



# **SHIIP Medicare Supplement Comparison Guide**

**North Carolina Department of Insurance  
Seniors' Health Insurance Information Program  
1-855-408-1212 • [www.ncshiip.com](http://www.ncshiip.com)**

## TABLE OF CONTENTS

Introduction .....	1
Medicare Part A Chart.....	2
Medicare Part B Chart.....	3
Tips for Purchasing Medicare Supplement Insurance .....	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
2016 Standardized Medicare Supplement Plans Chart .....	10
2016 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 .....	28
Glossary .....	29
Medicare Premium Supplement Comparison Database on the Web .....	32

# 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](http://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

2016

SERVICES	BENEFIT	MEDICARE PAYS (1)	YOU PAY (1)
<b>INPATIENT ADMITTED HOSPITALIZATION</b> Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. (1)	First 60 days	All but \$1,288	\$1,288
	61st to 90th day	All but \$322 a day	\$322 a day
	91st to 150th day (2)	All but \$644 a day	\$644 a day
	Beyond 150 days	Nothing	All costs
<b>POST HOSPITAL SKILLED NURSING FACILITY CARE</b> You must have been in an inpatient 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
	Additional 80 days	All but \$161 a day	Up to \$161 a day
	Beyond 100 days	Nothing	All costs
<b>HOME HEALTH CARE</b> Medically necessary skilled nursing care, home health aide services, medical supplies, etc. after a three-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
<b>HOSPICE CARE</b> 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 drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
<b>BLOOD</b>	Blood	All but first three pints per calendar year	For first three pints (4)

(1) These figures are for 2016 and are subject to change each year.

(2) Lifetime reserve days may be used only once.

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

(4) When 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 people with Medicare. For those who are ineligible the Medicare Part A premium is \$411 per month for those who worked less than 30 quarters or \$226 per month for those who worked between 30 and 39 quarters.

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days or remain in a skilled nursing facility but do not receive skilled care there for 60 consecutive days in a row.

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

2016

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> Physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$166 deductible)	\$166 deductible (a) 20% of approved amount and charges above approved amount (b)
<b>CLINICAL LABORATORY SERVICES</b>	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount	Nothing
<b>HOME HEALTH CARE</b> Medically necessary skilled nursing care, home health aide services, medical supplies, etc. after a three-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	\$166 deductible (a) 20% of approved amount for durable medical equipment
<b>OUTPATIENT HOSPITAL TREATMENT</b> Reasonable and necessary services for the diagnosis or treatment of an illness or injury.	Unlimited if medically necessary	80% of approved amount (after \$166 deductible)	\$166 deductible (a) Subject to deductible plus 20% of billed amount
<b>BLOOD</b>	Blood	80% of approved amount (after \$166 deductible and starting with the 4th pint)	\$166 deductible (a) First three pints plus 20% of approved amount for additional pints (c)

The monthly Part B premium for 2016 is \$121.80\* if new to Medicare in 2016. Those enrolled in Medicare prior to 2016 will remain at the premium amount of \$104.90 for 2016.

(a) Once you have had \$166 of expense for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the year.

(b) The amount by which a physician's charge can exceed the Medicare-approved amount. This amount is limited by law.

(c) When 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.

\*Premium may be higher based on income

## 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.

## 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 *2016 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 *2016 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 *2016 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.

# 2016 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	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	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
	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 \$4,960; paid at 100% after limit reached	Out-of-pocket limit of \$2,480; paid at 100% after limit reached		

## Basic Benefits

- Part A Hospital
  - 61-90 days: **\$322/day**
  - 91-150 days: **\$644/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 2016 is \$1,288**

**Part B Deductible for 2016 is \$166**

\* F Prime has the same benefits but does not pay until you have met the \$2,180 deductible.

# STANDARDIZED MEDICARE SUPPLEMENT PLAN BENEFITS EXPLAINED

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## PLAN A

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### BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$322 per day in 2016) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$644 per day in 2016) 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 \$166 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.

