

# 2018

## MEDICARE SUPPLEMENT INSURANCE (MEDIGAP)



# CONSUMER GUIDE

STATE OF ALASKA  
DEPARTMENT OF COMMERCE,  
COMMUNITY, AND ECONOMIC  
DEVELOPMENT

**DIVISION OF INSURANCE**

STATE OF ALASKA  
DEPARTMENT OF HEALTH  
AND SOCIAL SERVICES

**SENIOR AND DISABILITIES SERVICES  
MEDICARE INFORMATION OFFICE**

# 2018 Alaska's Guide to Medicare Supplement Insurance (MEDIGAP)



July 2018

Bill Walker  
GOVERNOR

Mike Navarre  
Commissioner

Lori K. Wing-Heier  
Director  
Division of Insurance

**For policies effective June 1, 2010 and later**

Prepared by:  
Chelsy Maller  
Insurance Specialist I

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY  
AND ECONOMIC DEVELOPMENT

---

Division of Insurance

In cooperation with the  
STATE OF ALASKA  
DEPARTMENT OF HEALTH AND  
SOCIAL SERVICES

Valerie Davidson  
Commissioner

Dana Barnett  
Program Coordinator I  
Division of Senior and Disabilities Services

Duane Mayes  
Director

**Medicare Information Office**



## Introduction

Welcome to Alaska's 2018 Guide to Medicare Supplement Insurance for policies effective June 1, 2010 and later. It was developed collaboratively by the Department of Health and Social Services and the Alaska Division of Insurance to assist Medicare beneficiaries, their caregivers, and families.

The information presented here provides an overview of Medicare, a shopping guide, and a rate listing for health insurers offering Medicare Supplement Insurance in Alaska. The Alaska Division of Insurance does not promote a specific insurance company or insurance producer.

The rate information in this guide is provided by 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 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.

The Medicare Information Office provides counseling and outreach on the Medicare program, Medicare Supplements 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 Social Services and is available by telephone and in-person to assist Medicare recipients, family or providers with questions about Medicare. The toll free helpline is 800-478-6065 or in Anchorage (907) 269-3680. The Medicare Information Office is also the Senior Medicare Patrol (SMP) which empowers seniors to prevent healthcare fraud.

To obtain paper copies of this guide contact the Medicare Information Office referenced above or the Division of Insurance, consumer services section toll free at 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 "2017 Choosing a Medigap Policy" found at <https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf> and is available by contacting Medicare at 1-800-MEDICARE (1-800-633-4227).

The Centers for Medicare and Medicaid (CMS) is the federal agency within the U.S. Department of Health and Human Services which administers Medicare. We encourage you to utilize their website at <http://www.medicare.gov> for valuable information regarding Medicare including a handbook entitled Medicare & You that provides detailed information on Medicare program benefits, rights, and obligations.

# Table of Contents

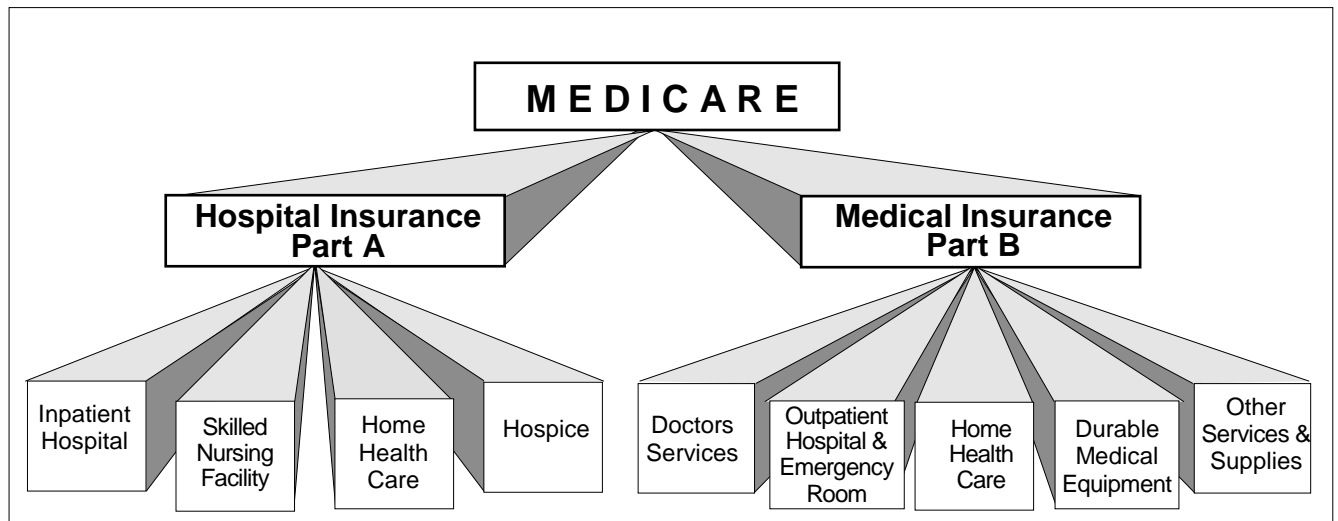
Medicare Basics .....	1
Medicare Benefit Chart 2018 .....	2
Supplementing Medicare .....	3
Chart – Ten Standard Supplement Plans.....	4
Open Enrollment.....	5
Pre-Existing Conditions.....	5
Guarantee Issue Without Open Enrollment.....	6-7
Standard Plan Benefits .....	8
Basic Benefits .....	8
Part A - Hospitalization .....	8
Part B - Medical Expenses .....	9
Part A Deductible.....	9
Skilled Nursing Facility Coinsurance.....	9-10
Part B Deductible.....	10
Foreign Travel Emergency.....	10
Part B Excess Charges.....	11
Out-of-Pocket Annual Limit.....	11
Shopping For Medicare Supplement Insurance .....	12
Price Comparison .....	12
Service .....	12-13
Availability.....	13
Shopping Tips.....	13-14
Alternatives To Medicare Supplement Insurance.....	16
Employer Health Insurance.....	16
ACHIA .....	16
Medicaid .....	17
Protecting Yourself & Your Medicare Benefits .....	17-18
Outline of Benefits in Standardized Medigap Plans.....	19
Reading the Rate Chart .....	20-22
Rate Charts .....	23-27
If You Have a Problem or a Complaint.....	29
Complaint Instructions .....	30
Insurance Inquiry/Complaint Form .....	31
Other Resources & Information Available .....	32

