

# Consumer Guide to Medicare Supplement Insurance (Medigap) 2023



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# Introduction

Welcome to Alaska's 2023 Guide to Medicare Supplement Insurance for policies which were effective June 1, 2010, and later. It was developed collaboratively by the Department of Health and the Alaska Division of Insurance to assist Medicare beneficiaries, their caregivers, and families.

Within the Guide you will find:

- **MEDICARE an overview**
- **MEDICARE SUPPLEMENT INSURANCE an overview**
- **SHOPPING GUIDE**
- **ALASKAN RATE CHARTS**

## *Medicare* Information Office



The **Medicare Information Office** provides unbiased authoritative counseling and outreach on the Medicare program, Medicare Supplement Plans, and Prescription Drug Plans and is the State Health Insurance Program (SHIP). It is located within Senior

and Disabilities Services of the Alaska Department of Health and is available by telephone and in-person to assist Medicare recipients, family, or providers with questions about Medicare. The toll-free helpline is **1-800-478-6065** or in Anchorage (907) 269-3680. The Medicare Information Office also includes the Senior Medicare Patrol (SMP) which empowers seniors to prevent healthcare fraud.

To obtain a paper copy of this guide contact the Division of Insurance consumer services section toll free at 1-800-INSUR AK (1-800-467-8725) or in Anchorage at (907) 269-7900.

This guide is intended for use as a reference with, and in addition to, the publication "**2023 Guide to Choosing a Medigap Policy**" which can be found online at <http://www.medicare.gov> and is available by contacting Medicare at 1-800-MEDICARE (1-800-633-4227).

The Centers for Medicare and Medicaid Services (CMS) is the federal agency within the U.S. Department of Health and Human Services which administers Medicare. See <http://www.medicare.gov> for valuable information on Medicare and the handbook "**Medicare & You**" that gives detailed information on Medicare benefits, rights, and obligations."

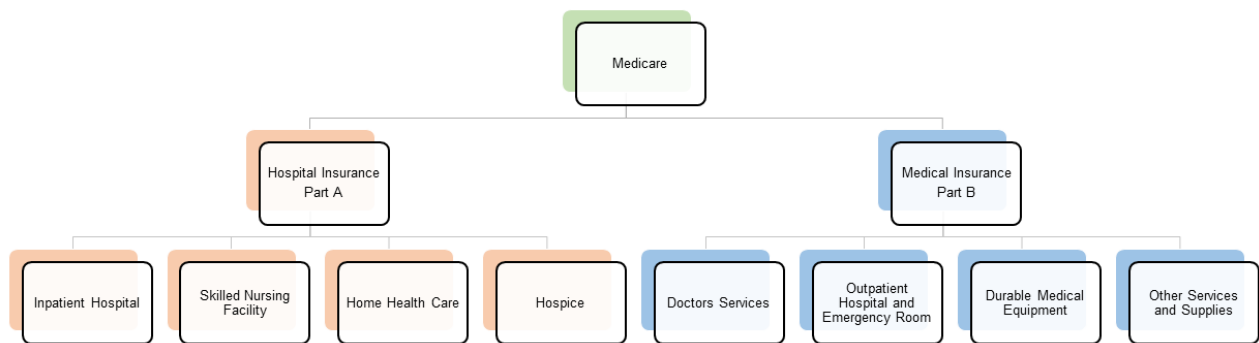
# MEDICARE

## Medicare Basics

Medicare is a federal health insurance program available to the following specific groups:

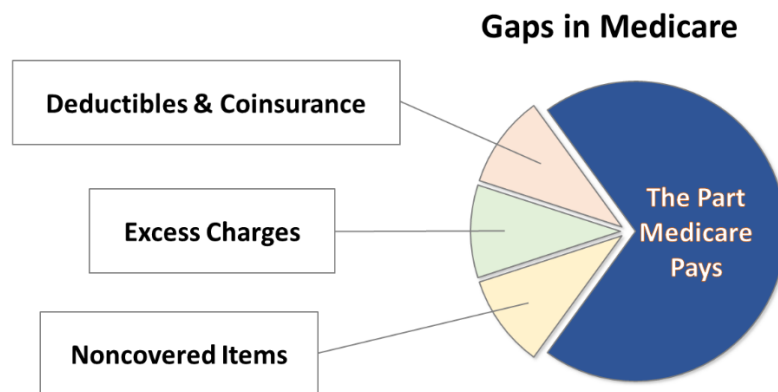
- ◆ People who are age 65 and older
- ◆ Those under age 65 who have been on Social Security disability for 24 months (no wait is required if diagnosed with ALS or Lou Gehrig's disease).
- ◆ Those who have end-stage renal disease (permanent kidney failure).

As shown below, Medicare is made up of Part A and Part B. Most people get Medicare Part A free. Everyone pays a monthly premium for Medicare Part B (see page 6).



Approval of covered services for Medicare benefits is usually based on what is **medically necessary**. The amounts paid for covered services are based on payment schedules set by Medicare. Under Part A, the health care providers are not allowed to charge more than what Medicare approves. Part B does allow “excess charges” for some services. The maximum excess charge allowed for most services is 15% more than Medicare's approved amount.

Medicare pays most of the health care costs, but significant gaps can leave large bills to pay.



The Medicare Benefit Chart on the next page shows Medicare's benefits and the amounts for which you are responsible.

# Medicare Benefit Chart 2023

## Part A Hospital Insurance - Covered Services

Hospital deductibles and coinsurance amounts change each year.

\*Part A Deductible amount is **\$1,600 for 2023** per benefit period

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
<b>Hospitalization</b> Semiprivate room, general nursing, mental health inpatient stay, misc. services	First 60 days	All but \$1,600*	\$1,600*
	61st to 90th day	All but \$400 per day	\$400 per day
	91st to 150th day (Lifetime Reserve Days)	All but \$800 per day	\$800 per day
	Beyond 150 days	Nothing	All-charges
<b>Skilled Nursing Facility Care</b>	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$200 per day	\$200 per day
	Beyond 100 days	Nothing	All costs
<b>Home Health Care</b> Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
<b>Hospice Care</b> for the terminally ill	As long as doctor certifies need	All but limited costs for drugs and respite care	Limited costs for drugs and respite care
<b>Blood</b>	Blood	All but first 3 pints	First 3 pints

## Part B - Medical Insurance - Covered Services

\*\*Part B Deductible is **\$226 for 2023**. This single deductible covers all Part B Services.

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
<b>Medical Expense</b> Physician services and medical supplies	Medical services in and out of the hospital	80% of approved (after \$226 deductible**)	20% of approved (after \$226 deductible**) plus excess charges
<b>Outpatient Hospital Treatment</b>	Unlimited if medically necessary	Amount based on a fee schedule (after \$226 deductible**)	Coinsurance or copayment amount varies according to the service (after \$226 deductible**)
<b>Clinical Laboratory</b>	Diagnostic tests	100% of approved	Nothing if approved
<b>Home Health Care</b> Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
<b>Durable Medical Equipment (DME)</b>	Prescribed by Dr. for use in home	80% of approved (after \$226 deductible**)	20% of approved (after \$226 deductible**) plus excess charges
<b>Blood</b>	Blood	All but first 3 pints	First 3 pints

## Your 2023 Part B Monthly Premium

If Your Yearly Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$97,000 or less	\$194,000 or less	\$164.90
\$97,001 - \$123,000	\$194,001 - \$246,000	\$230.80
\$123,001 - \$153,000	\$246,001 - \$306,000	\$329.70
\$153,001 - \$183,000	\$306,001 - \$366,000	\$428.60
\$183,001 - \$499,999	\$366,001 - \$749,999	\$527.50
\$500,000+	\$750,000+	\$560.50

# MEDICARE SUPPLEMENT (MEDIGAP) INSURANCE

## Supplementing Medicare

**Medicare supplement insurance** is also called “Medigap” or “MedSupp.” It is private insurance designed to fill gaps in Medicare coverage and is sold by several companies. This insurance is not sold by the government. People that are eligible for employer-provided insurance or Medicaid assisted programs usually do not need Medicare supplement insurance.

If you are enrolled in a Medicare Advantage plan, Medicare supplement policies do not pay benefits and are not needed. If you moved to Alaska with a Medicare Advantage plan, be sure to contact the plan about your benefits in Alaska and your rights to switch plans.

**Only ONE Medicare supplement policy is needed!**

Additionally, Medicare Supplement policies are **Guaranteed Renewable** if you bought it after December 1, 1990. That means the company cannot terminate your coverage unless you fail to pay the premium.

