid. The insurer must reinstate policy benefits upon request when Medicaid entitlement ends as long as it is within two years of the date of suspension. The policyholder is responsible for informing the insurer of Medicaid eligibility. This law applies only to policies sold after 1992.

SALES OF DUPLICATE OR MULTIPLE POLICIES FORBIDDEN No policy in North Carolina may duplicate Medicare. No agent in North Carolina may sell a new Medicare Supplement policy to anyone who already has a standardized Medicare Supplement policy unless that applicant agrees to drop his/her current insurance.

OPEN ENROLLMENT PERIOD – AGED 65 AND OLDER State and federal laws guarantee open enrollment for a period of six months. This period begins on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B. Your Medicare card shows the effective dates for your Part A and/or Part B coverage. Open enrollment provides you a limited

time frame to purchase the Medicare Supplement policy of your choice regardless of your health condition.

During this six-month open enrollment period, you can buy any Medicare Supplement policy sold by any insurer selling Medicare Supplement insurance in your state. The company cannot deny issuance of the policy or discriminate in the pricing of a policy because of your medical history, health status or claims experience. However, the company can impose up to a six-month pre-existing condition waiting period. The pre-existing condition waiting period may be waived if you have creditable insurance coverage.

OPEN ENROLLMENT PERIOD – MEDICARE-ELIGIBLE DUE TO DISABILITY (YOUNGER THAN 65) In North Carolina people with Medicare younger than 65 can purchase Medicare Supplement plans A, C or F during their first six months of eligibility for Medicare Part B from any company selling these plans. Insurers cannot deny issuance of a policy but may impose up to a six-month pre-existing condition waiting period. The pre-existing condition waiting period may be waived if you have creditable insurance coverage. Insurers may develop premium rates specific to the disabled population. This may result in higher premiums than those for people with Medicare age 65 and older. **IMPORTANT NOTE: You will have another open enrollment period upon turning age 65 that will allow you to purchase any Medicare Supplement plan being offered in North Carolina regardless of your health condition.**

PRE-EXISTING CONDITION WAITING PERIOD A pre-existing condition waiting period may extend no longer than six months for health conditions diagnosed or treated within the six months immediately prior to the policy application. The medical questionnaire accompanying an application should have accurate information and be completed by the applicant, not the agent. The pre-existing condition waiting period does not apply for applicants replacing a Medicare Supplement policy or applicants who have had creditable insurance coverage for the previous six months. Creditable insurance coverage is any previous health insurance coverage that can be used to shorten the pre-existing condition waiting period, such as coverage under group plans, individual health policies, Medicare, Medicaid or federal/military retiree programs. For replacement policies the applicant is required to sign a replacement form indicating that he/she understands the risks of changing policies

MEDICARE ADVANTAGE and MEDICARE PRESCRIPTION DRUG PLANS

Medicare Advantage

A Medicare Advantage plan is a health insurance option available to people to receive their Medicare coverage. They are sometimes referred to as Medicare Part C or simply “MA or MAPD” plans. The plans are offered by private companies who have contracted with Medicare to provide Medicare Part A and Medicare Part B coverage. There are different types of Medicare Advantage plans, and they may or may not include Medicare Prescription Drug coverage. The types of Medicare Advantage plans which may be available to a person covered by Medicare are: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Special Needs Plans (SNPs), Private Fee-For Service (PFFSs) and Medicare Savings Accounts (MSAs).

Each year people with Medicare may choose among the Medicare Advantage plan choices available in their area. No matter which Medicare Advantage plan a person may choose, they will continue to pay the Medicare Part B premium and any additional monthly premium charged for the Medicare Advantage plan. It is important to remember that available plans may change from year to year as well as the benefits, copayments, coinsurance and premiums. All Medicare Advantage plan options may not be offered in North Carolina, and those offered may not be available in every county.

Medicare Advantage plans have to accept all people with Medicare unless they have End Stage Renal Disease (permanent kidney failure).

Please note Medicare Supplement (Medigap) plans will not coordinate with any Medicare Advantage plan. In fact, if you are enrolled in a Medicare Advantage plan, an agent is not permitted to sell you a Medicare Supplement policy unless you are dis-enrolling from the Medicare Advantage plan.

The Medicare Advantage plans are described in the *2018 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services.

Medicare Prescription Drug Coverage

A person may get Medicare prescription drug coverage by joining a stand-alone Medicare Prescription Drug Plan or by joining a Medicare Advantage plan that includes the Medicare prescription drug coverage. Like Medicare Advantage plans, the Medicare prescription drug coverage is provided through private companies contracted with Medicare.

The copayments, coinsurance, deductible, drugs covered and monthly premium will vary from plan to plan.

It is important to note that if you do not obtain Medicare prescription drug coverage when you are first eligible and you do not have other creditable prescription drug coverage, you may have to pay a Late Enrollment Penalty if you join a plan at a later date.

People with limited income and assets (including your savings and stocks, but not counting your home) may qualify to receive Extra Help to pay for Medicare prescription drug costs. People with Medicare who qualify for Extra Help assistance will only pay a small copayment for each prescription they need; and depending on income and asset levels, the premiums and deductibles may be covered or lowered. Also, if a person qualifies for the Extra Help assistance, there is no Late Enrollment Penalty. Some people who have Medicare may automatically qualify for the Extra Help assistance if they are also receiving full Medicaid coverage or get help from their state Medicaid program with paying their Medicare Part B premiums (through a Medicare Savings Program) or if they get Supplemental Security Income benefits.

To learn more about Medicare prescription drug coverage, please see your *2018 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services or by calling SHIIP at 1-855-408-1212. SHIIP can also help people apply for Extra Help Assistance.