## Medicare Basics

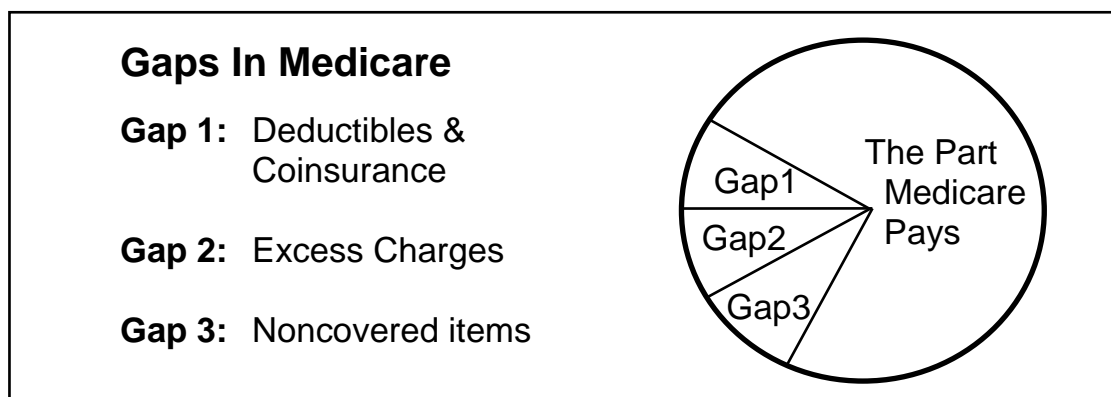
Medicare is a federal health insurance program available to the following specific groups:

- ◆ People 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 8).



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 2018

**Part A Hospital Insurance - Covered Services** (Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2018.)

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 \$1,340	\$1,340
	61st to 90th day	All but \$335 per day	\$335 per day
	91st to 150th day	All but \$670 per day	\$670 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 \$167.50 per day	\$167.50 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
Blood	Blood	All but first 3 pints	First 3 pints

## Part B - Medical Insurance - Covered 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 \$183 deductible*)	20% of approved (after \$183 deductible*) plus excess charges
<b>Outpatient Hospital Treatment</b>	Unlimited if medically necessary	Amount based on a fee schedule (after \$183 deductible*)	Coinsurance or copayment amount which varies according to the service (after \$183 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 \$183 deductible*)	20% of approved (after \$183 deductible*) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

\*A single \$183 deductible per year covers all Part B services.

## Your 2018 Part B Monthly Premium

If Your Yearly Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$134
\$85,001 - \$107,000	\$170,001 - \$214,000	\$187.50
\$107,001 - \$160,000	\$214,001 - \$320,000	\$267.90
\$160,001 - \$214,000	\$320,001 - \$428,000	\$348.30
Greater than \$214,000	Greater than \$428,000	\$428.60

# Supplementing Medicare

Medicare supplement insurance is also called “Medigap” or “MedSup.” 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!**

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 every Medicare supplement company must sell Plan A (Basic Benefits only) along with Plan C or F. **An insurance company usually cannot add to or modify the benefits 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.