### Plans

Insurance companies selling Medicare supplement policies in Alaska are limited to selling “**Standardized Policies.**” Beginning June 1, 2010, companies can only sell 10 plans identified by the letters A, B, C, D, F, G, K, L, M, and N. A company does not have to sell all 10 plans, but beginning in January 2020, every Medicare supplement company must sell Plan A (Basic Benefits only) along with Plan D or G. **An insurance company usually cannot add to or modify the benefits within these plans in any way.**

Companies must continue to allow people that purchased policies prior to June 1, 2010, to keep those policies. You **DO NOT** have to drop a policy purchased before that date.

### High Deductible Plans

High-deductible Plan F has been available for many years, and, as of January 1, 2020, a **high-deductible version of Plan G is also available. For both the high-deductible versions of Plans F and G,** the benefit package is the same as the non-high-deductible versions. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount before the policy pays benefits. The deductible is **\$2,700** for 2023 and will increase each year based on the Consumer Price Index. Also, starting January 1, 2020, Plans C, F, and High deductible F are only available to individuals who were eligible for Medicare before January 1, 2020.

## Ten Standard Medicare Supplement Plans

Basic Benefits	Plan A	Plan B	Plan C <sup>1</sup>	Plan D	Plan F <sup>1 &amp; 2</sup>	Plan G <sup>2</sup>	Plan K	Plan L	Plan M	Plan N
<b>Part A Hospital</b>										
Day 61-90 Coinsurance	X	X	X	X	X	X	X	X	X	X
Day 91-150 Coinsurance (60 lifetime reserve days)	X	X	X	X	X	X	X	X	X	X
365 more days – 100%	X	X	X	X	X	X	X	X	X	X
<b>Part A Hospice Coinsurance</b>	X	X	X	X	X	X	50%	75%	X	X
<b>Part B Coinsurance or Copay</b>	X	X	X	X	X	X	50% <sup>3</sup>	75% <sup>3</sup>	X	X <sup>5</sup>
<b>Parts A and B – Blood</b>	X	X	X	X	X	X	50%	75%	X	X
Additional Benefits	A	B	C <sup>1</sup>	D	F <sup>1 &amp; 2</sup>	G <sup>2</sup>	K	L	M	N
<b>Skilled Nursing Facility Coinsurance Day 21-100</b>			X	X	X	X	50%	75%	X	X
<b>Part A Deductible</b>		X	X	X	X	X	50%	75%	50%	X
<b>Part B Deductible</b>			X		X					
<b>Part B Excess Charges</b>					X	X				
<b>Foreign Travel Emergency</b>			80%	80%	80%	80%			80%	80%
<b>Out-of-Pocket Annual Limit</b>							\$6,940 <sup>4</sup>	\$3,470 <sup>4</sup>		

An “X” means that the Supplemental Policy pays 100% after the applicable deductible has been met. Otherwise, the % listed is the amount the Supplemental pays.

<sup>1</sup> Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

<sup>2</sup> Both Plan F and G have high deductible options. If you choose this option, you must pay for Medicare-covered costs up to the deductible amount of \$2,700 before your Medicare Supplement plan pays anything.

<sup>3</sup> Plans K and L pay 100% of the Part B coinsurance for preventive services.

<sup>4</sup> Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

<sup>5</sup> Exceptions: You pay up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room copay will be waived if you are admitted to the hospital.



## Open Enrollment

Every new Medicare recipient who is age 65 or older has a **guaranteed right to buy** a Medicare supplement policy during a **six-month “open enrollment.”** A company **cannot reject you** for any policy it sells, and it cannot charge you more than anyone else your age.

Your open enrollment period **starts** when you are age 65 or older and enroll in Medicare Part B for the first time. It **ends** six months later. If you apply for a policy after this open enrollment period, companies may refuse to provide you coverage because of health reasons.

If you are under 65 and have Medicare Part B coverage because of **disability per the Social Security Administration or end-stage renal disease**, you will not be eligible for an open enrollment period until **you become 65**.

## Pre-Existing Conditions

A **waiting period** can apply before benefits are paid for pre-existing conditions even when you buy a policy during open enrollment. The maximum waiting period a company can require is **six months**.

You may **avoid a waiting period** for pre-existing conditions in these situations:

1. You are in your open enrollment period, and you apply for your Medicare supplement within **63 days** of the end of previous health insurance creditable coverage.
2. You **lose health care benefits** in certain situations, described on page 37, and you apply for the Medicare supplement policy within 63 days of the end of your previous coverage.
3. You apply for a Medicare supplement policy to **replace** one you have had for at least six months, and no gap occurs between the end of the old policy and the beginning of the new policy.

If previous health care coverage was for less than six months, you are given credit for the amount of time covered under the previous health benefit plan. If the new Medicare supplement insurance has benefits not included in the previous coverage, a six-month waiting period may apply for those additional benefits.

## Guarantee Issue

Guarantee Issue rights for Medicare supplement insurance means that you have the right to buy a plan without being denied coverage or charged higher premiums due to your health status. These rights are time-limited and only available during specific situations, such as Open Enrollment. Additional circumstances that can trigger Guarantee Issue rights can be found on page 37 **Appendix A Guarantee Issue Without Open Enrollment**, along with a detailed table on these triggers and what specific plans must be made available to you.

# STANDARD PLAN BENEFITS

## BASIC BENEFITS (All Plans)

### Part A Hospital (Per Benefit Period)

#### Benefit Period

A Benefit Period begins the first day of inpatient hospital care. It ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. **It is possible to have more than one benefit period per year.**

- ◆ **Days 1-60:** Medicare pays the hospital for all covered services except for the Part A Deductible. Basic Benefits **do not pay** the Part A Deductible.
- ◆ **Days 61-90:** **Basic Benefits** pay the daily coinsurance (see page 5 for the current amount). After 60 days of hospitalization in a “benefit period” (defined above), the policy pays the coinsurance and Medicare pays the rest. The first 90 days of Medicare coverage are available each time you begin a new benefit period.
- ◆ **Days 91-150 (Lifetime Reserve Days):** **Basic Benefits** pay the daily coinsurance (see page 5 for the current amount). “Lifetime Reserve Days” are available when a hospital stay extends beyond the first 90 days of a benefit period. The policy pays the coinsurance and Medicare pays the rest. Each lifetime reserve day is available only once in your lifetime.
- ◆ **Beyond 150 days:** **Basic Benefits** provide for 365 additional lifetime days. Each of these days is available only once in your lifetime. After Medicare's benefits are exhausted for one benefit period, the policy will pay 100% of billed charges for Medicare approved type services.

### Part A Hospice Coinsurance

**Hospice Care:** Plans sold after June 1, 2010, now include coverage of coinsurance for all Part A eligible Hospice and respite care expenses. Most Plans pay 100% of these costs. See the above table for Plan K and Plan L variations.

## Part B Medical Expenses

(Per Calendar Year)

**Part B Medical Expenses coinsurance (or copayment): Basic Benefits** pay after the annual Part B deductible has been met. For most Medicare Part B services, payments are based on the amount approved by Medicare. (If charges exceed the approved amount, Basic Benefits will not cover them. See “Part B Excess Charges” on page 13.)

Payments under this benefit:

- ✓ **Most medical services:** Medicare pays 80% of the approved amount.
  - Plans A-D, F, G, and M pay all of the 20% coinsurance.
  - Plan K pays 50% of the 20% coinsurance (all of the 20% coinsurance for preventative services).
  - Plan L pays 75% of the 20% coinsurance (all of the 20% coinsurance for preventative services).
  - Plan N you pay the lesser of \$20 or all of the coinsurance for each office visit (including visits to specialists); and the lesser of \$50 or all of the coinsurance for each emergency room visit. The emergency room copayment will be waived if you are admitted to the hospital.
- ✓ **Mental health outpatient treatment:** Medicare pays 80% of the approved amount.
  - Plans A-D, F, G, M, and N pay all of the 20% coinsurance.
  - Plan K pays 50% of the 20% coinsurance.
  - Plan L pays 75% of the 20% coinsurance.
- ✓ **Hospital Outpatient:**
  - Plans A-D, F, G, M, and N pay the Medicare determined copayment.
  - Plan K pays 50% of the Medicare determined copayment.
  - Plan L pays 75% of the Medicare determined copayment.

## Parts A & B: Blood

**Blood: Basic Benefits** Most Plans combine with Medicare to cover blood expenses (except the \$226 Part B deductible) both in and out of the hospital. See the above table for Plan K and Plan L variations.

