

# Standardized Medicare Supplement (“MediGap”) Plans Offered in Connecticut

**CHOICES**  
**1-800-994-9422**

## Current Monthly Rates<sup>1</sup>

Rates shown are monthly electronic funds transfer rates rounded to the nearest dollar. Rates may vary by mode of payment. Check with the company for exact rates.

Company Information			Plans Available to All Applicants over Age 65 Beneficiaries with Disabilities under age 65 may purchase A, B or D plans (or C plan if eligible) <sup>3</sup>									Plans Only Available to Those First Eligible for Medicare Prior To 1/1/2020			Important Dates	
Individual Plan Companies	Telephone Number	Pre-ex Cond. <sup>2</sup>	A <sup>3</sup>	B <sup>3</sup>	D <sup>3</sup>	G	G High Deductible <sup>4</sup>	K	L	M	N	C <sup>3</sup>	F	F High Deductible <sup>4</sup>	Date Approved	Effective on or After
Anthem Blue Cross & Blue	1-800-238- 1143	6 mos.	\$1,210			\$294					\$224		\$366		9/18/24	1/1/25
Cigna National	1-866-459- 4272	6 mos.	\$447			\$246	\$85				\$176		\$338		12/12/25	8/1/25
Connecticare Insurance Co. Inc.	1-877-224- 5995	6 mos.	\$364	\$321		\$297	\$60				\$192		\$312	\$75	11/12/24	1/1/25
Globe Life & Accident Ins. Co	1-800-801- 6831	2 mos.	\$323	\$350		\$426	\$50				\$209	\$412	\$453	\$50	3/5/25	4/1/25
Humana Benefit Plan of Illinois	1-800-984- 9095	3 mos.	\$521			\$289	\$67				\$195		\$308		1/10/25	6/1/25
Omaha Ins. Co.	1-800-775- 6000	N/A	\$857			\$429	\$55				\$294		\$484	\$89	5/3/24	7/1/24
Transamerica Life Company	1-800-797- 2643	6 mos.	\$299			\$263		\$125	\$185	\$228	\$214	\$530	\$409		12/15/23	3/15/24
United American Ins. Co.	1-800-331- 2512	2 mos.	\$222	\$346	\$440	\$411	\$50	\$135	\$200		\$207	\$442	\$392	\$56	11/16/23	1/1/24
USAA Life Ins. Co.	1-800-531- 8000	N/A	\$602			\$316					\$206		\$322		12/12/24	9/1/25
Washington National Ins.Co	1-800-525- 7662	N/A	\$467			\$430	\$67				\$312		\$377		7/24/23	1/1/24
<b>Group Plans</b>	Payment of a group membership fee is required for group plan purchase. All rules listed apply to both group and individual plans.															
United HealthCare AARP	1-800-523- 5800	3 mos.	\$279	\$478		\$295		\$88	\$164		\$224	\$514	\$368		3/14/25	6/1/25

1. CT plans are community-rated and guaranteed-issue, meaning rates are the same regardless of age, and issuance of a policy cannot be denied based on age or pre-existing condition. Please see note #3 below regarding plans for individuals with disabilities.
2. Those age 65 or older without prior employer health insurance, MA-PD, or Medigap coverage within 63 days of Medigap enrollment may have a waiting period before preexisting health conditions are covered by the Medigap policy. All beneficiaries under age 65 may be subject to applicable pre-existing condition waiting periods, regardless of prior coverage.
3. Plans for those under 65 - All companies must offer Plans A. If a company also offers Plan(s) B, C and/or D, then it must also offer the plan(s) to Medicare beneficiaries under 65 with a disability.

## Standardized Medicare Supplement (“MediGap”) Plans Offered in Connecticut Benefit Chart

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Benefits	Plans Available to All Applicants over Age 65 Beneficiaries with Disabilities under age 65 may purchase A, B or D plans (or C plan if eligible)								Plans Only Available to Those First Eligible for Medicare Prior To 2020	
	Plan A	Plan B	Plan D	Plan G <sup>1</sup>	Plan K	Plan L	Plan M	Plan N	Plan C	Plan F <sup>1</sup>
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B co-insurance or copayment <sup>3</sup>	✓	✓	✓	✓	50%	75%	✓	✓ <sup>4</sup>	✓	✓
Blood: First 3 pints	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance (\$209.50 per day)			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible (\$1,676 per benefit period) <sup>5</sup>		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible (\$257 per year)									✓	✓
Part B excess charges <sup>6</sup>				✓						✓
Foreign travel emergency (Deductible \$250, then plan pays 80% up to \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit:	N/A	N/A	N/A	N/A	\$7,220 <sup>7</sup>	\$3,610 <sup>7</sup>	N/A	N/A	N/A	N/A

- Plans F and G have a high deductible option which require first paying a plan deductible of **\$2,870 for 2025** before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible Plans F and G count your payment of the Medicare Part B deductible (but not the separate \$250 foreign travel emergency deductible) towards meeting the plan deductible.
- Days 91-150 in the hospital are considered Lifetime Reserve Days and can only be used once. Once lifetime reserve days are used, all Medigap plans will cover the full cost of 365 additional days, which can also only be used once in your lifetime.
- Covers 20% coinsurance for **most** outpatient services, including observation status in a hospital, doctor visits, physical or occupational therapy, medical and surgical supplies, durable medical equipment, ambulance services, mental health services, preventive services and certain specific outpatient prescription drugs.
- Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.
- Part A Benefit Period begins the first day you enter hospital and ends when you have not received skilled care for 60 consecutive days. You may be responsible for the Part A deductible multiple times per year if you have multiple benefit periods.
- Medicare providers who do not accept assignment can charge up to 15% above the Medicare-approved rate. DME providers CAN charge beyond 15% if they do not accept assignment.
- For Plans K and L, after you meet your out-of-pocket yearly limit (**\$7,220 for Plan K and \$3,610 for Plan L in 2025**) and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.