The Balanced Budget Act of 1997 introduced a **high-deductible version of Plan F.** The benefit package is the same as in the no-deductible F. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount. The deductible is **\$2,240** for 2018 and will increase each year based on the Consumer Price Index.

## Ten Standard Medicare Supplement Plans

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
<b>Part A Hospital</b>	X	X	X	X	X	X	X	X	X	X
Day 61-90 Coinsurance	X	X	X	X	X	X	X	X	X	X
Day 91-150 Coinsurance	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% **	75% **	X	X ****
<b>Parts A and B Blood</b>	X	X	X	X	X	X	50%	75%	X	X
<b>Additional Benefits</b>	A	B	C	D	F	G	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</b>					X	X				
<b>Foreign Travel Emergency</b>			80%	80%	80%	80%			80%	80%
<b>Out-of-pocket annual limit</b>							\$5,240 ***	\$2,600 ***		

X = Supplement pays 100%

50-80% = the amount the supplement pays

\*Plan F has an option called high deductible Plan F. If you choose this option, you must pay for Medicare-covered costs up to the deductible amount of \$2,240 before your Medicare Supplement plan pays anything.

\*\*Plans K and L pay 100% of the Part B coinsurance for preventive services.

\*\*\*Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

\*\*\*\*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 coverage.
2. You **lose health care benefits** in certain situations described on pages 7 and 8, 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 Without Open Enrollment

Guarantee issue means an insurance company does not consider existing health conditions when issuing insurance coverage. An insurance company may offer a plan at any time that does not consider pre-existing health conditions. However, the policy may have a much higher premium and 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

	<b>Events Which Trigger A Guarantee Issue Opportunity</b>	<b>Enrollment Options Available For <u>63 Days Only</u></b>
1.	You are covered by an <b>employer group</b> health benefit plan that pays benefits <b>after</b> Medicare, and the plan stops providing some or all health benefits to you.	<ul style="list-style-type: none"> <li>◆ You must be allowed to enroll in any Medicare supplement <b>Plan A, B, C, D, F</b> (including a high deductible Plan F), <b>G, K, L, M, N</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 16 about this alternative.</li> </ul>
2.	You are enrolled in a <b>Medicare Advantage</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 <u>63 Days Only</u></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 and enroll in a Medicare Advantage, then you dis-enroll from the new plan in the <b>first 12 months</b>.</li> </ul>	<p>You must be allowed to</p> <ul style="list-style-type: none"> <li>◆ <b>Re-enroll</b> in the Medicare supplement you were most recently enrolled in if it is available from the same company,* <b>or <u>if not available</u></b>,</li> <li>◆ Enroll in any Medicare supplement plan <b>A, B, C, D, F, G, K, L, M, or N</b> (including Medicare Select or high deductible choices) from ANY COMPANY selling those plans in Alaska.</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 within 12 months.</p>	<p>You must be allowed to enroll in ANY standardized Medicare supplement plan, <b>A through N</b>, offered by ANY COMPANY selling those plans in Alaska. (Includes high deductible choices.)</p>

\* 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.

# Standard Plan Benefits

## BASIC BENEFITS (All Plans)

### Part A: Hospitalization (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** in all 10 plans pay the daily coinsurance (see page 3 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** in all 10 plans pay the daily coinsurance (see page 3 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** in all 10 plans 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.
- ◆ **Blood: Basic Benefits** in Plans A, B, C, D, F, M, and N combine with Medicare to cover blood expenses (except the \$183 Part B deductible) both in and out of the hospital. Plan K pays 50% and Plan L pays 75% of the Medicare eligible expenses for the first three pints of blood.
- ◆ **Hospice Care:** Plans sold after June 1, 2010 now include coverage of coinsurance for all Part A eligible Hospice and respite care expenses. Plans A, B, C, D, F, G, M, and N pay 100% of these costs; Plan K pays 50% and Plan L pays 75% of the coinsurance.

## Part B: Medical Expenses (Per Calendar Year)

- ◆ **Part B coinsurance or copayment: Basic Benefits** in all of the plans, except high deductible F, pay after the \$183 annual 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 services: Medicare pays 80% of the approved amount and Plans A-D, F, G, and M pay the 20% coinsurance; Plan K pays 50% of the 20% and Plan L pays 75% of the 20% coinsurance. Plans K and L pay the full coinsurance for preventive services. For Plan N you pay the lesser of \$20 or the Medicare Part B coinsurance for each office visit (including visits to specialists); and the lesser of \$50 or the Medicare Part B coinsurance for each emergency room visit. The emergency room copayment will be waived if you are admitted to the hospital.
- ✓ Mental health outpatient treatment: In 2017 Medicare pays 80% of the approved amount and Plans A-D, F, G, M, and N pay 20%; Plan K pays half of the 45% and Plan L pays 75% of the 45% coinsurance.
- ✓ Hospital Outpatient: Plan A-D, F, G, M, and N pays the Medicare determined copayment; Plan K pays 50% and Plan L pays 75% of the copayment.