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## PLAN B

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### BASIC BENEFITS – AS FOUND IN PLAN A

### ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,288 per benefit period in 2016).

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## **PLAN C**

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### **BASIC BENEFITS – AS FOUND IN PLAN A**

#### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,288 per benefit period in 2016).
- Coverage for the skilled nursing facility care coinsurance amount (\$161 per day for days 21-100 per benefit period in 2016).
- Coverage for the Medicare Part B deductible (\$166 per calendar year in 2016).
- 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.

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## **PLAN D**

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### **BASIC BENEFITS – AS FOUND IN PLAN A**

#### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,288 per benefit period in 2016).
- Coverage for the skilled nursing facility care coinsurance amount (\$161 per day for days 21-100 per benefit period in 2016).
- 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.

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## **PLAN F**

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### **BASIC BENEFITS – AS FOUND IN PLAN A**

#### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,288 per benefit period in 2016).
- Coverage for the skilled nursing facility care coinsurance amount (\$161 per day for days 21-100 per benefit period in 2016).
- Coverage for the Medicare Part B deductible (\$166 per calendar year in 2016)
- 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.

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## **PLAN G**

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### **BASIC BENEFITS – AS FOUND IN PLAN A**

#### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,288 per benefit period in 2016).
- Coverage for the skilled nursing facility care coinsurance amount (\$161 per day for days 21-100 per benefit period in 2016).
- 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.

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## MEDICARE SUPPLEMENT PLANS K and L

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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 \$4,960 out-of-pocket limit while Plan L has a \$2,480 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 (\$322 per day in 2016 for days 61-90; \$644 per day in 2016 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 50% of Part A Deductible (\$1,288 per benefit period in 2016)
- 50% of Skilled Nursing Facility Coinsurance (\$161 per day for days 21-100 in 2016)
- 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 (\$166 in 2016) is met
- \$4,960 Out-of-Pocket Annual Limit

### PLAN L

- 100% of Part A Hospitalization Coinsurance (\$322 per day in 2016 for days 61-90; \$644 per day in 2016 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 75% of Part A Deductible (\$1,288 per benefit period in 2016)
- 75% of Skilled Nursing Facility Coinsurance (\$161 per day for days 21-100 in 2016)
- 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 (\$166 in 2016) is met
- \$2,480 Out-of-Pocket Annual Limit

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## **PLAN M**

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### **BASIC BENEFITS – AS FOUND IN PLAN A**

#### **ADDITIONAL BENEFITS**

- Coverage for 50% of the Medicare Part A deductible (\$1,288 per benefit period in 2016).
- Coverage for the skilled nursing facility care coinsurance amount (\$161 per day for days 21-100 per benefit period in 2016).
- 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.

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## **PLAN N**

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### **BASIC BENEFITS – AS FOUND IN PLAN A**

#### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,288 per benefit period in 2016).
- Coverage for the skilled nursing facility care coinsurance amount (\$161 per day for days 21-100 per benefit period in 2016).
- 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.ncshiip.com](http://www.ncshiip.com) to find the most recent premiums for all approved companies.

### **AARP/UnitedHealthcare Insurance Company**

SOLD ONLY TO AARP MEMBERS  
680 Blair Mill Road  
Horsham, Pennsylvania 19044  
1-800-523-5800  
[www.aarpmedicaresupplement.com](http://www.aarpmedicaresupplement.com)

### **Aetna Health & Life Insurance Company**

151 Farmington Avenue  
Hartford, Connecticut 06156  
1-800-264-4000  
[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

### **Aetna Life Insurance Company**

800 Crescent Centre Drive  
Suite 200  
Franklin, Tennessee 37067  
1-855-663-2204  
[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

### **American Republic Corp Insurance Company**

PO Box 14510  
Des Moines, Iowa 50306  
1-866-705-9100  
[www.americanenterprise.com](http://www.americanenterprise.com)

### **American Republic Insurance Company**

PO Box 1  
Des Moines, Iowa 50306-0001  
1-888-755-3065  
[www.americanenterprise.com](http://www.americanenterprise.com)