GUARANTEE ISSUE LAWS FROM THE BALANCED BUDGET ACT OF 1997

Under the Balanced Budget Act of 1997 (BBA), several guarantee coverage provisions were added to the Medicare supplement regulations.

Guaranteed Coverage for Certain Medicare Advantage Enrollees

Newly Eligible Medicare Beneficiaries

The BBA allows for people with Medicare to try a Medicare Advantage organization without jeopardizing their open enrollment for Medicare Supplement insurance policies. For an individual who enrolls directly into a Medicare Advantage plan **when they first become eligible** for Medicare at age 65 and dis-enrolls from that Medicare Advantage program within the first 12 months - the legislation guarantees the individual issuance of any Medicare Supplement Standardized plan.

Medicare Supplement Policyholders

Any Medicare Supplement policyholder with one of the standardized Medicare Supplement policies can terminate their Medicare Supplement policy to enroll in a Medicare Advantage plan. If the person with Medicare dis-enrolls from the Medicare Advantage plan within the first 12 months of enrolling, they will be able to reinstate their Medicare Supplement policy if it is still available.

63-Day Guarantee Issue Period for Medicare Supplement Plans A, B, C, F, K and L

In addition to the initial six-month open enrollment for Medicare Supplement insurance policies, the BBA guarantees issuance of Medicare Supplement policies A, B, C, F, K and L (plans A and C for the disabled in North Carolina) without a pre-existing condition waiting period under the following circumstances:

- An individual whose coverage under an employer group health plan that provides health benefits to supplement Medicare is terminated.
- People with Medicare enrolled under a Medicare Supplement policy that terminates due to bankruptcy or insolvency of the insurance company.
- People with Medicare enrolled in a Medicare Advantage program or Medicare SELECT policy that is discontinued because:
 - the organization terminates its Medicare contract,
 - the person with Medicare moves outside the plan's service area, or
 - the person with Medicare dis-enrolls from the plan with due cause.

APPLICANTS MUST ENROLL WITHIN 63 DAYS OF TERMINATION OF THEIR PREVIOUS PLAN.

OPTIONS FOR DISABLED PEOPLE YOUNGER THAN 65 AND MEDICARE ELIGIBLE

The regulations regarding Medicare Supplement insurance are different for people with Medicare who receive Social Security Disability benefits and are younger than 65. Disabled persons on Medicare have limited access to Supplement insurance.

Open Enrollment

In North Carolina, people with Medicare younger than 65 can purchase Medicare Supplement Plans A, C, and F from companies selling these plans during their first six months of eligibility for Medicare Part B. Insurers cannot deny issuance of a policy but may impose up to a six-month pre-existing condition waiting period. The pre-existing condition waiting period may be waived if you have creditable insurance coverage. Insurers may develop premium rates specific to the disabled population. This may result in higher premiums than those for people older than 65.

Some companies listed in this Guide may consider offering Medicare Supplement plans to individuals outside their open enrollment period; however only A, C and F are guaranteed issue during the open enrollment period.

Medicare Advantage

Medicare Advantage plans are another option for people on Medicare due to disability. Medicare Advantage plans have to accept all people with Medicare unless they have End Stage Renal Disease (ESRD).

PLEASE NOTE: It is important to remember that people with Medicare due to disability have a second six-month open enrollment period at age 65 just like anyone becoming eligible for Medicare for the first time. This means that at age 65 all Medicare Supplement plans sold in NC are available to anyone on Medicare who is covered under Medicare Part B.

CREDITABLE COVERAGE FOR MEDICARE SUPPLEMENTS

You have a guaranteed issue right (which means an insurance company can't refuse to sell you a Medigap policy) in these situations:

You're in a Medicare Advantage Plan, and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.

You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending.

You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area.

You joined a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare. (Trial Right)

You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back. (Trial Right)

Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.

You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.

2018 STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance except up to \$20 copay for office visit and up to \$50 copay for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit of \$5,240; paid at 100% after limit reached	Out-of-pocket limit of \$2,620; paid at 100% after limit reached		

Basic Benefits

- Part A Hospital
 - 61-90 days: **\$335/day**
 - 91-150 days: **\$670/day** (lifetime reserve days)
 - Beyond 150 days: 100% for 365 days
- Parts A and B Blood Deductible (first three pints)
- Part B Coinsurance: 20% of Medicare approved charges
- Part A Hospice Care Coinsurance or Copayment

Part A Deductible for 2018 is \$1,340

Part B Deductible for 2018 is \$183

* F Prime has the same benefits but does not pay until you have met the \$2,240 deductible.

STANDARDIZED MEDICARE SUPPLEMENT PLAN BENEFITS EXPLAINED

PLAN A

BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$335 per day in 2018) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$670 per day in 2018) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; including approved charges for outpatient mental health services) after \$183 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

PLAN B

BASIC BENEFITS – AS FOUND IN PLAN A

ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,340 per benefit period in 2018).

PLAN C

BASIC BENEFITS – AS FOUND IN PLAN A

ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,340 per benefit period in 2018).
- Coverage for the skilled nursing facility care coinsurance amount (\$167.50 per day for days 21-100 per benefit period in 2018).
- Coverage for the Medicare Part B deductible (\$183 per calendar year in 2018).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

PLAN D

BASIC BENEFITS – AS FOUND IN PLAN A

ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,340 per benefit period in 2018).
- Coverage for the skilled nursing facility care coinsurance amount (\$167.50 per day for days 21-100 per benefit period in 2018).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

PLAN F

BASIC BENEFITS – AS FOUND IN PLAN A

ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,340 per benefit period in 2018).
- Coverage for the skilled nursing facility care coinsurance amount (\$167.50 per day for days 21-100 per benefit period in 2018).
- Coverage for the Medicare Part B deductible (\$183 per calendar year in 2018)
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.
- Coverage for 100% for Medicare Part B excess charges. The Medicare Part B excess charge is the additional 15% a physician can charge if the claim is non-assigned.