# ADDITIONAL BENEFITS

(See table on page 8)

## Skilled Nursing Facility Coinsurance

### Plans C, D, F, G, K (50%), L (75%), M, & N

Medicare pays only when you are receiving **Medicare-approved skilled nursing care** in a **Medicare-approved facility**. The facility may be a nursing home, hospital area, or hospital “swing bed.”

#### Qualifying Requirements:

- ◆ A three-day prior inpatient hospital stay.
- ◆ Care in a Medicare-certified skilled nursing facility.
- ◆ Need for physician-certified **daily skilled care**, such as wound dressing, physical therapy, or tube feeding.

Medicare pays all eligible costs for the first 20 days. For days 21 through 100 Medicare pays all but a daily coinsurance (see page 5 for the current amount). The **Skilled Nursing Coinsurance Benefit** pays some or all of the coinsurance amount.

Medicare does not provide coverage beyond 100 days. Standardized Plans do not pay benefits beyond 100 days. Medicare only pays as long as you need daily skilled services. The average stay in skilled care is less than 30 days. This benefit pays only if you qualify for Medicare coverage. Most nursing home care in Alaska is intermediate or custodial, and neither Medicare nor standard Medicare supplement policies pay for these levels of care.

## Part A Deductible

### Plans B, C, D, F, G, K (50%), L (75%), M (50%), & N

Medicare requires that you pay a **deductible** when hospitalized (see page 5 for the current amount). The deductible amount can change each year. It is charged whenever you begin a new benefit period, which may occur more than once a year. Plans that include the **Part A Deductible Benefit** pay the **full or a percentage of the deductible amount** each time it is charged.

## Part B Deductible

### Plans C & F

Medicare has a \$226 (per calendar year) deductible for Part B covered services. The first \$226 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit** pays the \$226 deductible.

## Part B Excess Charges

### Plans F & G

The **Excess Charge Benefit** pays 100% of allowed excess charges. Most doctors and other health care providers accept Medicare assignment. That means they accept Medicare's approved amount as full payment. Some providers charge more than Medicare approves.

#### Excess Charges Have Limits:

Excess charges are the difference between what Medicare approves and any limits under the law. The maximum **limiting charge** for most Medicare Part B services is **15%** over the Medicare-approved amount. A few charges such as for durable medical equipment are NOT limited to 15%.

#### EXAMPLE

Limiting Charge	\$115*
Medicare Approved Amount	<u>\$100</u>
<b>Excess Charges</b>	<b>\$ 15</b>

\*15% over the approved amount

Medicare pays \$80, the plan pays \$20.

The remaining \$15 is your responsibility unless your plan covers Excess Charges.

One way to control medical costs is to use doctors who **accept assignment**, meaning they only will bill the Medicare approved amount. If most of your doctors accept assignment, you may prefer to pay for excess charges yourself instead of paying additional insurance premiums for this benefit.

## Foreign Travel Emergency

### Plans C, D, F, G, M, & N

**Medicare does NOT cover** care received outside the U.S.

Plans include a **Foreign Travel Emergency Benefit** pay as follows:

- ◆ Only for **emergency** care that begins within 60 days of leaving the U.S.
- ◆ \$250 calendar year **deductible**
- ◆ 80% of billed charges will be paid for Medicare eligible expenses for medically necessary emergency hospital, physician, and medical care received in a foreign country
- ◆ \$50,000 **lifetime maximum**

**Buying additional health travel insurance may be unnecessary** when the “Foreign Travel Emergency” benefit is a part of your Medicare supplement policy.



**Out-of-Pocket  
Annual Limit**

### **Plans K & L**

The **Out-Of-Pocket Annual Limit Benefit** is an annual cap on out-of-pocket expenditures for Medicare Part A and B. These plans will provide full coverage of all Medicare Parts A and B deductibles, copayments, and coinsurance amounts after the beneficiary has paid out-of-pocket expenses of \$6,940 (Plan K) or \$3,470 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, copayment, and coinsurance amounts.

# SHOPPING GUIDE

## FIRST- PICK THE PLAN THAT SUITS YOU

**Assess your needs.** Review your own health profile and decide what benefits and services you are most likely to need. Determine which standard plan could be best for you. Then shop for the company from which to buy the plan. Make a careful comparison to avoid mistakes. If a poor decision is made, you may have more limited choices in the future.

### Price Comparison

- ◆ **What are the premium differences between plans?**  
In deciding which standard plan to choose, you will find tradeoffs of different benefits for different premium. Which balance best suits **your** needs and **your** budget?
- ◆ **What are the premium differences for the same plan?**  
Premium amounts between different companies for the same plan can vary significantly.
- ◆ **Does the premium increase because of age?**  
Normal increases occur because of claims paid and changes in Medicare deductibles and coinsurance. Most companies also increase premiums based on age. Check to see if the premium is based on age only at the time the policy is issued (issue age) or if it goes up as you get older (attained age). Compare premiums for your current age and for at least the next 10-15 years. A bargain today may be a burden later.
- ◆ **Are discounts available?**  
Some companies charge different rates based on several factors such as gender, nonsmoker status, or your zip code. They may also give a discount if both you and your spouse buy a policy or if you pay through your bank automatically.

### Service

- ◆ **Does the company sell through an agent in-person?**  
An agent can help you when completing your application and with problems later. If you have a few companies with which you prefer to do business, check for local agents who represent those companies or call the company directly to ask about agents.
- ◆ **What kind of letter grade does the company have from a financial rating service?**  
Several rating services such as A. M. Best, Moody, and Standard and Poor evaluate the financial stability of insurance companies. Ratings do not tell how good a policy is or what kind of service the company provides, they reflect only the financial stability of the company.
- ◆ **Is a waiting period required for pre-existing conditions?**  
If you have not had health insurance before buying Medicare supplement insurance, the policy may have a waiting period for pre-existing conditions. This means benefits may not be paid

when health care services are received for a pre-existing condition for a period of time. (See page 9 about pre-existing conditions.)

◆ **Is Automatic Filing available?**

Many companies have “crossover” contracts with Medicare which means that after paying its share of the bill, Medicare will send claims **directly** to the insurance company for you.

If the company does not have a crossover contract, automatic filing is still available if:

- your **doctor always accepts Medicare assignment** and
- you give the doctor information on your insurance card.

**Availability**

◆ **What plans are available to YOU?**

What plans does the company offer? There are times when you may not be turned down for a policy because of existing health conditions. (See age 9 and Appendix A about guarantee issue rights.)

**\*(If you are UNDER 65 and on Medicare due to disability)\***

Most companies selling Medicare supplement policies in Alaska do not sell such policies to Medicare beneficiaries who are younger than 65 and on Medicare due to disability. Contact the Alaska Medicare Information Office for assistance to find a company for you. The Alaska Comprehensive Health Insurance Association (ACHIA) may be a good fit for you. See page 19.

**Important  
Tips**

◆ **Buy just ONE.** You only need one Medicare supplement policy. You are paying for unnecessary duplication if you own more than one.

◆ **Take your time. DO NOT BE PRESSURED** into buying. If you have questions or concerns, ask the agent to explain the policy to a friend or relative whose judgment you trust, or **call 1-800-478-6065 the Alaska Medicare Information Office for assistance.** If you need more time, tell the agent to return later. Do not fall for the age-old excuse, “I’m only going to be in town today, so you’d better buy now.” Show the agent to the door!

◆ **Nothing pays 100%.** Ignore claims that a policy pays 100% of the difference between your medical bills and what Medicare pays. **No Medicare supplement policy does that!**

◆ **Check the agent’s insurance license.** An agent must have a license issued by the State of Alaska Division of Insurance to be authorized to sell insurance in Alaska. This can be verified online through the Division of Insurance “Company and Licensee Search” at:

<https://www.commerce.alaska.gov/web/ins/Consumers/ConsumerTools/ResearchaCompany.aspx>.



Do not buy insurance from a person who cannot show proof of licensing. A business card is not a license. If an agent appears dubious, contact the **Alaska Medicare Information Office 1-800-478-6065** or the Division of Insurance consumer services who track suspicious or aggressive tactics related to the sale of insurance.

