



LOCAL HELP FOR PEOPLE WITH MEDICARE



MEDICARE SUPPLEMENTAL INSURANCE (MEDIGAP) 2018

**For additional information, please contact the
Western Connecticut Area Agency on Aging
1-800-994-9422 or 203-757-5449 Ext. 134**

MEDICARE SUPPLEMENTAL INSURANCE (MEDIGAP)

When Medicare doesn't cover the full cost of services, there is private health insurance available for purchase known as **Medicare Supplemental Insurance** or **Medigap**, because it helps fill the gaps in Medicare's coverage. Medigap insurance provides coverage for beneficiaries enrolled in Original Medicare (Parts A & B).

Medigap insurance is necessary because Medicare often covers less than the total cost of the beneficiary's care. Both Medicare Parts A and B have gaps in coverage, which are filled, to a greater or lesser extent, by the various Medigap insurance plans. It is advisable to obtain Medigap insurance to cover these costs if you can afford it and if you are on Original Medicare.

Medigap Policy A contains the **basic or "core" benefit plan**. The other nine policies contain one or more additional benefits. **NONE of the Medigap plans now offered for sale has drug coverage.**

The following is a list of the benefits for 2018 that are contained in the **core policy** (Plan A) and that must be contained in all Medigap policies:

- ◆ Part A hospital coinsurance for day's 61-90 \$335/day
- ◆ Part A hospital lifetime reserve coinsurance for days 91-150 \$670/day
- ◆ 365 lifetime hospital days beyond Medicare coverage
- ◆ Part A and B three pint blood deductible
- ◆ Part B 20% coinsurance

Additional benefits are offered by **other Medigap plans**. Each plan contains a different combination of these benefits in addition to the core benefits. Additional coverage may be offered for:

- ◆ Part A skilled nursing facility copayments for days 21-100 (\$167.50 in 2018)
- ◆ Part A hospital deductible (\$1340 per benefit period in 2018)
- ◆ Part B deductible (\$183/year in 2018)
- ◆ Part B charges above the Medicare approved amount (if provider does not accept assignment)
- ◆ Foreign travel emergency coverage

MEDIGAP PLANS K & L and M & N (OFFER DIFFERENT COST SHARING)

Plan K Covers:

- The cost sharing for Part B preventive services
- the Part A hospital co-insurance and an additional 365 days of hospital coverage
- 50% of the Part A and Part B blood deductibles
- 50% of the Part B co-insurance
- 50% of the skilled nursing facility co-insurance
- 50% of the hospice Part A coinsurance
- 50% of the Part A hospital deductible
- 100% of all cost sharing under Medicare Parts A and B for the rest of the calendar year once a beneficiary reaches an out-of-pocket limit of \$5,240 in 2018.

Plan L Covers:

- 75% of the cost sharing for Part B preventive Services
- Part A hospital co-insurance and an additional 365 days of hospital coverage;
- 75% of the Part A and Part B blood deductibles;
- 75% of the Part B co-insurance;
- 75% of the skilled nursing facility co-insurance;
- 75% of the hospice Part A coinsurance;
- 75% of the Part A hospital deductible;
- 100% of all cost sharing under Medicare Parts A and B for the rest of the calendar year once a beneficiary reaches an out-of-pocket limit of \$2,620 in 2018.

Plan M Covers

- 50 percent of the Part A inpatient hospital deductible.
- It **does NOT** cover the Part B deductible.
- It also fully covers the core benefits and
- Skilled Nursing Facility daily coinsurance charges.
- It also has the foreign travel emergency benefit.

Plan N Covers

- 100 percent coverage for the Part A inpatient deductible
- It **does NOT** cover the Part B deductible.
- Plan N's coverage for the Part B coinsurance charge is subject to a new copayment structure with co-pays of up to **\$20 for office visits** and up to **\$50 for emergency room visits**

What happens to beneficiaries who purchased Medigap policies prior to June 1, 2010 that may no longer be sold after that date?
These are plans **E, H, I, J**, and plans **H, I, J**, with Rx coverage. Coverage for beneficiaries in these plans remains in effect for as long as they continue to pay premiums. These policies may, however, become more expensive over time as the number of policy holders declines.