### **PART A DEDUCTIBLE (Plans B, C, D, F, G, K, L and N)**

Medicare requires that you pay a **deductible** when hospitalized (see page 7 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 B, C, D, F, G, and N include the **Part A Deductible Benefit** that pays the **full deductible amount** each time it is charged. Plans K and M pay 50% of the hospital deductible and Plan L pays 75% of the Part A deductible per benefit period.

This kind of benefit may be thought of as “first dollar coverage.” First dollar coverage means the insurance pays from the first dollar of expense incurred. One way to save money on premiums is to pay for this deductible yourself.

### **SKILLED NURSING FACILITY COINSURANCE (Plans C, D, F, G, K, L, M and 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.” Standardized Plans C, D, F, G, M, and N pay 100% of the Skilled Nursing Coinsurance Benefit. Plan K

pays 50% and Plan L pays 75% of the skilled nursing facility coinsurance.

**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 3 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 B  
DEDUCTIBLE  
(Plans C and F)**

Medicare has a \$183 (per calendar year) deductible for Part B covered services. The first \$183 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit** pays the **\$183 deductible** under Plans C and F.

This benefit is another type of “first dollar coverage” and may cost as much in extra premium as the value of the benefit. To save premium dollars, you may consider paying this portion of your health care costs and choose a plan other than C or F.

**FOREIGN  
TRAVEL  
EMERGENCY  
(Plans C, D, F, G,  
M and N)**

**Medicare does NOT cover** care received outside the U.S. Standard Plans C, D, F, G, M, and N include a **Foreign Travel Emergency Benefit** that pays as follows:

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

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

**PART B  
EXCESS  
CHARGES  
(Plans F and G)**

Plans F and G have an **Excess Charge Benefit**. Plans F and G pay 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%.

<b>EXAMPLE</b>		
Limiting Charge	\$115*	<u>Plans F &amp; G:</u> <b>100% x Excess = \$15</b>
Medicare Approved	<u>\$100</u>	
<b>Excess Charges</b>	<b>\$ 15</b>	
*15% over the approved amount		

One way to control medical costs is to use doctors who accept assignment. 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.

**OUT-OF-POCKET  
ANNUAL LIMIT  
(PLANS K and L)  
DRUGS  
(PLANS H, I and J)**

Plans K and L have an annual cap on out-of-pocket expenditures for Medicare Part A and B. Plan K and L will provide full coverage of all Medicare Parts A and B deductibles, co-payments, and co-insurance amounts after the beneficiary has paid out-of-pocket expenses of \$5,240 (Plan K) or \$2,620 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, co payment, and coinsurance amounts.

# Shopping For Medicare Supplement Insurance

**Assess your needs.** Review your own health profile and decide what benefits and services you are most likely to need. Determine which standard plan is 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 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. Some companies also base premiums on age. Check to see if the premium is based on age 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 ten 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 or by mail?**  
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 the yellow pages for local agents who represent those companies or call the company directly to ask about agents.
- ◆ **Is a toll-free telephone number available for questions?**  
This is especially important if you do not have a local agent.
- ◆ **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. The Internet is the best source for the most recent ratings information.



- ◆ **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 6 for more on pre-existing conditions.)

- ◆ **Is crossover claims filing available?**  
Some 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

- ◆ **Does the company sell Medicare supplements to those on 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.

- ◆ **Does the company have guarantee issue policies?**  
A guarantee issue policy means you will not be turned down for a policy because of existing health conditions.

## SHOPPING 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 the 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. Do not buy insurance from a person who cannot show proof of

licensing. A business card is not a license. Contact the Division of Insurance to check on an agent's license.

- ◆ **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 after 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.
- ◆ **DO NOT pay with cash.** Pay by check, money order, or bank draft. Make it payable to the insurance company only, not the agent. Completely fill in the check before presenting it to the agent.
- ◆ **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 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.**
- ◆ **Use your 30-day free-look period.** This 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.** After the “free-look” period, insurance companies are not required to return unused premiums if you decide to drop the policy. If an agent tries to sell you a new policy saying you can get a premium refund for your current policy, report the agent to the Alaska Division of Insurance.

- ◆ **Your policy is 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.

Use this premium guide for much of the information needed.

**Compare company prices.**

COMPANY	A	B	C	D	F	G	K	L	M	N

**Compare company service.**

COMPANY NAME						
Sells through agent or mail	Agent	Mail	Agent	Mail	Agent	Mail
Service office convenient	Yes	No	Yes	No	Yes	No
Company has toll-free #	#_____		#_____		#_____	
Company's financial rating						
Offers automatic claims filing						
Waiting period for pre-existing conditions	Yes	No	Yes	No	Yes	No
	#months? _____		#months? _____		#months? _____	

**Which companies and which plans are available?**

COMPANY NAME			
Guaranteed Issue policies	Plans:	Plans:	Plans:
Medicare disability policies	Plans:	Plans:	Plans:

# 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 (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 your District Adult Public Assistance office (888-876-2477) or the Medicare Information Office for more information.