- ◆ **Medical questions may be important.** Do not be misled by the phrase “no medical examination required.” You may not have to go to a physician for an exam, but medical statements you make on the application might prevent you from getting coverage if you are outside of your open enrollment period. Also, the policy may require a waiting period before benefits are paid for pre-existing conditions.
- ◆ **Complete the application carefully.** Before you sign an application, read the health information the agent recorded. Be sure **all** health information is complete and accurate. If you leave out requested information, the insurance company could deny coverage for that condition or cancel your policy.
- ◆ **It takes time to be approved.** You are NOT insured by a new Medicare supplement policy on the day you apply for it. Generally, it takes at least 30 days to be approved.
- ◆ **DO NOT pay with cash.** Use a traceable form of payment. Make it payable to the insurance company only, not the agent. Completely fill in a check before presenting it to the agent.
- ◆ **Do not cancel a current policy** until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop one policy and purchase another.
- ◆ **Expect to receive the policy within a reasonable time.** A policy should be delivered within a reasonable time after application (usually 30 days). If you have not received the policy or had your check returned in that time, contact the company, and obtain in writing a reason for delay. **If a problem continues, contact the Division of Insurance Consumer Services.**
- ◆ **Use your 30-day free-look period.** This is the period of time during which you can decide whether to keep the policy or terminate it and still receive a full refund of premiums. The 30 days start when you have a policy in your hand. Review the policy carefully. If you decide not to keep it, return it to the company and **request a premium refund in writing.**

# SHOPPING NOTES

## Compare Prices

Company Name	Plan ____			Plan ____			Plan ____		
	current age	age in 10 years	age in 15 years	current age	age in 10 years	age in 15 years	current age	age in 10 years	age in 15 years
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$

## Compare Companies

COMPANY NAME			
Agent availability	Local	Online/Phone	Local    Online/Phone
Company's financial rating			
Offers automatic claims filing			
Waiting period for pre-existing conditions	Yes          No # months? _____	Yes          No # months? _____	Yes          No # months? _____
Discounts			
Premium increase type	Issue age / Attained age / Community rated	Issue age / Attained age / Community rated	Issue age / Attained age / Community rated
Other: _____			

# Alternatives To Medicare Supplement Insurance



## Employer Health Insurance

The questions to ask and the answers differ depending on your situation, such as how old you are or if you continue to work.

If you or your spouse **continue to work** after your 65th birthday, you may be able to continue under an employer group health insurance plan. In many situations your employer plan will be primary (it will pay first). In that case, you may not need to sign up for Medicare Part B or buy a Medicare supplement. Contact Social Security with any questions regarding enrollment in Medicare Part B.

When you **retire** at age 65 or later and are not covered by an employed spouse's plan, Medicare will become your primary insurance plan. If you want Part B coverage you **must** enroll in Medicare Part B during your initial enrollment period otherwise you will have to pay higher premiums should you enroll later. Your employer may offer a retiree health plan that will be your secondary insurance plan and will pay after Medicare has paid.

Employer group insurance plans **do not** have to comply with the regulations governing Medicare supplement policies. Carefully compare benefits and costs before deciding to keep employer insurance or replace it with a Medicare supplement.



## ACHIA

If you apply for a Medicare supplement policy outside of the Open Enrollment Period and do not otherwise meet the requirements for guarantee issue under federal and state law, an insurance company can refuse to sell you a Medicare supplement policy. If you have a pre-existing condition and/or have been denied health coverage by an insurance company, you may be eligible for coverage through the Alaska Comprehensive Health Insurance Association (ACHIA). Additionally, if you are younger than 65 and on Medicare you may be eligible for health insurance through ACHIA.

Detailed information regarding ACHIA, including a description of eligibility, benefits, application forms, and premium rates is available by contacting BMI, the ACHIA plan administrator.

Hours: Monday - Friday 8:00 a.m. to 5:00 p.m. Alaska Time

Telephone 1-888-290-0616 <http://www.achia.com>



**Medicare  
Savings  
Program**

The **Qualified Medicare Beneficiary (QMB)** program is a state assistance program that pays Medicare deductibles, Medicare coinsurance, and Medicare's Part B monthly premium.

The **Special Low-income Medicare Beneficiary (SLMB)** and **Expanded SLMB** programs pay the Medicare Part B monthly premium.

These programs are designed for people with limited income and assets. Contact the Alaska Adult Public Assistance office (1-800-478-7778) or the Medicare Information Office for more information (1-800-478-6065).



**Medicaid**

You may be eligible for Medicaid assistance if you have limited assets and low monthly income or you have high medical bills. Medicaid pays eligible expenses without deductibles or copays. It also pays for intermediate or custodial care in a nursing home, which is NOT covered by Medicare. For more information, contact your District Adult Public Assistance Office.

Generally, you do not need a Medicare supplement plan while receiving Medicaid assistance. However, if you have a Medicare supplement plan that was issued after November 5, 1991, and you become eligible for Medicaid, you can suspend your policy for up to 24 months. You must make this request within 90 days of Medicaid eligibility. Your policy can be reinstated any time during the 24 months if you no longer qualify for Medicaid.

A Medicare counselor can talk with you about Medicaid assistance programs and your health insurance needs. You also will be able to get the appropriate referral for further help. **To get the name and telephone number of a SHIP counselor near you, call the Medicare Information Office at 1-800-478-6065 or 907-269-3680.**

# PREVENTING MEDICARE FRAUD



## Protecting Yourself and Your Medicare Benefits

Your best defense against Medicare fraud is to watch for your Medicare Summary Notices (MSN) in the mail or use [medicare.gov](https://www.medicare.gov) to look at your claims and summary notices online. Make sure that all the items in each summary notice are accurately recorded. Watch for mistakes in Medicare payments and report them to prevent higher premiums and benefit cuts in the future.

ALWAYS read your Medicare Summary Notice (MSN) or health care billing statement. Your MSN is the piece of mail stamped, "This is Not a Bill" that comes in the mail after you receive medical care.

Look for three things on your billing statement:

- Charges for something you did not receive
- Billing for the same item twice
- Services that were not ordered by your doctor

Protecting your personal information is important in the fight against healthcare fraud and abuse. Here are some ways to take an active role in protecting your healthcare benefits:

- Treat your Medicare, Medicaid, and Social Security number with care. Never give these numbers to a stranger.
- Record doctor visits, tests, and procedures in your personal health care journal or calendar.
- Save Medicare Summary Notices and Part D Explanations of Benefits. Shred the documents when they are no longer useful.

If you suspect that you have been a target of errors, fraud, or abuse, report it. Call your provider or plan for an explanation. If you are not satisfied with the response you get, call Alaska's Senior Medicare Patrol (SMP) through the Medicare Information Office at 1-800-478-6065.

# ALASKAN RATE CHARTS

The rate information in this guide is provided by the private health insurers offering Medicare Supplement Insurance in Alaska and is not warranted for accuracy by the State of Alaska, nor is it intended for use as a commercial marketing guide. The Alaska Division of Insurance does not promote a specific insurance company or insurance producer. The rates listed may differ from the rates currently offered by the insurance company. Be sure to check with a company representative to find out what the current rates are in Alaska.

Insurers may offer only the standardized Medicare supplement insurance Plans A through N as defined by federal law. Insurers must attract your business by competing on price, quality of service, handling of claims, and quality/reputation. Based on your needs and wants, you may decide that the service and reputation of a certain insurer are worth paying an additional premium.

Insurers may attract business with a low initial price but could have a steeper price curve as you age. Ask to see the full table of rates or price compare multiple future ages to see how a company has structured their rates for your future.

The insurers presented represent many of the Medicare supplement insurers in Alaska. Participation in this guide is voluntary, so there may be insurers who offer coverage who are not listed in this guide. Other insurers which may not be listed are group insurers that offer the Medicare supplement insurance coverage only to members of a group, such as members of an association or employees of an employer.

After selecting one or more of the standardized Medicare supplement plans, compare the prices and services offered by the different insurers. Call the insurers or producers to discuss the plans and services they provide. Take good shopping notes using the worksheet on page 18. It is a good idea to shop and compare.