### **American Retirement Life Insurance Company**

11200 Lakeline Boulevard, Suite 100  
Austin, Texas 78717  
1-866-459-4272  
[www.cigna.com](http://www.cigna.com)

### **Americo Financial Life and Annuity Insurance Company**

300 West 11th Street  
Kansas City, Missouri 64105  
1-800-231-0801  
[www.americo.com](http://www.americo.com)

### **Bankers Fidelity Life Insurance Company**

4370 Peachtree Road, N.E.  
Atlanta, Georgia 30319  
1-866-458-7504 ext. 876  
[www.bflif.com](http://www.bflif.com)

### **Blue Cross Blue Shield of North Carolina**

PO Box 2291  
Durham, North Carolina 27702  
1-800-478-0583  
[www.bcbsnc.com](http://www.bcbsnc.com)

### **Central States Indemnity Company of Omaha**

PO Box 34888  
Omaha, Nebraska 68134-0888  
1-866-644-3988  
[www.csi-omaha.com](http://www.csi-omaha.com)

### **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](http://www.bankerslife.com/products/medicare-supplement-insurance)

### **Combined Insurance Company of America**

PO Box 14207  
Clearwater, Florida 33766-4207  
1-855-278-9329  
[www.combinedinsurance.com](http://www.combinedinsurance.com)

### **Companion Life Insurance Company**

PO Box 100102  
Columbia, South Carolina 29202-3102  
1-888-406-9083  
[www.companionlife.com](http://www.companionlife.com)

### **Constitution Life Insurance Company**

1064 Greenwood Boulevard, Suite 200  
Lake Mary, Florida 32746  
1-800-822-1054  
[www.universalamericanInsuranceplans.com](http://www.universalamericanInsuranceplans.com)

**Coventry Health and Life Insurance Co.**  
800 Crescent Drive  
Suite 200  
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.csi-omaha.com

**Equitable Life & Casualty**  
3 Triad Center  
Salt Lake City, Utah 84180-1200  
1-877-358-4060  
www.equilife.com

**First Health Life and Health Insurance Company**  
800 Crescent Drive  
Suite 200  
Franklin, Tennessee 37067  
1-800-246-4000  
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

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

**Individual Assurance Company**  
PO Box 3270  
Salt Lake City, Utah 84110  
888-524-3629  
www.iaclife.com

**Liberty National Life Insurance Company**  
PO Box 8080  
McKinney, Texas 75070  
1-800-331-2512  
www.LibertyNational.com

**Loyal American Life Insurance Company**  
11200 Lakeline Boulevard, Suite 100  
Austin, Texas 78717  
1-866-459-4272  
www.cigna.com

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

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

**Philadelphia American Life Insurance Company**  
P.O. Box 4884  
Houston, Texas 77210  
1-800-552-7879  
www.neweralife.com

**Physicians Mutual Insurance Company**  
2600 Dodge Street  
Omaha, Nebraska 68131  
1-800-228-9100  
www.physiciansmutual.com

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

**Sentinel Security Life Insurance Company**  
1405 West 2200 South  
Salt Lake City, Utah 84119  
1-800-247-1423  
www.sslco.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  
1-888-764-1936  
www.statemutualinsurance.com  
(Must call the company directly or enroll through their Web site)

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

**Transamerica Life Insurance Company**  
300 Eagleview Boulevard  
Exton, Pennsylvania 19341  
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  
1-800-331-2512  
www.unitedamerican.com

**United of Omaha Life Insurance Company**  
Mutual of Omaha Plaza  
Omaha, Nebraska 68175  
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

**Western United Life Assurance Company**  
10777 Northwest Freeway  
Houston, Texas 77092  
1-800-866-3400  
www.wula.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 2016.

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.**

Please note that new policies may have entered the marketplace since this publication was printed and will not be included. **Visit [www.ncshiip.com](http://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 1-855-408-1212 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.