## 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 while receiving Medicaid assistance. However, if you have a Medicare supplement 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.**

## PREVENTING MEDICARE FRAUD

### Protecting Yourself and Your Medicare Benefits

Your best defense against Medicare fraud is to watch for your Medicare Summary Notices in the mail or use [mymedicare.gov](http://mymedicare.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 didn't 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 Medicare Information Office at 1-800-478-6065 or the national SMP at 1-877-808-2468.

This publication has been created in part by Alaska's State Health Insurance Program (SHIP) and the Senior Medicare Patrol (SMP) with financial assistance through a grant from the US Administration on Aging.

# OUTLINE OF BENEFITS IN STANDARDIZED MEDIGAP PLANS

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 with each other 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.

The insurer's charts are in alphabetical order and represent most Medicare supplement insurers in Alaska. There are insurers offering Medicare supplement insurance that are not listed because they insure a very small number of Alaskans, sometimes only one or two. The other insurers not 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 plan/s and services they provide. It is a good idea to shop and compare.

**1** (points to the entire plan description)

**2** (points to the company name)

**3** (points to the market type)

**4** (points to the plan type)

**5** (points to the disclaimer)

**6** (points to the age group)

**7** (points to the 65 age column)

**8** (points to the 70 age column)

**9** (points to the disclaimer)

**10** (points to the website)

**11** (points to the waiting period note)

**Sample Insurance Company**  
**Rates effective 1/2003**  
 Individual Market - Attained Age  
**Female - Smoker - Standard**

**TOLL FREE:**  
 800-123-4567

**WEBSITE:** [www.sample.com](http://www.sample.com)  
**Marketed Through:**  
 ~Agent Solicitation  
 Agents in Anchorage, Fairbanks, Juneau

Waiting period for preexisting conditions and look back period are waived

	<65	65	70	75	80	85
<b>A</b>	NA	XX	XX	XX	XX	XX
<b>B</b>	NA	XXX	XXX	XXX	XXX	XXX
<b>C</b>	NA	XXX	XXX	XXX	XXX	XXX
<b>D</b>	NA	XXX	XXX	XXX	XXX	XXX
<b>E</b>	NA	XXX	XXX	XXX	XXX	XXX
<b>F</b>	NA	XXX	XXX	XXX	XXX	XXX
<b>G</b>	NA	XXX	XXX	XXX	XXX	XXX

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



## Reading the Chart

Shown on the previous page is a sample of the charts that are located in this guide. The explanations below are numbered according to the sample.

- 1** **Who offers Medicare Supplement Insurance and how do I contact them?** The company name and telephone number for each insurer listed in the guide is displayed here. The telephone numbers are customer service numbers provided for your use by the insurer. Call them with any questions you have. Also noted is the Website for the company, if available.
- 2** **How often will rates change?** Insurers generally evaluate their experience and modify their rates on an annual basis. Note the effective date provided by each insurer. The rates are likely to change one year from the listed effective date. You may want to call the insurance company and ask them when they anticipate a change in rates.
- 3** **What is the difference between the group and individual policies?** Most of the plans listed are for the individual market. This means it is open to any Medicare qualified person who wishes to purchase Medicare Supplement insurance. Group plans are limited to those who are eligible for employer sponsored plans and association plans are available for those who are members of specific organizations such as the American Association of Retired Persons (AARP) or a union. Some associations offer group rates which can be less expensive.
- 4** **Does the insurer charge different rates for males and females?** Some insurers offer different rates based on gender. If an insurer does vary rates for males and females, both a male and female chart will be shown. Unisex means that the same rate applies to both males and females.
- 5** **Does tobacco use affect the rate?** Some companies have different rates for tobacco users. If an insurer does vary rates for tobacco use, it is noted in the rate schedule as smoker, non-smoker, tobacco, or non-tobacco. Note that tobacco use includes smokeless tobacco.

6

**Does the insurer write the policy based on issue age or attained age?** This information is found next to the group or individual designation.

**Issue Age** means that 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** means that 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** means that premiums do not depend on your age, either at the time the policy is issued or upon renewal. Premiums depend on other factors and may increase because of benefit changes or overall premium adjustments.

7

**Does the insurer offer reduced rates based on health status?** Reduced rates may be offered to those individuals who present a lower health risk. If an insurer offers reduced rate policies, it is also noted in this section. Standard means the rate schedule is for those considered by the company to be a higher risk. Preferred means schedule is for those considered by the company to be a lower risk. The term "Both" is used when companies do not have separate rates based on lifestyle or other risk factors.