Another way to compare plans is by using Medicare's online Medigap plan finder tool:

<https://www.medicare.gov/medigap-supplemental-insurance-plans>

# READING THE CHARTS

Sample of the rate charts in this guide:

**Sample Insurance Company**  
[www.Sample.com](http://www.Sample.com)  
 Rates Became Effective on 1/1/2023  
 Type: Individual Market - Attained Age  
 Policy Fee: \$\$\$  
 Preexisting Condition Period: XX-month look back and XX-month waiting period

**TOLL FREE: 800-123-4567**  
 Marketing Methods: Direct Response and Agent Solicitation; Brokers in Anchorage, Fairbanks, and Juneau

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred					
	<65	65	70	75	80	85	<65	65	70	75	80	85
A	NA	\$	\$	\$	\$	\$	A	NA	\$	\$	\$	\$
C	NA	\$	\$	\$	\$	\$	C	NA	\$	\$	\$	\$
D	NA	\$	\$	\$	\$	\$	D	NA	\$	\$	\$	\$
F	NA	\$	\$	\$	\$	\$	F	NA	\$	\$	\$	\$
G	NA	\$	\$	\$	\$	\$	G	NA	\$	\$	\$	\$
N	NA	\$	\$	\$	\$	\$	N	NA	\$	\$	\$	\$

\*\* The above rates are for the Anchorage Area Only

Look at each of these elements to ensure you are comparing “apples to apples” based on your specifications.

- 1 Company and Contact**
- 2 Rate Effective Date** Listed rates may change as soon as one year from the effective date.
- 3 Individual or Group** If listed as Group you must be part of that group to purchase.
- 4 Gender** Some companies have different rates based on gender while others rate unisex.
- 5 Tobacco status** Some companies have different rates for tobacco users.
- 6 Pricing Method** This affects when your rates can increase.

Issue Age- Premiums are based on your age at the time you purchase the policy. While premiums may periodically increase due to benefit changes, inflation, or increases in medical costs, they will not increase due to advancing age.

Attained Age- Premiums are based on your age on the last policy anniversary date. Premiums are scheduled to increase at predetermined intervals (for example, every year or every five years). These increases are in addition to premium increases because of benefit changes, inflation, or increasing medical costs.

Community Rated- Premiums are not connected to your age. Premiums depend on other factors and may increase because of benefit changes or overall premium adjustments.

**7 Risk Tier** How a company may categorize you.

Standard- Rate is for those considered by the company to be a higher risk.

Preferred- Rate is for those considered by the company to be a lower risk.

**8 Premium Rates** Monthly premium rates reported by the company as of the date of this guide's publication.

**9 Area Factors** Some companies have different rates for certain zip codes.

**10 Marketing Method** Some companies have Alaskan agents, others do not. Listed are the known agent locations in Alaska.

**11 Pre-existing Condition Waiting Periods**

Look-back- Number of months the insurer looks back from the effective date of your coverage for a preexisting condition to apply a preexisting condition waiting period. Up to 6 months is allowed.

Waiting period- Number of months after your insurance coverage becomes effective that you may be required to wait before the insurer will pay for a claim resulting from a preexisting condition. Up to 6 months is allowed.



# RATE CHARTS

(In Alphabetical Order)

**AARP/UnitedHealthcare Insurance Company**

**TOLL FREE: 800-523-5800**

[www.AARPmedicaresupplement.com](http://www.AARPmedicaresupplement.com)

Rates Became Effective on 6/1/2023

Marketing Methods: Direct Response  
& Agent Solicitation- for agent  
call 866-387-7550

Type: Group Market-Association Plan-Community Rated\*

Policy Fee: None

Preexisting Condition Period: 3-month look back and 3-month waiting period

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>		<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>
<b>A</b>	NA	118	146	204	204	204	<b>A</b>	NA	105	130	180	180	180
<b>B</b>	NA	164	203	283	283	283	<b>B</b>	NA	146	180	251	251	251
<b>C<sup>d</sup></b>	NA	186	229	319	319	319	<b>C<sup>d</sup></b>	NA	165	203	283	283	283
<b>F<sup>d</sup></b>	NA	186	230	320	320	320	<b>F<sup>d</sup></b>	NA	165	204	284	284	284
<b>G</b>	NA	142	176	244	244	244	<b>G</b>	NA	126	156	217	217	217
<b>K</b>	NA	53	66	92	92	92	<b>K</b>	NA	47	58	81	81	81
<b>L</b>	NA	94	116	161	161	161	<b>L</b>	NA	83	103	143	143	143
<b>N</b>	NA	124	153	213	213	213	<b>N</b>	NA	110	135	188	188	188

Male – Smoker – Preferred							Female – Smoker – Preferred						
	<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>		<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>
<b>A</b>	NA	130	161	224	224	224	<b>A</b>	NA	115	143	198	198	198
<b>B</b>	NA	181	223	311	311	311	<b>B</b>	NA	161	198	276	276	276
<b>C<sup>d</sup></b>	NA	204	252	351	351	351	<b>C<sup>d</sup></b>	NA	181	224	311	311	311
<b>F<sup>d</sup></b>	NA	205	253	352	352	352	<b>F<sup>d</sup></b>	NA	182	224	312	312	312
<b>G</b>	NA	156	193	269	269	269	<b>G</b>	NA	139	171	239	239	239
<b>K</b>	NA	59	73	101	101	101	<b>K</b>	NA	52	64	90	90	90
<b>L</b>	NA	103	127	177	177	177	<b>L</b>	NA	92	113	157	157	157
<b>N</b>	NA	136	168	234	234	234	<b>N</b>	NA	121	149	207	207	207

\* Rates vary according to Medicare enrollment date, discount eligibility, and responses to medical questions. Please call for your exact rate.

<sup>a</sup> Rates listed for age 65 include the Enrollment Discount.

<sup>b</sup> Rates listed for age 70 include the Enrollment Discount. Eligibility for preferred or standard rates is determined based on responses to health status questions when applying for coverage.

<sup>c</sup> Individuals who enroll six months or more after their 65<sup>th</sup> birthday or Medicare Part B Effective Date, if later, will pay the Preferred Rate or Standard Rate based on their responses to health status questions when they apply for coverage.

<sup>d</sup> Individuals with a Medicare eligibility date on or after January 1, 2020 are not eligible to enroll in plans C or F.

AARP/UnitedHealthCare Ins. Co. (continued)

Male – Non-Smoker – Standard						Female – Non-Smoker – Standard							
	<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>		<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>
A	NA		278	278	278	278	A	NA		246	246	246	246
B	NA		386	386	386	386	B	NA		342	342	342	342
C <sup>d</sup>	NA		435	435	435	435	C <sup>d</sup>	NA		386	386	386	386
F <sup>d</sup>	NA		437	437	437	437	F <sup>d</sup>	NA		387	387	387	387
G	NA		404	404	404	404	G	NA		359	359	359	359
K	NA		125	125	125	125	K	NA		111	111	111	111
L	NA		220	220	220	220	L	NA		195	195	195	195
N	NA		392	392	392	392	N	NA		348	348	348	348

Male – Smoker – Standard						Female – Smoker – Standard							
	<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>		<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>
A	NA		305	305	305	305	A	NA		271	271	271	271
B	NA		424	424	424	424	B	NA		376	376	376	376
C <sup>d</sup>	NA		479	479	479	479	C <sup>d</sup>	NA		424	424	424	424
F <sup>d</sup>	NA		480	480	480	480	F <sup>d</sup>	NA		426	426	426	426
G	NA		445	445	445	445	G	NA		395	395	395	395
K	NA		138	138	138	138	K	NA		122	122	122	122
L	NA		242	242	242	242	L	NA		215	215	215	215
N	NA		432	432	432	432	N	NA		382	382	382	382

Unisex – Smoker – Preferred						Unisex – Non-Smoker – Preferred							
	<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>		<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>
A	NA	123	152	211	211	211	A	NA	112	138	192	192	192
B	NA	171	211	293	293	293	B	NA	155	192	267	267	267
C <sup>d</sup>	NA	193	238	331	331	331	C <sup>d</sup>	NA	175	216	301	301	301
F <sup>d</sup>	NA	193	239	332	332	332	F <sup>d</sup>	NA	176	217	302	302	302
G	NA	148	182	254	254	254	G	NA	134	166	231	231	231
K	NA	55	68	95	95	95	K	NA	50	62	87	87	87
L	NA	97	120	167	167	167	L	NA	88	109	152	152	152
N	NA	128	158	221	221	221	N	NA	117	144	200	200	200

<sup>a</sup> Rates listed for age 65 include the Enrollment Discount.

<sup>b</sup> Rates listed for age 70 include the Enrollment Discount. Eligibility for preferred or standard rates is determined based on responses to health status questions when applying for coverage.

<sup>c</sup> Individuals who enroll six months or more after their 65<sup>th</sup> birthday or Medicare Part B Effective Date, if later, will pay the Preferred Rate or Standard Rate based on their responses to health status questions when they apply for coverage.

<sup>d</sup> Individuals with a Medicare eligibility date on or after January 1, 2020 are not eligible to enroll in plans C or F.