PLAN G

BASIC BENEFITS – AS FOUND IN PLAN A

ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,340 per benefit period in 2018).
- Coverage for the skilled nursing facility care coinsurance amount (\$167.50 per day for days 21-100 per benefit period in 2018).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.
- Coverage for 100% for Medicare Part B excess charges. The Medicare Part B excess charge is the additional 15% a physician can charge if the claim is non-assigned.

MEDICARE SUPPLEMENT PLANS K and L

North Carolina has several companies that market Medicare Supplement Plans K and L. These plans require cost sharing for Part A and Part B expenses at 50% and 75%, respectively. Plan K has a \$5,240 out-of-pocket limit while Plan L has a \$2,620 out-of-pocket limit each year. These plans exclude the Part B deductible. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the remainder of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts (excess charges). You will be responsible for paying excess charges. Since cost sharing is higher under these plans, premiums may be more cost effective than traditional plans. The annual out-of-pocket limit may increase each year.

PLAN K

- 100% of Part A Hospitalization Coinsurance (\$335 per day in 2018 for days 61-90; \$670 per day in 2018 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 50% of Part A Deductible (\$1,340 per benefit period in 2018)
- 50% of Skilled Nursing Facility Coinsurance (\$167.50 per day for days 21-100 in 2018)
- 50% of Hospice cost sharing
- 50% of Medicare eligible expenses for the first three pints of blood
- 50% of Part B Coinsurance (100% coinsurance for preventive services only) after Part B deductible (\$183 in 2018) is met
- \$5,240 Out-of-Pocket Annual Limit

PLAN L

- 100% of Part A Hospitalization Coinsurance (\$335 per day in 2018 for days 61-90; \$670 per day in 2018 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 75% of Part A Deductible (\$1,340 per benefit period in 2018)
- 75% of Skilled Nursing Facility Coinsurance (\$167.50 per day for days 21-100 in 2018)
- 75% of Hospice cost sharing
- 75% of Medicare eligible expenses for the first three pints of blood
- 75% of Part B Coinsurance (100% coinsurance for preventive services only) after Part B deductible (\$183 in 2018) is met
- \$2,620 Out-of-Pocket Annual Limit

PLAN M

BASIC BENEFITS – AS FOUND IN PLAN A

ADDITIONAL BENEFITS

- Coverage for 50% of the Medicare Part A deductible (\$1,340 per benefit period in 2018).
- Coverage for the skilled nursing facility care coinsurance amount (\$167.50 per day for days 21-100 per benefit period in 2018).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

PLAN N

BASIC BENEFITS – AS FOUND IN PLAN A - EXCEPT UP TO \$20 COPAY FOR OFFICE VISITS AND UP TO \$50 COPAY FOR ER VISITS

ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,340 per benefit period in 2018).
- Coverage for the skilled nursing facility care coinsurance amount (\$167.50 per day for days 21-100 per benefit period in 2018).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

LICENSED MEDICARE SUPPLEMENT INSURANCE COMPANIES

At the time of this printing the companies listed have been approved by the North Carolina Department of Insurance to sell Medicare supplement policies in North Carolina. Some new policies may have entered the marketplace since this publication was printed and will not be included. Visit the Medicare Supplement Premium Comparison Database at www.ncshiiip.com to find the most recent premiums for all approved companies.

Aetna Health & Life Insurance Company

800 Crescent Centre Dr.
Franklin, Tennessee 37067
1-800-264-4000
www.aetnaseniorproducts.com

Aetna Life Insurance Company

800 Crescent Centre Drive
Franklin, Tennessee 37067
1-800-264-4000
www.aetnaseniorproducts.com

American National Life Insurance Company of Texas

One Moody Plaza
Galveston, Texas 77550
1-888-290-1085
www.anico.com

American Republic Corp Insurance Company

PO Box 14510
Des Moines, Iowa 50306
1-866-705-9100
www.americanenterprise.com

American Republic Insurance Company

PO Box 1
Des Moines, Iowa 50306-0001
1-888-755-3065
www.americanenterprise.com

American Retirement Life Insurance Company

11200 Lakeline Boulevard, Suite 100
Austin, Texas 78717
1-855-849-2711
www.cigna.com/medicare/supplemental/

Americo Financial Life and Annuity Insurance Company

300 West 11th Street
Kansas City, Missouri 64105
1-800-231-0801
www.americo.com

Assured Life Association

PO Box 2397
Omaha, Nebraska 68103-2397
1-877-223-3666
www.assuredlife.org

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, N.E.
Atlanta, Georgia 30319
1-800-458-7500
www.bflic.com

Blue Cross Blue Shield of North Carolina

PO Box 30016
Durham, North Carolina 27702-1316
1-800-478-0583
www.bluecrossnc.com/medicare

Central States Indemnity Company of Omaha

PO Box 34888
Omaha, Nebraska 68134-0888
1-866-664-3988
www.csimedsupp.com

Cigna Health and Life Insurance Company

11200 Lakeline Blvd, Suite 100
Austin, Texas 78717
1-855-849-2711
www.cigna.com/medicare/supplemental

Colonial Penn Life Insurance Company

111 East Wacker Drive
Suite 2100
Chicago, Illinois 60601
1-800-800-2254
www.bankerslife.com/products/medicare-supplement-insurance