**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.**

## MEDICARE SUPPLEMENT COMPANIES AND THE PLANS THEY OFFER

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>AARP/UnitedHealthcare Insurance Company</b> 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
<b>Aetna Health and Life Insurance Company</b> 1-800-264-4000 www.aetnaseniorproducts.com	✓	✓			✓	✓	✓				✓	Household discount offered.  Only available to members of the American Automobile Association (AAA).  \$20 policy fee  No pre-existing condition waiting period  Plan A and Plan F offered to under 65 disabled Medicare eligible
<b>Aetna Life Insurance Company</b> 1-888-624-6290 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
<b>American Republic Corp Insurance Company</b> 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

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>American Republic Insurance Company</b> 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
<b>American Retirement Life Insurance Company</b> 1-866-459-4272 www.cigna.com	✓				✓		✓				✓	Discounts offered for Household and payment via Electronic Funds Transfer \$20 policy fee 6 month pre-existing condition waiting period Plan A and Plan F offered to under 65 disabled Medicare eligible
<b>Americo Financial Life and Annuity Insurance Company</b> 1-877-212-2346 www.americo.com	✓				✓		✓				✓	Household discount offered Only Monthly and Annual Premium Payment No pre-existing condition waiting period Rates vary by zip code Plan A and Plan F offered to under 65 disabled Medicare eligible
<b>Bankers Fidelity Life Insurance Company</b> 1-866-458-7504 ext. 876 www.bflif.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
<b>Blue Cross Blue Shield of North Carolina</b> 1-800-478-0583 www.bcbsnc.com	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	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.
<b>Central States Indemnity Company of Omaha</b> 1-866-644-3988 www.csi-omaha.com												<b>Contact Company Directly for Plan Information</b>

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>Colonial Penn Life Insurance Company</b> 1-800-800-2254 <a href="http://www.bankerslife.com/products/medicare-supplement-insurance">www.bankerslife.com/products/medicare-supplement-insurance</a>	✓	✓			✓	✓	✓	✓	✓	✓	✓	Discount offered for payment by Automatic Bank Draft  Plan A and Plan F offered to under 65 disabled Medicare eligible
<b>Combined Insurance Company of America</b> 1-855-278-9329 <a href="http://www.combinedinsurance.com">www.combinedinsurance.com</a>	✓				✓						✓	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
<b>Companion Life Insurance Company</b> 1-888-406-9083 <a href="http://www.companionlife.com">www.companionlife.com</a>	✓				✓							No pre-existing condition waiting period  Plan A and Plan F offered to under 65 disabled Medicare eligible  \$25 policy fee  Household discount offered
<b>Constitution Life Insurance Company</b> 1-800-822-1054 <a href="http://www.UniversalAmericanInsurancePlans.com">www.UniversalAmericanInsurancePlans.com</a>												<b>Contact Company Directly for Plan Information</b>
<b>Coventry Health &amp; Life Insurance Company</b> 1-800-246-4000 <a href="http://www.aetnaseniorproducts.com">www.aetnaseniorproducts.com</a>												<b>Contact Company Directly for Plan Information</b>
<b>CSI Life Insurance Company</b> 1-866-644-3988 <a href="http://www.csi-omaha.com">www.csi-omaha.com</a>	✓				✓		✓				✓	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

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>Equitable Life &amp; Casualty Insurance Company</b> 1-877-358-4060 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
<b>First Health Life &amp; Health Insurance Company</b> 1-800-246-4000 www.aetnaseniorproducts.com												<b>Contact Company directly for plan information</b>
<b>Gerber Life Insurance Company</b> 1-877-778-0839 www.gerberlife.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
<b>Globe Life and Accident Insurance Company</b> 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
<b>Government Personnel Mutual Life Insurance Company</b> 1-866-865-7631 www.gpmlife.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
<b>Humana Insurance Company</b> 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