**AARP/UnitedHealthCare Ins. Co. (continued)**

Unisex – Smoker – Standard						Unisex – Non-Smoker – Standard							
	<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>		<65	65 <sup>a</sup>	70 <sup>b/c</sup>	75 <sup>c</sup>	80 <sup>c</sup>	85 <sup>c</sup>
<b>A</b>	NA		288	288	288	288	<b>A</b>	NA		262	262	262	262
<b>B</b>	NA		400	400	400	400	<b>B</b>	NA		364	364	364	364
<b>C<sup>d</sup></b>	NA		452	452	452	452	<b>C<sup>d</sup></b>	NA		411	411	411	411
<b>F<sup>d</sup></b>	NA		453	453	453	453	<b>F<sup>d</sup></b>	NA		412	412	412	412
<b>G</b>	NA		420	420	420	420	<b>G</b>	NA		382	382	382	382
<b>K</b>	NA		130	130	130	130	<b>K</b>	NA		118	118	118	118
<b>L</b>	NA		228	228	228	228	<b>L</b>	NA		207	207	207	207
<b>N</b>	NA		407	407	407	407	<b>N</b>	NA		370	370	370	370

- <sup>a</sup> Rates listed for age 65 include the Enrollment Discount.
- <sup>b</sup> Rates listed for age 70 include the Enrollment Discount. Eligibility for preferred or standard rates is determined based on responses to health status questions when applying for coverage.
- <sup>c</sup> Individuals who enroll six months or more after their 65<sup>th</sup> birthday or Medicare Part B Effective Date, if later, will pay the Preferred Rate or Standard Rate based on their responses to health status questions when they apply for coverage.
- <sup>d</sup> Individuals with a Medicare eligibility date on or after January 1, 2020 are not eligible to enroll in plans C or F.

**Alaska Comprehensive Health Insurance Association (ACHIA)**

**TOLL FREE: 888-290-0616**

[www.ACHIA.com](http://www.ACHIA.com)

**Rates Became Effective on 1/1/2022**  
**Type:** Individual Market - Attained Age  
**Policy Fee:** None  
**Preexisting Condition Period:** None

**Marketing Methods:** Direct Response

See page 16: Alaska’s High Risk Pool for Alaskans otherwise unable to get insurance.

Unisex					
	<65	65	70	75	80
<b>A</b>	349	173	211	246	295
<b>F</b>	525	261	317	370	443
<b>G</b>	387	193	236	281	354

<b>Carve-Out Plans</b>	Age 0-18	\$113	Age 19+	\$319
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**Aetna Health and Life Insurance Company****TOLL FREE: 860-273-0123**[www.Aetna.com](http://www.Aetna.com)

Rates Became Effective on 9/1/2023

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: \$20

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	128	135	160	188	219	<b>A</b>	NA	111	118	139	164	191
<b>F</b>	NA	182	193	228	268	312	<b>F</b>	NA	158	168	198	233	272
<b>G</b>	NA	151	159	188	222	258	<b>G</b>	NA	131	139	164	193	224
<b>N</b>	NA	108	121	143	168	196	<b>N</b>	NA	94	105	124	146	170

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	142	150	177	209	243	<b>A</b>	NA	123	131	154	182	212
<b>F</b>	NA	202	214	253	298	347	<b>F</b>	NA	176	186	220	259	302
<b>G</b>	NA	167	177	209	246	287	<b>G</b>	NA	145	154	182	214	249
<b>N</b>	NA	120	134	159	187	217	<b>N</b>	NA	104	117	138	162	189

**First Health Life & Health Insurance Company TOLL FREE: 855-422-4359**

Website:

Rates Became Effective on 4/1/2023

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Unisex – Non-Smoker – Preferred							Unisex – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	121	138	153	163	169	<b>A</b>	NA	133	152	169	179	186
<b>B</b>	NA	138	161	183	201	217	<b>B</b>	NA	151	177	201	221	238
<b>F</b>	NA	161	189	217	241	263	<b>F</b>	NA	177	208	238	265	290
<b>G</b>	NA	148	174	200	224	247	<b>G</b>	NA	163	191	220	247	271
<b>N</b>	NA	87	103	120	135	150	<b>N</b>	NA	96	114	132	148	165

**Globe Life and Accident Insurance Company****TOLL FREE: 800-801-6831**[www.GlobecareMedsupp.com](http://www.GlobecareMedsupp.com)**Marketing Methods:** Direct Response

Rates Became Effective on 7/1/2022

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 6-month look back and 2-month waiting period

**Unisex – Standard**

	<65	65	70	75	80	85
<b>A</b>	NA	101	135	144	144	144
<b>B</b>	NA	150	193	216	218	218
<b>C</b>	NA	174	216	250	262	262
<b>F</b>	NA	174	217	251	264	264
<b>High F</b>	NA	37	49	61	69	69
<b>G</b>	NA	154	196	230	243	243
<b>High G</b>	NA	37	49	61	69	69
<b>N</b>	NA	119	152	181	194	194

**Humana Insurance Company****TOLL FREE: 800-310-8482**[www.Humana.com](http://www.Humana.com)**Marketing Methods:** Agent Solicitation  
Brokers available in Anchorage, Eagle River, Fairbanks, Kenai, Ketchikan, North Pole, Palmer, Soldotna, Wasilla

Rates Became Effective on 10/1/2022

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 3-month look back and 3-month waiting period

**Female – Non-Smoker – Preferred**

	<65	65	70	75	80	85
<b>A</b>	NA	125	147	170	193	213
<b>B</b>	NA	135	160	185	210	232
<b>C</b>	NA	169	199	231	262	289
<b>F</b>	NA	172	203	236	267	295
<b>High F</b>	NA	46	54	62	70	77
<b>G</b>	NA	154	181	210	238	263
<b>High G</b>	NA	43	51	59	67	73
<b>K</b>	NA	74	87	101	114	126
<b>L</b>	NA	104	123	142	161	178

**Loyal American Life Insurance Company****TOLL FREE: 855-849-2711**[www.LoyalAmerican.com](http://www.LoyalAmerican.com)Marketing Methods: Direct Response  
and Agent Solicitation; No resident  
agents in Alaska

Rates Became Effective on 10/1/2023

Type: Individual Market - Attained Age

Policy Fee: \$20

Preexisting Condition Period: 6-month look back and 6-month waiting period

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	195	229	264	297	338	<b>A</b>	NA	170	200	230	258	294
<b>F</b>	NA	250	292	340	394	467	<b>F</b>	NA	217	254	295	342	406
<b>G</b>	NA	184	219	258	302	361	<b>G</b>	NA	160	190	225	262	314
<b>N</b>	NA	125	147	174	205	248	<b>N</b>	NA	108	128	151	178	215

Male – Non-Smoker – Standard							Female – Non-Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	215	252	290	326	371	<b>A</b>	NA	187	220	253	284	323
<b>F</b>	NA	275	321	374	433	514	<b>F</b>	NA	239	279	325	376	447
<b>G</b>	NA	203	241	284	332	397	<b>G</b>	NA	176	209	247	289	345
<b>N</b>	NA	137	162	191	225	273	<b>N</b>	NA	119	141	166	196	237

**Moda Health, Inc.**

**TOLL FREE: 855-718-1767**

[www.ModaHealth.com/plans/medicare/medicare-supplement/](http://www.ModaHealth.com/plans/medicare/medicare-supplement/)

**Rates Became Effective on 1/1/2023**

**Marketing Methods:** Direct Response  
and Agent Solicitation Statewide

**Type:** Individual Market - Attained Age

**Policy Fee:** None

**Preexisting Condition Period:** 6-month look back and 6-month waiting period

<b>Male – Non-Smoker – Preferred</b>							<b>Female – Non-Smoker – Preferred</b>						
	<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>		<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>
<b>A</b>	NA	109	137	169	186	200	<b>A</b>	NA	102	128	156	170	180
<b>F</b>	NA	165	206	256	281	301	<b>F</b>	NA	154	192	236	256	271
<b>High F</b>	NA	48	60	75	82	88	<b>High F</b>	NA	45	56	69	75	79
<b>G</b>	NA	141	176	218	239	257	<b>G</b>	NA	131	164	201	218	231
<b>High G</b>	NA	41	52	64	70	75	<b>High G</b>	NA	38	48	59	64	68
<b>N</b>	NA	115	144	179	196	211	<b>N</b>	NA	108	135	165	179	190