Combined Insurance Company of America

8750 W. Bryn Mawr - 7th Floor
Chicago, Illinois 60631
1-855-278-9329
www.combinedinsurance.com

Companion Life Insurance Company

PO Box 14158
Clearwater, Florida 33766-4158
1-888-220-0466
www.companionlife.com

Constitution Life Insurance Company
1064 Greenwood Boulevard, Suite 260
Lake Mary, Florida 32746
1-800-789-6364
www.constitutionlife.nsre.com

Continental Life Insurance Company of Brentwood, Tennessee
800 Crescent Centre Drive
Franklin, Tennessee 37067
1-800-264-4000
www.aetnaseniorproducts.com

Coventry Health and Life Insurance Co.
800 Crescent Centre Drive
Franklin, Tennessee 37067
1-800-246-4000
www.aetnaseniorproducts.com

CSI Life Insurance Company
PO Box 34888
Omaha, Nebraska 68134-0888
1-866-644-3988
www.csimedsupp.com

Equitable Life & Casualty
PO Box 2460
Salt Lake City, Utah 84110
1-800-352-5160
www.equilife.com

Erie Family Life Insurance Company
100 Erie Insurance Place
Erie, Pennsylvania 16530
1-800-458-0811
www.erieinsurance.com

Everest Reinsurance Company
477 Martinsville Road
Liberty Corner, New Jersey 07938
844-301-0395
www.everestrc.com/medicaresupplement

First Health Life and Health Insurance Company
800 Crescent Centre Drive
Franklin, Tennessee 37067
1-800-264-4000
www.aetnaseniorproducts.com

Gerber Life Insurance Company
PO Box 2271
Omaha, Nebraska 68103-2271
1-877-778-0839

Globe Life and Accident Insurance Company
DIRECT SOLICITATION RESPONSE PRODUCT
PO Box 8080
McKinney, Texas 75070
1-800-801-6831
www.globecaremedsupp.com

Government Personnel Mutual Life Insurance Company
PO Box 2679
Omaha, Nebraska 68103-2679
1-866-865-7631
www.gpmlife.com

GPM Health and Life Insurance Company
PO Box 2679
Omaha, Nebraska 68103-2679
1-866-242-7573
www.gpmhealthandlife.com

Greek Catholic Union of the USA
PO Box 3510
Salt Lake City, Utah 84110
1-866-937-5828
www.gcuusa.com

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, Illinois 60025
1-800-323-6907
www.gtlic.com

Humana Insurance Company
500 West Main Street
Louisville, Kentucky 40202
1-888-310-8482
www.humana.com

Individual Assurance Company
PO Box 14535
Oklahoma City, Oklahoma 73113
888-524-3629
www.iaclife.com

Liberty Bankers Life Insurance Company
PO Box 15357
Clearwater, FL 33766-5357
1-844-770-2400
www.libertybankerslife.com

Loyal Christian Benefit Association
PO Box 3090
Salt Lake City, Utah 84110
1-877-358-4051
www.lcbalife.org

Manhattan Life Insurance Company
10777 Northwest Fwy.
Houston, Texas 77092
1-800-877-7703
www.manhattanlife.com

Massachusetts Mutual Life Insurance Company
800 Crescent Centre Dr.
Suite 200
Franklin, Tennessee 37067
1-844-502-0019
www.massmutual.com

Medico Corp Life Insurance Company
PO Box 10482
Des Moines, Iowa 50306
1-800-822-9993
www.gomedico.com

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
1-800-667-2937
www.mutualofomaha.com

New Era Life Insurance Company of the Midwest
PO Box 4884
Houston, Texas 77210-4884
1-800-552-7879
www.neweralife.com

Old Surety Life Insurance Company
PO Box 54407
Oklahoma City, Oklahoma 73154
1-800-272-5466
www.oldsurety.com

Order of United Commercial Travelers of America
1801 Watermark Drive, Suite 100
Columbus, Ohio 43215
1-800-848-0123
www.uct.org

Oxford Life Insurance Company
2721 North Central Avenue
Phoenix, Arizona 85004-1172
1-800-308-2318
www.oxfordlife.com

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, Nebraska 68104
1-800-228-9100
www.physiciansmutual.com

Renaissance Life and Health Insurance Company of America
PO Box 30381
Lansing, Michigan 48909
1-844-202-4150

Reserve National Insurance Company
601 East Britton Road
Oklahoma City, Oklahoma 73114-7710
1-800-654-9106
www.reservenational.com

SBLI USA Life Insurance Company, Inc.
100 West 33rd Street
Suite 1007
New York, New York 10001
1-855-228-3771
www.propertylife.com

Sentinel Security Life Insurance Company
1405 West 2200 South
Salt Lake City, Utah 84119
1-800-247-1423
www.sslco.com

Shenandoah Life Insurance Company
PO Box 14558
Clearwater, Florida 33766-4558
1-855-406-9085
www.prosperitylife.com

Standard Life and Accident Insurance Company
One Moody Plaza
Galveston, Texas 77550
1-888-290-1085
www.slaico.com

Standard Life and Casualty Insurance Company
PO Box 14308
Clearwater, Florida 33766-4308
1-855-406-9081
www.slacins.com

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, Illinois 61710
Contact Your Local State Farm Agent
www.statefarm.com

State Mutual Insurance Company
210 East Second Avenue, Suite 301
Rome, Georgia 30161
1-844-212-0475
www.statemutualinsurance.com
(Must call the company directly or enroll through their Web site)

Thrivent Financial for Lutherans
AVAILABLE TO MEMBERS AND
THEIR FAMILIES
4321 North Ballard Road
Appleton, Wisconsin 54919-0001
1-800-847-4836
www.thrivent.com

Transamerica Life Insurance Company
Customer Service Department
2700 West Plano Parkway
Plano, Texas 75075
1-866-205-9120