YOUR RIGHTS TO BUY A MEDIGAP POLICY

What is Guaranteed Issue?

- ◆ Connecticut residents age **65 and over** are guaranteed acceptance into **any** Medigap plan
- ◆ Residents **under 65** with disabilities are guaranteed acceptance into Medigap plans **A, B, & C only**

What about Pre-existing Conditions?

- ◆ Pre-existing conditions **are covered** by Original Medicare. Medigap policies may have a **waiting period** of between **2 and 6 months** for coverage of these conditions. After that, they must insure you for your pre-existing condition.
- ◆ Some insurance companies selling Medigap policies do not impose a pre-existing condition waiting period. That means that if you had a medical condition before you join the plan, it will be covered **as soon as the plan starts**. For more information, please refer to the CHOICES Medigap rate chart.
- ◆ If you have been in a Medicare Advantage plan for at least six months or are replacing employer group health insurance that you have had for at least six months, you are given credit for the number of months you spent in the Medicare Advantage or employer group health insurance plan..

Have you dropped Medigap coverage to join a Medicare Advantage Plan? If you have done so **for the first time**, you may leave your Advantage Plan at **any** time during the calendar year and re-enroll in a Medigap plan of your choice. You must enroll in a stand-alone Medicare Prescription Drug Plan if you are leaving an MA-PD.

(*) *Pre-existing conditions...*Applicability of waiting period for pre-existing conditions is limited due to laws. Contact the individual company or CHOICES for further clarification.

(*) *Disabled under 65...* All companies *must* offer Plan A, individuals can also choose either Plan B or Plan C *IF* company offers it.

(*) High Deductible Plan F provides the same benefits as Plan F after policyholder pays calendar year deductible (\$2,240 for 2018.) Detailed deductible information available from the plan.

(*) Individuals 50 or older must be members of AARP in order to purchase the United HealthCare group policy. Individuals under 50 can purchase an individual plan from United HealthCare.

(*) Out-of-pocket (OPP) limit in 2018 for Plan K = \$5,240. and for Plan L = \$2,620.

NOTE: These rates reflect the lowest possible rates of availability from each company and may place certain restrictions on method of payment. They are accurate to the extent available to CHOICES as of this date. Rates are subject to change. **For complete information, please call the specific insurance company.** CHOICES is a cooperative program of the State Department on Aging, the Area Agencies on Aging, and the Center for Medicare Advocacy.

CORE BENEFITS	A	B	C	D	F	High Deduct	G	K	L	M	N
Hospital coinsurance: Days 61 to 91	•	•	•	•	•	↑ After you pay \$2,240 ↓	•	•	•	•	•
Hospital coinsurance: Days 91 to 150	•	•	•	•	•		•	•	•	•	•
Hospital payment in full: 365 additional days	•	•	•	•	•		•	•	•	•	•
Part A and Part B blood deductible: First three pints of blood	•	•	•	•	•		•	50%	75%	•	•
Part B 20% coinsurance: Physician and other services	•	•	•	•	•		•	50%	75%	•	\$20 Doctor Visits, \$50 emergency visits

STANDARD MEDICARE SUPPLEMENT PLANS

ADDITIONAL BENEFITS	A	B	C	D	F	High Deduct	G	K	L	M	N	
SNF coinsurance: Days 21 to 100 - \$167.50 per day in 2018			•	•	•	↑ After you pay \$2,240 ↓	•	50%	75%	•	•	
Part A Hospital Deductible: \$1,340 in 2018		•	•	•	•		•	50%	75%	50%	•	
Part B Annual Deductible: \$183 in 2018			•		•							
Part B Excess Charges: Coverage for up to 115% percent of Medicare's approved charge (Medigap policy will pay 100% of excess charge.)					•		•					
Foreign Travel Emergency: \$250 deductible, 80% of the cost of emergency care during the first two months of the trip, \$50,000 lifetime limit			•	•	•		•				•	•
Preventive Benefits: 100% of coinsurance for Part B covered preventative care services after the Part B deductible has been met.	•	•	•	•	•		•	•	•	•	•	•
Hospice Care: Coinsurance for respite care and other Part A covered services	•	•	•	•	•		•	•	50%	75%	•	•
								K \$5,240. L \$2,620. Out of Pocket				