<b>Male – Smoker – Standard</b>							<b>Female – Smoker – Standard</b>						
	<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>		<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>
<b>A</b>	NA	125	158	194	214	230	<b>A</b>	NA	117	147	179	196	207
<b>F</b>	NA	190	237	294	323	346	<b>F</b>	NA	177	221	271	294	312
<b>High F</b>	NA	55	69	86	94	101	<b>High F</b>	NA	52	64	79	86	91
<b>G</b>	NA	162	202	251	275	296	<b>G</b>	NA	151	189	231	251	266
<b>High G</b>	NA	47	60	74	81	86	<b>High G</b>	NA	44	55	68	74	78
<b>N</b>	NA	132	166	206	225	243	<b>N</b>	NA	124	155	190	206	219

**Mutual of Omaha Insurance Company****TOLL FREE: 800-667-2937**[www.MutualofOmaha.com/states](http://www.MutualofOmaha.com/states)**Marketing Methods:** Direct Response and Agent Solicitation; Broker in Palmer

Rates Became Effective on 11/1/2022

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	98	116	135	155	155	A	NA	85	101	117	135	135
C	NA	195	231	269	310	310	C	NA	170	201	234	270	270
D	NA	203	241	280	322	322	D	NA	177	209	244	281	281
F	NA	252	299	348	401	401	F	NA	220	260	303	349	349
High F	NA	54	59	67	76	85	High F	NA	47	51	59	66	74
G	NA	175	198	236	278	317	G	NA	152	173	205	242	276
High G	NA	42	48	58	66	74	High G	NA	37	42	50	57	64
N	NA	142	156	184	217	257	N	NA	124	136	160	189	223

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	112	133	155	179	179	A	NA	98	116	135	155	155
C	NA	224	266	309	356	356	C	NA	195	231	269	310	310
D	NA	233	277	322	371	371	D	NA	203	241	280	322	322
F	NA	290	344	400	461	461	F	NA	252	299	348	401	401
High F	NA	61	67	77	88	98	High F	NA	54	59	67	76	85
G	NA	201	228	271	319	365	G	NA	175	198	236	278	317
High G	NA	49	55	66	76	85	High G	NA	42	48	58	66	74
N	NA	164	180	212	250	295	N	NA	142	156	184	217	257

Unisex – Non-Smoker – Preferred							Unisex – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	91	107	125	144	144	A	NA	104	123	144	165	165
C	NA	181	214	249	287	287	C	NA	208	246	286	330	330
D	NA	188	223	259	299	299	D	NA	216	256	298	343	343
F	NA	234	277	322	371	371	F	NA	269	318	370	426	426
High F	NA	50	55	63	71	80	High F	NA	57	63	72	82	91
G	NA	163	185	220	259	296	G	NA	187	213	253	297	340
High G	NA	39	44	53	61	68	High G	NA	45	51	61	70	78
N	NA	133	146	172	203	239	N	NA	153	168	197	233	275



**National Health Insurance Company****TOLL FREE: 888-376-3300**

Website:

Rates Became Effective on 7/10/2023

Marketing Methods: Agent Solicitation

Type: Individual Market - Attained Age

Policy Fee: \$25

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	137	160	185	215	247	<b>A</b>	NA	121	141	164	190	219
<b>F</b>	NA	176	205	237	275	317	<b>F</b>	NA	156	181	210	244	281
<b>High F</b>	NA	56	65	75	87	100	<b>High F</b>	NA	49	57	66	77	89
<b>G</b>	NA	146	170	197	228	263	<b>G</b>	NA	129	150	174	202	232
<b>N</b>	NA	108	125	145	168	194	<b>N</b>	NA	95	111	129	149	172

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	164	192	222	257	297	<b>A</b>	NA	145	170	197	228	263
<b>F</b>	NA	211	246	285	330	380	<b>F</b>	NA	186	217	252	292	337
<b>High F</b>	NA	67	78	90	104	120	<b>High F</b>	NA	59	69	80	92	106
<b>G</b>	NA	175	203	236	273	315	<b>G</b>	NA	154	180	209	242	279
<b>N</b>	NA	129	150	174	202	233	<b>N</b>	NA	114	133	154	179	206

**Premera Blue Cross Blue Shield of Alaska****TOLL FREE: 800-508-4722**[www.Premera.com](http://www.Premera.com)

Rates Became Effective on 4/1/2023

Marketing Methods: Direct Response  
and Agent Solicitation Statewide

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 3-month look back and 3-month waiting period

Unisex – Smoker/Non-Smoker – Standard						
	<65	65	70	75	80	85
<b>A</b>	NA	167	202	250	250	250
<b>F</b>	NA	218	266	329	329	329
<b>High F</b>	NA	85	104	130	130	130
<b>G</b>	NA	147	209	277	277	277
<b>High G</b>	NA	54	75	94	94	94
<b>N</b>	NA	162	194	243	243	243

**State Farm Mutual Automobile Ins. Co.**[www.StateFarm.com](http://www.StateFarm.com)

Rates Became Effective on 5/1/2023

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

**Contact Local Agent**

**Marketing Methods:** Agent Solicitation  
 - Brokers in Anchorage, Eagle River,  
 Fairbanks, Juneau, Kenai, Ketchikan,  
 Kodiak, North Pole, Soldotna, and  
 Wasilla

**Male – Non-Smoker\*****Female – Non-Smoker\***

	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	97	122	142	159	166	<b>A</b>	NA	90	113	131	147	153
<b>C</b>	NA	171	215	249	280	291	<b>C</b>	NA	157	198	230	258	269
<b>D</b>	NA	111	146	176	204	228	<b>D</b>	NA	108	133	156	178	197
<b>F</b>	NA	172	217	252	283	294	<b>F</b>	NA	159	200	232	261	272
<b>G</b>	NA	111	147	177	204	229	<b>G</b>	NA	108	133	156	178	197
<b>N</b>	NA	86	113	136	159	181	<b>N</b>	NA	82	100	119	138	156

\*Smoker rate is 10% more than the non-smoker rate

**Transamerica Life Insurance Company****TOLL FREE: 800-797-2643**

Website:

Rates Became Effective on 5/1/2023

Type: Individual Market - Issue Age

Policy Fee: None

Preexisting Condition Period: 6-month look back and 6-month waiting period

**Marketing Methods:** Direct Response**Female – Non-Smoker**

	<65	65	70	75	80	85
<b>A</b>	NA	104	131	159	188	211
<b>B</b>	NA	137	173	210	248	279
<b>C</b>	NA	162	204	248	293	330
<b>D</b>	NA	127	159	194	228	257
<b>F</b>	NA	163	205	250	295	332
<b>G</b>	NA	127	159	194	229	258
<b>K</b>	NA	57	71	87	102	115
<b>L</b>	NA	84	106	129	152	171
<b>M</b>	NA	104	130	159	187	211
<b>N</b>	NA	97	122	149	176	198

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**United American Insurance Company**[www.UnitedAmerican.com](http://www.UnitedAmerican.com)

Rates Became Effective on 4/1/2021

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 6-month look back and 2-month waiting period

**TOLL FREE: 800-755-2137**Marketing Methods: Agent Solicitation  
- Brokers in Anchorage, Chugiak,  
Ketchikan, and Wasilla**Male – Preferred**

	<65	65	70	75	80	85+
<b>A</b>	NA	132	159	169	169	169
<b>B</b>	705	226	279	306	311	311
<b>C</b>	NA	237	297	336	370	370
<b>D</b>	NA	223	283	322	357	357
<b>F</b>	NA	211	263	297	327	327
<b>High F</b>	253	33	43	54	61	61
<b>G</b>	NA	213	270	308	341	341
<b>High G</b>	NA	33	43	54	61	61
<b>K</b>	NA	99	132	147	155	155
<b>L</b>	NA	139	185	206	217	217
<b>N</b>	NA	179	229	262	294	294

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**USAA Life Insurance Company**[www.USAA.com](http://www.USAA.com)

Rates Became Effective on 9/1/2023

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

**TOLL FREE: 800-531-8722**

Marketing Methods: Agent Solicitation

**Unisex – Non-Smoker**

	<65	65	70	75	80	85+
<b>A</b>	NA	90	106	126	146	162
<b>F</b>	NA	157	183	219	254	281
<b>G</b>	NA	121	133	161	199	258
<b>N</b>	NA	108	126	151	175	193

**Washington National Insurance Company****TOLL FREE: 800-852-6285**[www.WashingtonNational.com](http://www.WashingtonNational.com)