Unified Life Insurance Company
7201 W. 129th Street, Suite 300
Overland Park, Kansas 66213
1-800-237-4463
www.unifiedlife.com

United American Insurance Company
PO Box 8080
McKinney, Texas 75070
1-800-755-2132
www.unitedamerican.com

**UnitedHealthcare Insurance
Company/AARP**
SOLD ONLY TO AARP MEMBERS
PO Box 30607
Salt Lake City, Utah 87130-0607
1-800-523-5800
www.aarpmedicaresupplement.com

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175
1-800-667-2937
www.mutualofomaha.com

United World Life Insurance Company
3316 Farnam Street
Omaha, Nebraska 68174
1-800-667-2937
www.mutualofomaha.com

USAA Life Insurance Company
9800 Fredericksburg Road
San Antonio, Texas 78288
1-800-531-8722
www.usaa.com

A NOTE TO THE CONSUMER

The following section summarizes the benefits of the Medicare Supplement policies approved by the North Carolina Department of Insurance for sale in 2018.

This information was obtained through our website database and a survey of insurers licensed to do business in North Carolina. The results were compiled by the Seniors' Health Insurance Information Program (SHIIP).

Do not be alarmed if your Medicare Supplement policy does not appear in this book.

PUBLICATION OF THIS GUIDE IS FOR INFORMATION ONLY. Its purpose is to assist and educate people shopping for Medicare Supplement insurance policies. Inclusion of a policy or plan in this guide does not in any way constitute an endorsement of that policy, plan or insurance company by the North Carolina Department of Insurance.

Please note that new policies may have entered the marketplace since this publication was printed and will not be included. **Visit www.ncshiip.com and click on the Medicare Supplement Premium Comparison Database to find the most recent information for these companies.** If you have questions about a specific company, please contact SHIIP at 855-408-1212 for more information.

If you purchased a policy before June 1, 2010, it is no longer available to first-time buyers. However, you may keep old policies as long as you pay the premiums. Refer to the policy for the complete and actual terms of coverage. The policy is the contract between the insurer and the insured and will be the basis of any final determination.

MEDICARE SUPPLEMENT COMPANIES AND THE PLANS THEY OFFER

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Aetna Health and Life Insurance Company 1-800-264-4000 www.aetnaseniorproducts.com												Contact Company directly for plan information.
Aetna Life Insurance Company 1-800-264-4000 www.aetnaseniorproducts.com	✓	✓			✓		✓				✓	Household discount offered. Only available to members of the American Grandparents Association. \$20 policy fee No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible
American National Life Insurance Company of Texas 1-888-290-1085 www.anico.com	✓				✓		✓					No pre-existing waiting period. Plan A and Plan C offered to under 65 disabled Medicare eligible
American Republic Corp Insurance Company 1-866-705-9100 www.americanenterprise.com	✓				✓	✓		✓	✓			Discounts offered for Automatic Bank Draft, Household and Preferred Rating No pre-existing condition waiting period Rates vary by zip code Plan A and Plan F offered to under 65 disabled Medicare eligible
American Republic Insurance Company 1-888-755-3065 www.americanenterprise.com	✓				✓	✓						Rates vary by zip code No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
American Retirement Life Insurance Company 1-855-849-2711 www.cigna.com/medicare/supplemental/	✓				✓		✓				✓	Household discount offered \$20 policy fee 6 month pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible
Americo Financial Life and Annuity Insurance Company 1-800-231-0801 www.americo.com	✓				✓		✓				✓	Household discount offered Only Monthly and Annual Premium Payment No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible
Assured Life Association 1-877-223-3666 www.assuredlife.org	✓				✓		✓				✓	No pre-existing condition waiting period Household discount offered Plan A and Plan F offered to under 65 disabled Medicare eligible
Bankers Fidelity Life Insurance Company 1-800-458-7500 www.bflic.com	✓				✓	✓	✓	✓				Household discount offered Rates vary by zip code No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible
Blue Cross Blue Shield of North Carolina 1-800-478-0583 www.bluecrossnc.com/medicare	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	6 month pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. Plan B offered under 65 in some cases.
Central States Indemnity Company of Omaha 1-866-644-3988 www.csimedsupp.com												Contact Company Directly for Plan Information

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Cigna Health and Life Insurance Company 1-855-849-2711 www.cigna.com/medicare/supplemental	✓				✓	✓	✓				✓	6 month pre-existing condition waiting period Plan A, Plan F and Plan F Prime offered to under 65 disabled Medicare eligible Household discount offered Rates vary by zip code
Colonial Penn Life Insurance Company 1-800-800-2254 www.bankerslife.com/products/medicare-supplement-insurance	✓	✓			✓	✓	✓	✓	✓	✓	✓	Discount offered for payment by Automatic Bank Draft Plan A and Plan F offered to under 65 disabled Medicare eligible
Combined Insurance Company of America 1-855-278-9329 www.combinedinsurance.com	✓				✓						✓	No pre-existing condition waiting period \$25 policy fee Rates vary by zip code Plan A and Plan F offered to under 65 disabled Medicare eligible
Companion Life Insurance Company 1-888-220-0466 www.companionlife.com	✓				✓							No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee Household discount offered
Constitution Life Insurance Company 1-800-789-6364 www.constitutionlife.nsre.com												Contact Company Directly for Plan Information
Continental Life Insurance Company of Brentwood, Tennessee 1-800-264-4000 www.aetnaseniorproducts.com	✓	✓			✓	✓	✓				✓	Plan A and Plan F offered to under 65 disabled Medicare eligible Household discount offered \$20 policy fee No pre-existing condition waiting period