8

**What do the numbers mean?** The premium rates listed in the chart represent **monthly** premiums rounded to the nearest dollar amount. Your premium rate may be higher or lower than those listed. While we have attempted to make this chart as up-to-date as possible and provide the most current date the rates became effective, some of the insurers may have changed their rates since this rate guide was printed.

9

**Does the insurer charge different rates depending on where you live?** Some insurers vary premium rates based on your place of residence. For example, health care may cost more in Juneau than Anchorage thus insurers may charge a higher rate to someone who lives in Juneau. If an insurer does vary rates based on your place of residence, it is noted in this section.

10

**How is the insurance marketed?** The insurer can give you the names and locations of their representatives, agents, or brokers who sell Medicare Supplement Insurance policies in Alaska. Under "Marketed Through" in the Medicare Supplement Insurance Premium Comparison Chart the avenues available for obtaining a policy are listed. If agent or broker solicitation is indicated, the town(s) where they are located will be listed. If the insurance is sold by direct mail, the box will say Direct Response. To reach an insurer that sells by direct mail, simply call the telephone number listed with the insurer name. All business connected with the sale and service of the policy will be handled over the telephone and through the mail. Upon request, the insurer will also provide you with an outline of the various plans they offer.

When available, talk with a company representative who is licensed to sell Medicare supplement insurance policies for the insurer you have chosen. The representative should have a broad knowledge of Medicare and Medicare supplement insurance benefits and should be able to answer most of your questions.

11

**Does the insurer have a preexisting condition waiting period?** This information is found in this section.

**Look-back** is the number of months the insurer looks back from the effective date of your coverage for a preexisting condition in order to apply a preexisting condition waiting period.

**Waiting period** is the 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. (Note exceptions in the guarantee issue and open enrollment sections in the Guide to Health Insurance for people with Medicare.)

Alaska regulations allow an insurer to apply a maximum 6-month look-back and 6-month waiting period.

For example, “6-month look back and 2-month waiting period” in the comments means that the insurer looks at the 6 months before your effective date for any health condition you may have for which medical advice was given or treatment was recommended during that 6-month period. If you have such a health condition, the insurer will not pay claims related to that condition for 2 months after the effective date of your policy.

## RATE CHARTS

**AARP/UnitedHealthCare Ins. Co. TOLL FREE: WEBSITE: [www.aarpmedicaresupplement.com](http://www.aarpmedicaresupplement.com)**  
 Rates effective 01/01/2018 800-523-5800 Marketing Methods: Agent Solicitation\*,  
 Group Market – Association Plan –Community Rated\*\* Direct Response

3-month look-back and 3-month waiting period for preexisting conditions

Unisex – Preferred – Smoker							Unisex – Preferred – Non-Smoker						
	<65	65 <sup>a</sup>	70 <sup>b</sup>	75 <sup>d</sup>	80 <sup>d</sup>	85 <sup>d</sup>		<65	65 <sup>a</sup>	70 <sup>b</sup>	75 <sup>d</sup>	80 <sup>d</sup>	85 <sup>d</sup>
<b>A</b>	NA	90	111	154	154	154	<b>A</b>	NA	82	101	140	140	140
<b>B</b>	NA	129	160	222	222	222	<b>B</b>	NA	118	145	202	202	202
<b>C</b>	NA	146	180	251	251	251	<b>C</b>	NA	133	164	228	228	228
<b>F</b>	NA	147	181	252	252	252	<b>F</b>	NA	133	165	229	229	229
<b>G</b>	NA	124	153	213	213	213	<b>G</b>	NA	113	139	194	194	194
<b>K</b>	NA	47	58	80	80	80	<b>K</b>	NA	42	52	73	73	73
<b>L</b>	NA	79	98	136	136	136	<b>L</b>	NA	72	89	123	123	123
<b>N</b>	NA	106	130	182	182	182	<b>N</b>	NA	96	119	165	165	165

Unisex – Standard – Smoker							Unisex – Standard – Non-Smoker						
	<65	65 <sup>a</sup>	70 <sup>c/d</sup>	75 <sup>d</sup>	80 <sup>d</sup>	85 <sup>d</sup>		<65	65 <sup>a</sup>	70 <sup>c/d</sup>	75 <sup>d</sup>	80 <sup>d</sup>	85 <sup>d</sup>
<b>A</b>	NA	NA	210	210	210	210	<b>A</b>	NA	NA	191	191	191	191
<b>B</b>	NA	NA	303	303	303	303	<b>B</b>	NA	NA	276	276	276	276
<b>C</b>	NA	NA	342	342	342	342	<b>C</b>	NA	NA	311	311	311	311
<b>F</b>	NA	NA	344	344	344	344	<b>F</b>	NA	NA	312	312	312	312
<b>G</b>	NA	NA	330	330	330	330	<b>G</b>	NA	NA	300	300	300	300
<b>K</b>	NA	NA	109	109	109	109	<b>K</b>	NA	NA	99	99	99	99
<b>L</b>	NA	NA	185	185	185	185	<b>L</b>	NA	NA	168	168	168	168
<b>N</b>	NA	NA	248	248	248	248	<b>N</b>	NA	NA	225	225	225	225

\*please call us toll free at (866) 387-7550 for an agent.