Rates Became Effective on 12/1/2022

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Marketing Methods: Direct Response and Agent Solicitation; No Agents in Alaska but there are Agents in other states that are licensed to sell in Alaska

**Male – Preferred****Female – Preferred**

	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	125	152	184	219	258	<b>A</b>	NA	113	137	166	197	232
<b>F</b>	NA	228	276	334	399	469	<b>F</b>	NA	205	248	301	359	422
<b>G</b>	NA	156	189	230	274	322	<b>G</b>	NA	141	171	207	246	290
<b>High G</b>	NA	39	48	58	68	80	<b>High G</b>	NA	36	43	52	62	72
<b>N</b>	NA	129	156	189	225	264	<b>N</b>	NA	116	140	170	202	238

**Male – Standard****Female – Standard**

	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	139	168	204	243	286	<b>A</b>	NA	125	152	184	219	258
<b>F</b>	NA	253	306	372	443	521	<b>F</b>	NA	228	276	334	399	469
<b>G</b>	NA	174	210	255	304	357	<b>G</b>	NA	156	189	230	274	322
<b>High G</b>	NA	44	53	64	76	89	<b>High G</b>	NA	39	48	58	68	80
<b>N</b>	NA	143	173	209	250	293	<b>N</b>	NA	129	156	189	225	264

**Male – Sub-Standard****Female – Sub-Standard**

	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	155	187	227	270	318	<b>A</b>	NA	139	168	204	243	286
<b>F</b>	NA	281	340	413	492	579	<b>F</b>	NA	253	306	372	443	521
<b>G</b>	NA	193	234	283	338	397	<b>G</b>	NA	174	210	255	304	357
<b>High G</b>	NA	48	58	71	84	99	<b>High G</b>	NA	44	53	64	76	89
<b>N</b>	NA	159	192	233	277	326	<b>N</b>	NA	143	173	209	250	293

# APPENDIX A:

## Guarantee Issue Without Open Enrollment

Guarantee issue means an insurance company does not consider existing health conditions when issuing insurance coverage (also called without underwriting). An insurance company may offer a plan at any time that does not consider pre-existing health conditions when issuing the policy. However, the policy may have a much higher premium and may require a waiting period for pre-existing health conditions.

Certain events trigger **special rules** under which insurance companies must offer Medicare supplement insurance plans without considering pre-existing health conditions. The events and rules are described in the chart below. You must apply for your new Medicare supplement plan within **63 days** of the end of previous coverage. You have these special protections regardless of existing health conditions:

- ◆ Companies **cannot refuse to issue you a Medicare supplement insurance plan**
- ◆ Companies **cannot charge you higher premiums** because of your health condition
- ◆ You **will not have a waiting period** before benefits are paid

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available For 63 Days Only
1.	You are covered by an <b>employer group</b> health benefit plan that pays benefits, and the plan stops providing some or all health benefits to you.	<ul style="list-style-type: none"> <li>◆ If you were eligible for Medicare <b>before</b> January 1, 2020, you must be allowed to enroll in any Medicare supplement <b>Plan A, B, C, F, High Deductible Plan F, High Deductible Plan G, K, L</b> from ANY COMPANY selling those plans.</li> <li>◆ If you were eligible for Medicare <b>on or after</b> January 1, 2020, you must be allowed to enroll in any Medicare supplement <b>Plan A, B, D, G, High Deductible Plan G, K, L</b> from ANY COMPANY selling those plans.</li> <li>◆ If you are on Medicare <b>under age 65</b>, you can buy only from companies selling to those under age 65. Please see information about ACHIA on page 19 about this alternative.</li> </ul>
2.	You are enrolled in a <b>Medicare Advantage plan</b> , and you dis-enroll because <ul style="list-style-type: none"> <li>◆ you move from the service area or</li> <li>◆ the plan stops providing Medicare services or</li> <li>◆ the plan seriously violates the contract or misrepresents the plan during marketing.</li> </ul>	
3.	You are enrolled under a <b>Medicare Supplement policy</b> and it ends because <ul style="list-style-type: none"> <li>◆ the insurance company is insolvent or bankrupt or</li> <li>◆ coverage is involuntarily ended or</li> <li>◆ the plan seriously violates the contract or misrepresents the plan during marketing.</li> </ul>	

	<b>Events Which Trigger A Guarantee Issue Opportunity</b>	<b>Enrollment Options Available For 63 Days Only</b>
4.	<p>You are enrolled in a <b>Medicare supplement policy</b></p> <ul style="list-style-type: none"> <li>◆ And you stop the Medicare supplement plan and enroll in a Medicare Advantage plan, then you dis-enroll from the new plan in the <b>first 12 months</b>.</li> </ul>	<p>You must be allowed to <b>Re-enroll</b> in the Medicare supplement you were most recently enrolled in if it is available from the same company, <b>or if not available</b>,</p> <ul style="list-style-type: none"> <li>◆ If you were eligible for Medicare <b>before</b> January 1, 2020, you must be allowed to enroll in any Medicare supplement <b>Plan A, B, C, F, High Deductible Plan F, High Deductible Plan G, K, L</b> from ANY COMPANY selling those plans.</li> <li>◆ If you were eligible for Medicare <b>on or after</b> January 1, 2020, you must be allowed to enroll in any Medicare supplement <b>Plan A, B, D, G, High Deductible Plan G, K, L</b> from ANY COMPANY selling those plans.</li> </ul> <p>If you are <b>under age 65</b>, you can buy only from companies selling to those under 65.</p>
5.	<p>You enroll for the <b>first time</b> in Medicare Part B at <b>age 65 or older</b>, and you enroll in a Medicare Advantage plan for the first time. Then you disenroll in your Medicare Advantage plan within 12 months.</p>	<ul style="list-style-type: none"> <li>◆ If you were eligible for Medicare before January 1, 2020, you must be allowed to enroll in any Medicare supplement <b>Plan A through N</b>, offered by ANY COMPANY selling those plans in Alaska. (Includes high deductible choices.)</li> <li>◆ If you were eligible for Medicare on or after January 1, 2020, you must be allowed to enroll in any Medicare supplement <b>Plan A, B, D, G, High Deductible Plan G, K, L, M or N</b>, offered by ANY COMPANY selling those plans in Alaska.</li> </ul>

➤ This option does NOT apply to employer retiree health plans. If you give up your retiree plan to try a Medicare Advantage plan, you may not get your retiree plan back. This is not likely to occur in Alaska due to few Medicare Advantage plans available.

➤ If you bought your Medicare supplement plan before June 1, 2010, it is no longer being sold. You can buy only a 2010 standardized plan.

**You Must Be Notified**

When you lose coverage under any of the situations described in the above chart, you should receive a notice from the insurance company or organization that issued the health coverage. The notice must explain your right to purchase other coverage and your protection against waiting periods for pre-existing conditions.

## If You Need Additional Help or One-on-One Counseling

If you need additional help or have questions about Medicare, one-on-one counselors are available through the Medicare Information Office.

### **Alaska Department of Health**

Alaska Division of Senior and Disabilities Services

Medicare Information Office (SHIP)

1 (800) 478-6065

If you are in Anchorage, call (907) 269-3680

TTY: 800-770-8973

Website: [www.Medicare.Alaska.gov](http://www.Medicare.Alaska.gov)

E-mail: [HSS.Medicare@Alaska.gov](mailto:HSS.Medicare@Alaska.gov)

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## If You Have a Complaint or Problems with the Insurance Company

If you are not satisfied with the service you receive from an insurance company, contact your producer and/or insurer. If you do not receive satisfactory results from them, call, write, e-mail, or visit the Anchorage office of the Alaska Division of Insurance.

A consumer complaint can be filed on-line through the Division of Insurance Website at: <https://www.commerce.alaska.gov/web/ins/Consumers/Complaints/FileAComplaint.aspx>

### **Alaska Division of Insurance**

Consumer Services Section

Robert B. Atwood Building

550 West 7th Avenue, Suite 1560

Anchorage, AK 99501-3567

**1-800-INSURAK (1-800-467-8725)** • If you are in Anchorage, call **(907) 269-7900**

Website: [www.commerce.alaska.gov/web/ins/](http://www.commerce.alaska.gov/web/ins/)

E-mail: [Insurance@Alaska.gov](mailto:Insurance@Alaska.gov)

## Other Resources & Information

The Division of Insurance publishes several guides like this one and an annual report that you may find helpful. Copies of these guides and the annual report are available on the Division of Insurance website at <https://www.commerce.alaska.gov/web/ins/Home.aspx> or by contacting the Division of Insurance directly.