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Coventry Health & Life Insurance Company 1-800-246-4000 www.aetnaseniorproducts.com												Contact Company Directly for Plan Information
CSI Life Insurance Company 1-866-644-3988 www.csimedsupp.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee Rates vary by zip code
Equitable Life & Casualty Insurance Company 1-800-352-5160 www.equilife.com	✓				✓		✓				✓	Discount offered for household and automatic bank draft \$20 policy fee No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible
Erie Family Life Insurance Company 1-800-458-0811 www.erieinsurance.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible Discount offered for household and multi-line
Everest Reinsurance Company 1-844-301-0395 www.everestre.com/medicaresupplement	✓		✓	✓	✓		✓				✓	Household discount offered. \$25 Policy fee No pre-existing condition waiting period Prescription Savings Card available Plan A and Plan C offered to under 65 disabled Medicare eligible.
First Health Life & Health Insurance Company 1-800-264-4000 www.aetnaseniorproducts.com												Contact Company directly for plan information

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Gerber Life Insurance Company 1-877-778-0839	✓				✓		✓					No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee
Globe Life and Accident Insurance Company 1-800-801-6831 www.globecaremedsupp.com DIRECT SOLICITATION RESPONSE PRODUCT	✓	✓	✓		✓	✓	✓				✓	2 month pre-existing condition waiting period; 6 month for disability plans Plan A and Plan C offered to under 65 disabled Medicare eligible. Discount offered for payment by bank draft
Government Personnel Mutual Life Insurance Company 1-866-865-7631 www.gpmlife.com												Contact Company directly for plan information.
GPM Health and Life Insurance Company 1-866-242-7573 www.gpmhealthandlife.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee
Greek Catholic Union of the USA 1-866-937-5828 www.gcuusa.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee Household discount and payment by bank draft discount offered
Guarantee Trust Life Insurance Company 1-800-323-6907 www.gtlic.com	✓			✓	✓		✓					No pre-existing condition waiting period Plan A offered to under 65 disabled Medicare eligible Household discount available \$25 policy fee

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Humana Insurance Company 1-888-310-8482 www.humana.com	✓	✓	✓		✓	✓		✓	✓		✓	90 day pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible Discount offered for Household and by applying online via website. Rates vary by zip code
Individual Assurance Company 1-888-524-3629 www.iaclife.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee Household discount offered
Liberty Bankers Life Insurance Company 1-844-770-2400 www.libertybankerslife.com	✓		✓		✓		✓				✓	No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. \$25 policy fee Household discount available
Loyal Christian Benefit Association 1-877-358-4051 www.lcbalife.org												Contact Company directly for plan information
Manhattan Life Insurance Company 1-800-877-7703 www.manhattanlife.com	✓		✓		✓		✓				✓	No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. \$25 policy fee Rates vary by zip code.
Massachusetts Mutual Life Insurance Company 1-844-502-0019 www.massmutual.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible Household discount offered

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Medico Corp Life Insurance Company 1-800-822-9993 www.gomedico.com	✓				✓	✓	✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible Discounts offered for Automatic Bank Draft, Household and Preferred Rating Rates vary by zip code
Mutual of Omaha Insurance Company 1-800-667-2937 www.mutualofomaha.com												Contact Company directly for plan information
New Era Life Insurance Company of the Midwest 1-800-552-7879 www.neweralife.com	✓				✓	✓	✓					No pre-existing condition waiting period \$20 policy fee Plan A offered to under 65 disabled Medicare eligible. Spousal discount offered
Old Surety Life Insurance Company 1-800-272-5466 www.oldsurety.com	✓				✓							6 month pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$20 policy fee
Order of United Commercial Travelers of America 1-800-848-0123 www.uct.org	✓	✓	✓	✓	✓		✓				✓	No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. Must be a member to apply
Oxford Life Insurance Company 1-800-308-2318 www.oxfordlife.com	✓				✓		✓				✓	6 month pre-existing condition waiting period. Plan A and Plan F offered to under 65 disabled Medicare eligible \$15 policy fee Rates vary by zip code

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Physicians Mutual Insurance Company 1-800-228-9100 www.physiciansmutual.com	✓			✓	✓	✓	✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible Rates vary by zip code Discounts offered for Household, Automatic Bank Draft, Non-tobacco use, and Annuity Owners. Preventive benefit rider added to all policies Issue Age Rages also available
Renaissance Life and Health Insurance Company of America 1-844-202-4150	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible Rates vary by zip code \$25 policy fee Household discount available
Reserve National Insurance Company 1-800-654-9106 www.reservenational.com	✓		✓		✓	✓	✓				✓	6 month pre-existing condition waiting period Plan A, C, F, F+, G and N offered to under 65 disabled Medicare eligible \$15 policy fee Discounts offered for Automatic Bank Draft and for non-tobacco user Rates vary by zip code
SBLI USA Life Insurance Company 1-855-228-3771 www.properitylife.com	✓				✓		✓					6 month pre-existing condition waiting period. Plan A and Plan F offered to under 65 disabled Medicare eligible. \$25 policy fee Household discount offered.