\*\*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> Eligibility for preferred or standard rates is determined based on responses to health status questions when applying for coverage.

<sup>d</sup> Individuals who enroll three or more years 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.

---

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

Rates effective 01/01/2018  
Individual Market – Attained Age

**TOLL FREE: 888-290-0616**    **WEBSITE: [www.achia.com](http://www.achia.com)**  
Marketing Methods: Direct Response

See page 19: Alaska's High Risk Pool for Alaskans otherwise unable to get insurance.

Unisex					
	<65	65	70	75	80
<b>A</b>	303	151	183	214	256
<b>F</b>	455	227	275	321	383
<b>Carve</b>	135	378	378	378	378

---

**Colonial Penn Life Insurance Company**

**TOLL FREE: 800-800-2254**

**WEBSITE: <https://www.bankerslife.com/products/medicare-supplement-insurance/>**

Rates effective 02/19/2018    Marketing Methods: Agent Solicitation\* Individual Market – Attained Age

Male – Preferred							Female – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	116	141	172	200	227	290	<b>A</b>	104	127	154	180	205	261
<b>B</b>	143	174	210	245	280	361	<b>B</b>	129	156	189	221	252	325
<b>F</b>	160	194	235	280	329	449	<b>F</b>	144	175	212	252	297	404
<b>High F</b>	39	47	57	68	80	109	<b>High F</b>	35	43	52	61	72	98
<b>G</b>	145	179	220	265	315	438	<b>G</b>	131	161	198	238	283	394
<b>K</b>	62	75	94	116	139	196	<b>K</b>	56	68	85	104	125	177
<b>L</b>	101	120	147	176	207	282	<b>L</b>	91	108	132	158	186	254
<b>M</b>	125	155	192	230	268	359	<b>M</b>	113	140	173	207	241	323
<b>N</b>	91	118	151	187	228	332	<b>N</b>	82	106	136	168	205	299

\*No agents in Alaska, licensed agent in Washington to sell in Alaska.

Male – Standard							Female – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	128	157	190	222	253	323	<b>A</b>	116	141	172	200	227	290
<b>B</b>	159	193	233	272	311	402	<b>B</b>	143	174	210	245	280	361
<b>F</b>	178	215	261	311	366	498	<b>F</b>	160	194	235	280	329	449
<b>High F</b>	43	52	63	75	89	121	<b>High F</b>	39	47	57	68	80	109
<b>G</b>	161	198	244	294	350	486	<b>G</b>	145	178	220	265	315	438
<b>K</b>	69	84	105	129	154	218	<b>K</b>	62	75	94	116	139	196
<b>L</b>	112	134	163	195	230	313	<b>L</b>	101	120	147	176	207	282
<b>M</b>	139	172	213	255	297	399	<b>M</b>	125	155	192	230	268	359
<b>N</b>	101	131	168	208	253	369	<b>N</b>	91	118	151	187	228	332

Male – Substandard							Female – Substandard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	142	174	212	247	281	358	<b>A</b>	128	157	190	222	253	323
<b>B</b>	176	214	259	302	346	446	<b>B</b>	159	193	233	272	311	402
<b>F</b>	198	239	290	346	407	554	<b>F</b>	178	215	261	311	366	498
<b>High F</b>	48	58	70	84	98	134	<b>High F</b>	43	52	63	75	89	121
<b>G</b>	179	220	271	327	388	540	<b>G</b>	161	198	244	294	350	486
<b>K</b>	77	93	116	143	171	242	<b>K</b>	69	84	105	129	154	218
<b>L</b>	124	148	181	217	255	348	<b>L</b>	112	134	163	195	230	313
<b>M</b>	154	191	237	283	330	443	<b>M</b>	139	172	213	255	297	399
<b>N</b>	113	145	186	231	281	410	<b>N</b>	101	131	168	208	253	369

**Globe Life and Accident Ins. Co. TOLL FREE: WEBSITE: [www.globecaremedsupp.com](http://www.globecaremedsupp.com)**  
 Rates effective 06/01/2018 **800-801-6831** Marketing Methods: Direct Response  
 Individual Market – Attained Age ~No brokers available in Alaska