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>Individual Assurance Company</b> 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
<b>Liberty National Life Insurance Company</b> 1-800-331-2512 www.LibertyNational.com												<b>Contact Company Directly for Plan Information</b>
<b>Loyal American Life Insurance Company</b> 1-866-459-4272 www.cigna.com												<b>Contact Company directly for plan information</b>
<b>Loyal Christian Benefit Association</b> 1-877-358-4051 www.lcbalife.com												<b>Contact Company directly for plan information</b>
<b>Manhattan Life Insurance Company</b> 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. Household discount offered \$25 policy fee
<b>Medico Corp Life Insurance Company</b> 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
<b>Mutual of Omaha Insurance Company</b> 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 Rates vary by zip code

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>New Era Life Insurance Company</b> 1-800-552-7879 www.neweralife.com	✓		✓		✓	✓	✓				✓	6 month pre-existing condition waiting period Plan A and Plan C offered to under 65 disabled Medicare eligible. \$20 policy fee
<b>Old Surety Life Insurance Company</b> 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 Discount offered for non-tobacco users and Automatic Bank Draft
<b>Order of United Commercial Travelers of America</b> 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
<b>Oxford Life Insurance Company</b> 1-800-308-2318 www.oxfordlife.com												<b>Contact Company directly for plan information</b>
<b>Philadelphia American Life Insurance Company</b> 1-800-552-7879 www.neweralife.com												<b>Contact Company directly for plan information</b>
<b>Physicians Mutual Insurance Company</b> 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.

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>Reserve National Insurance Company</b> 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
<b>Sentinel Security Life Insurance Company</b> 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 on Plan G
<b>Standard Life and Accident Insurance Company</b> 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
<b>Standard Life and Casualty Insurance Company</b> 1-855-406-9081 www.slacins.com												<b>Contact Company directly for plan information</b>
<b>State Farm Mutual Automobile Insurance Company</b> 1-866-855-1212 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.
<b>State Mutual Insurance Company</b> 1-888-764-1936 www.statemutualinsurance.com												<b>Contact Company directly for plan information</b>
<b>Thrivent Financial for Lutherans</b> 1-800-847-4836 www.thrivent.com	✓	✓	✓	✓	✓	✓	✓		✓	✓		No pre-existing condition waiting period  Plan A and Plan C offered to under 65 disabled Medicare eligible.  Must be a member to apply  Rates vary by zip code

COMPANY	A	B	C	D	F	F+	G	K	L	M	N	COMMENTS
<b>Transamerica Life Insurance Company</b> 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
<b>Unified Life Insurance Company</b> 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
<b>United American Insurance Company</b> 1-800-331-2512 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
<b>United of Omaha Life Insurance Company</b> 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  Rates vary by zip code  Household discount offered
<b>USAA Life Insurance Company</b> 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
<b>Western United Life Assurance Company</b> 1-800-866-3400 www.wula.com	✓		✓				✓				✓	No pre-existing condition waiting period  Household discount offered  Plan A and Plan C offered to under 65 disabled Medicare eligible  \$25 policy fee

## MEDICARE SUPPLEMENT 2010 STANDARDIZED SELECT PLANS – 2016

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
<b>AARP/UnitedHealthcare Insurance Company</b> 1-800-523-5800 www.aarpmedicaresupplement.com			✓		✓							Only sold to AARP Members Select plans only available in certain counties
<b>Gerber Life Insurance Company</b> 1-877-778-0839 www.gerberlife.com					✓		✓					No pre-existing condition waiting period Plan F offered to under 65 disabled Medicare eligible \$25 policy fee Rates vary by zip code
<b>Sentinel Security Life Insurance Company</b> 1-800-247-1423 www.sslco.com			✓	✓	✓						✓	Select Plans offered in limited zip code areas only \$25 policy fee

## 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 \$166 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 \$322 per day copayment for days 61 through 90 and a \$644 per day copayment for days 91 through 150 while in a hospital in 2016. There is also a copayment of \$161 for skilled nursing days 21 through 100 and a 20 percent copayment for all Part B services in 2016.

**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 \$1,288 per benefit period for 2016. Your Medicare Part B deductible for 2016 is \$166 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.

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**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.







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This publication has been created or produced by North Carolina with financial assistance, in whole or in part, through a grant from the Centers for Medicare & Medicaid Services, the federal Medicare agency. 7,500 @\$xxx