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Sentinel Security Life Insurance Company 1-800-247-1423 www.sslco.com	✓	✓	✓	✓	✓		✓				✓	No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. \$25 policy fee Household discount offered
Shenandoah Life Insurance Company 1-855-406-9085 www.prosperitylife.com												Contact Company directly for plan information
Standard Life and Accident Insurance Company 1-888-290-1085 www.slaico.com	✓	✓	✓	✓	✓	✓	✓				✓	No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. Rates vary by zip code
Standard Life and Casualty Insurance Company 1-855-406-9081 www.slacins.com												Contact Company directly for plan information
State Farm Mutual Automobile Insurance Company www.statefarm.com CONTACT YOUR LOCAL STATE FARM AGENT	✓		✓		✓							No pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible.
State Mutual Insurance Company 1-844-212-0475 www.statemutualinsurance.com												Contact Company directly for plan information
Thrivent Financial for Lutherans 1-800-847-4836 www.thrivent.com	✓				✓		✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible. Must be a member to apply Household discount offered \$25 policy fee Rates vary by zip code

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Transamerica Life Insurance Company 1-866-205-9120	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	6 month pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible Discounts offered for Electronic Funds Transfer, Annual Direct Bill and Semi-Annual
Unified Life Insurance Company 1-800-237-4463 www.unifiedlife.com	✓				✓	✓	✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible \$25 policy fee Household discount offered
United American Insurance Company 1-800-755-2132 www.unitedamerican.com	✓	✓	✓	✓	✓	✓	✓				✓	60 day pre-existing condition waiting period; 6 month for disability plans Plans A, B, C and F+ F offered to under 65 disabled Medicare eligible Rates vary by zip code
UnitedHealthcare Insurance Company/ AARP 1-800-523-5800 www.aarpmedicaresupplement.com	✓	✓	✓		✓		✓	✓	✓		✓	Only available to AARP Members. Rates for age 65 and 70 include enrollment discount. Bank draft, annual payer and multi-insured discount are offered. 3 month pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible
United of Omaha Life Insurance Company 1-800-667-2937 www.mutualofomaha.com												Contact Company directly for plan information.

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
United World Life Insurance Company 1-800-667-2937 www.mutualofomaha.com	✓				✓	✓	✓				✓	No pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible Household discount offered Hospital Choice Savings Program, Eyemed Vision Discount Program and Amplifon Hearing Discount Program available.
USAA Life Insurance Company 1-800-531-8722 www.usaa.com	✓				✓		✓				✓	No pre-existing condition waiting period Plans A, F and N offered to under 65 disabled Medicare eligible

MEDICARE SUPPLEMENT 2010 STANDARDIZED SELECT PLANS – 2018

A Medicare SELECT policy has the same benefits as the standardized Medicare supplement plans. There is only one difference. An insurance company selling Medicare SELECT policies has established participating contracts with certain hospitals, doctors and other medical providers, as in a PPO. Therefore, to receive benefits from the SELECT policy, the person with Medicare is required to use the providers listed in the company's restricted provider network. Usually lower priced premiums are the incentive to purchase a Medicare SELECT supplemental policy. Regardless of whether the person with Medicare uses the "preferred provider," Medicare will pay the appropriate share of the approved charge. Generally, the Medicare SELECT policy will not pay any benefits for non-participating providers with the exception of emergency services.

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
Gerber Life Insurance Company 1-877-778-0839					✓		✓					No pre-existing condition waiting period Plan F offered to under 65 disabled Medicare eligible \$25 policy fee
Sentinel Security Life Insurance Company 1-800-247-1423 www.sslco.com			✓	✓	✓						✓	Select Plans offered in limited zip code areas only \$25 policy fee
UnitedHealthcare Insurance Company/ AARP 1-800-523-5800 www.aarpmedicaresupplement.com			✓		✓							Only sold to AARP Members Select plans only available in certain counties

GLOSSARY

ACTUAL CHARGE is the amount a physician or health care provider bills a patient for a particular medical service or supply. The actual charge may differ from the Medicare-approved amount or the amount approved by other insurance programs.

APPROVED CHARGES are also known as allowable charges, Medicare-eligible expenses or Medicare-covered charges. This term applies to the specific dollar amount Medicare will base its payment on for every medical procedure under the Part B program. Medicare will pay 80 percent of this approved amount. Approved charges are currently averaging only 60-70 percent of the actual bill received from your doctor. You and your insurance plan are responsible for the balance of the approved amount. The approved amount is taken from a national fee schedule that assigns a dollar value to all physician services covered by Medicare.

ASSIGNMENT is the way doctors or suppliers receive payment directly from Medicare. When assignment is taken, the doctor or supplier agrees that his or her total charge for the covered service will be the charge approved by the Medicare carrier. Medicare then pays your doctor or supplier 80 percent of the approved charge, after subtracting any part of the \$183 annual Part B deductible you have not met. You and your insurance plan are responsible for the 20 percent of the approved amount not paid by Medicare. Accepting assignment means that the doctor or supplier will not bill you for the difference between the actual charge and the Medicare-approved amount. Find out in advance whether your doctor or supplier will accept assignment. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a case-by-case basis whether he is a participating provider or not.

ATTAINED AGE PREMIUM is a premium based on the policyholder's nearest attained age. Therefore, the premium rate will increase as the policyholder's age increases. The company can price each age differently or group several ages together into one premium class.

COORDINATION OF BENEFITS (COB) means that one of your health insurance companies may reduce its benefits if you are also covered by another insurance plan. **IMPORTANT:** This usually applies only for employer sponsored plans. Individual Medicare supplements have no COB regardless of how many policies you have.

COPAYMENT is the amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B expenses. For example, you will have a \$335 per day copayment for days 61 through 90 and a \$670 per day copayment for days 91 through 150 while in a hospital in 2018. There is also a copayment of \$167.50 for skilled nursing days 21 through 100 and a 20 percent copayment for all Part B services in 2018.

COSTWISE is a special arrangement between physicians and Blue Cross/Blue Shield (BCBS) in which the physician agrees to file claims for the patient and agrees to charge only what BCBS calculated as usual, customary or reasonable. Costwise does not mean that the physician will accept Medicare assignment. Note, however, that the Costwise doctor will receive the BCBS payment whether he takes Medicare assignment or not.

CREDITABLE INSURANCE COVERAGE is any previous health coverage that can be used to shorten the pre-existing condition waiting period, such as coverage under group plans, individual health policies, Medicare, Medicaid or federal/military retiree programs.

CROSSOVER is an arrangement between Medicare Part B and a private Medicare supplement insurance company whereby Medicare Part B would automatically forward claims to the Medicare supplement insurance company for payment of benefits. Under this scenario it is not necessary for the person with Medicare to file his/her own claims to the Medicare supplement company.

DEDUCTIBLE is the amount that you will have to pay before either Medicare or your insurance plan will begin paying benefits. Your Medicare Part A deductible is \$1,340 per benefit period for 2018. Your Medicare Part B deductible for 2018 is \$183 of approved charges for the calendar year.

DURABLE MEDICAL EQUIPMENT MEDICARE ADMINISTRATIVE CONTRACTOR (DME MAC) is the Medicare contractor to process claims for durable medical equipment, prosthetic, orthotic and supply services in a specific geographic area of the United States. North Carolina's DME MAC is CIGNA Government Services (CGS). For questions regarding claims call 1-866-238-9650.

EFFECTIVE DATE is the date your policy takes effect. The insurer will determine the effective date, so you must ask for that information.

EXCLUSIONS OR EXCEPTIONS is the list of specific conditions or circumstances which are not covered by a policy. The exceptions in Medicare supplements are limited by state law and cannot exclude or limit coverage for any specific health condition for more than six months.

EXPERIENCE RATING is a method of adjusting the premium based on past loss experience.

FREE-LOOK is the period of time after you receive a policy in which you can review its benefits. State law requires insurance companies to give the consumer 30 days to review Medicare supplement policies. If you return the policy within the 30-day free-look period, you will get a full refund.

GRACE PERIOD is the period of time, usually 31 days, for the payment of an overdue premium during which time the policy remains in force.

HOSPICE is a program for the terminally ill. Medicare does reimburse most hospice expenses if the Medicare patient chooses to take hospice benefits instead of regular Part A and Part B benefits. There may be a copayment for outpatient drugs and inpatient respite care. Care must be provided through certified hospice organizations.

ISSUE AGE PREMIUM is a premium that does not increase solely because of increasing age.

LIMITING CHARGE is the maximum amount a physician may charge a person with Medicare for a covered service if the physician does not accept assignment of the Medicare claim. The limit is 15 percent more than the Medicare-approved amount for non-participating physicians. The Medicare-approved amounts for non-participating physicians are 5 percent less than those amounts for participating physicians. Limiting charge information appears on the Medicare Summary Notice (MSN).

MEDICARE ADMINISTRATIVE CONTRACTOR (MAC) is the Medicare Part A and Part B claims processor (also home health and hospice claims). In North Carolina the MAC is Palmetto Government Benefits Administrators (Palmetto GBA). For questions about claims payments contact 1-800-633-4227.

MEDICAID is a federal, state and county government program that provides health insurance benefits for low-income, disabled and blind individuals and families. There are strict income and asset eligibility guidelines, and applications for Medicaid programs must be made at the local Department of Social Services.

MEDICARE SAVINGS PROGRAM is a Medicaid program which helps low-income people with Medicare. Blind, disabled or elderly people whose income falls below the federal poverty guideline and have less than allowed asset reserves may qualify for Medicare Savings Programs through their local Department of Social Services. For people who qualify Medicaid money may be used to pay for Medicare deductibles, copayments and premiums.

NON-PARTICIPATING PHYSICIANS are doctors who have not contracted with Medicare to accept assignment for all Medicare patients. Non-participating physicians may accept assignment on a case-by-case basis should he/she choose.

PARTICIPATING PHYSICIANS are doctors who have contracted with Medicare to accept assignment for all Medicare patients.

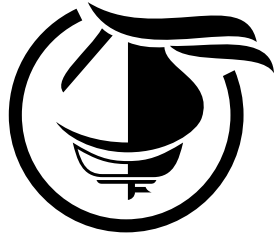
PRE-EXISTING CONDITIONS are health conditions, which have been diagnosed or treated during a set amount of time before your policy's effective date of coverage. North Carolina law allows Medicare supplement policies to consider a person's health history six months back from the effective date of coverage. Some insurance companies do not cover pre-existing health problems for a certain number of months following the effective date of coverage.

PRE-EXISTING CONDITION WAITING PERIOD is the amount of time after your effective date of coverage during which your insurance plan will not cover any pre-existing conditions. Medicare supplement law in North Carolina restricts the period to no longer than six months. Many insurers offer plans with shorter waiting periods or none at all.

QUALITY IMPROVEMENT ORGANIZATIONS (QIO) help Medicare beneficiaries exercise their right to high-quality health care. QIOs are charged with the task of addressing beneficiaries' quality of care complaints and with discharging appeals. They also must implement the improvement initiatives those complaints and appeals inspire. QIOs work with regional and local communities by forming groups comprised of health care providers and other stakeholders to learn from one another and to use that knowledge in making care more patient-centered, safer, and coordinated. Because QIOs share best practices with one another, providers benefit from the experience of their peers across the country, which further accelerates improvement. KEPRO is North Carolina's QIO contractor for Region 2. KEPRO, 5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609. Phone: 813-280-8256. Fax: 844-834-7129.

UNDERWRITING is a method of determining the probability that an applicant will have more claims than expected. A health questionnaire is usually the method used for underwriting on health insurance.

USUAL, CUSTOMARY AND REASONABLE (UCR) typically means the fees most frequently charged in a geographic area by providers with similar training and experience for the same or like service or supply.



**NC DEPARTMENT OF
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SENIORS' HEALTH INSURANCE
INFORMATION PROGRAM

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