6-month look-back and 2-month waiting period for preexisting conditions

Unisex – Standard						
	<65	65	70	75	80	85
<b>A</b>	NA	81	108	115	115	115
<b>B</b>	NA	120	154	172	174	174
<b>C</b>	NA	138	172	199	209	209
<b>F</b>	NA	139	173	200	211	211
<b>High F</b>	NA	32	43	53	60	60

**Humana Insurance Company**  
Rates effective 09/01/2018

**TOLL FREE:**  
**800-310-8482**

**WEBSITE: [www.humana.com](http://www.humana.com)**  
Marketing Methods: Agent Solicitation,  
Direct Response  
~Brokers available in Anchorage,  
Eagle River, Fairbanks, Kenai,  
Ketchikan, North Pole, Palmer,  
Soldotna, Wasilla

Individual Market – Attained Age 877-320-1235  
(TTY/TDD)

3-month look-back and 3-month waiting period for preexisting conditions

Male – Standard							Male – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	165	201	244	289	335	<b>A</b>	NA	110	134	164	193	224
<b>B</b>	NA	180	219	264	314	365	<b>B</b>	NA	120	146	178	210	244
<b>C</b>	NA	205	250	304	259	416	<b>C</b>	NA	137	167	203	240	279
<b>F</b>	NA	209	255	310	366	425	<b>F</b>	NA	140	170	207	245	284
<b>High F</b>	NA	73	89	108	128	148	<b>High F</b>	NA	49	59	72	85	99
<b>K</b>	NA	97	118	143	169	196	<b>K</b>	NA	65	79	96	113	131
<b>L</b>	NA	138	167	204	241	280	<b>L</b>	NA	92	112	136	161	187

Female – Standard							Female – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	165	195	226	257	283	<b>A</b>	NA	110	130	151	172	190
<b>B</b>	NA	179	212	246	279	308	<b>B</b>	NA	120	142	164	187	206
<b>C</b>	NA	205	242	281	319	342	<b>C</b>	NA	137	162	188	213	236
<b>F</b>	NA	209	247	286	325	359	<b>F</b>	NA	140	165	192	218	240
<b>High F</b>	NA	73	86	100	113	125	<b>High F</b>	NA	49	58	67	76	84
<b>K</b>	NA	97	114	132	150	166	<b>K</b>	NA	65	76	89	101	111
<b>L</b>	NA	137	162	189	214	236	<b>L</b>	NA	92	109	126	142	158

**Individual Assurance Co**  
Rates effective 03/01/2018  
Individual Market – Attained Age

**TOLL FREE:**  
**888-524-3629**

**WEBSITE: [www.iaclife.com](http://www.iaclife.com)**  
Marketing Methods: Agent Solicitation  
Policy Fee: \$25

Male – Standard – Non-Smoker							Female- Standard- Non-Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	135	152	175	195	215	<b>A</b>	NA	118	132	152	170	187
<b>F</b>	NA	160	178	208	239	275	<b>F</b>	NA	139	155	181	208	239
<b>G</b>	NA	128	145	171	198	229	<b>G</b>	NA	111	126	149	172	199
<b>N</b>	NA	108	122	144	169	197	<b>N</b>	NA	94	106	126	147	172

Male- Standard- Smoker							Female- Standard- Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	156	175	201	224	247	<b>A</b>	NA	135	152	175	195	215
<b>F</b>	NA	183	205	239	275	316	<b>F</b>	NA	160	178	208	239	275
<b>G</b>	NA	147	166	197	228	264	<b>G</b>	NA	128	145	171	198	229
<b>N</b>	NA	124	140	166	194	227	<b>N</b>	NA	108	122	144	169	197

---

**Loyal American Life Ins Co.**      **TOLL FREE:**      **WEBSITE:** [www.loyalamerican.com](http://www.loyalamerican.com)  
Rates effective 09/01/2018      **866-459-4272**      Marketing Methods: Agent Solicitation  
Individual Market – Attained Age      6-month look-back and 6-month waiting period for  
preexisting conditions

Male – Preferred - Non-Smoker							Male – Standard - Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	146	171	197	221	252	<b>A</b>	NA	160	188	216	243	277
<b>F</b>	NA	174	203	237	275	326	<b>F</b>	NA	192	224	261	302	359
<b>G</b>	NA	127	151	178	208	249	<b>G</b>	NA	140	166	196	229	274
<b>N</b>	NA	98	116	137	161	195	<b>N</b>	NA	108	127	151	177	214

Female –Preferred- Non-Smoker							Female – Standard - Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	127	149	171	192	219	<b>A</b>	NA	139	164	188	211	241
<b>F</b>	NA	152	177	206	239	239	<b>F</b>	NA	167	195	227	263	312
<b>G</b>	NA	111	131	155	181	216	<b>G</b>	NA	122	144	171	199	238
<b>N</b>	NA	85	101	119	140	169	<b>N</b>	NA	94	111	131	154	186

---

**Mutual of Omaha Ins. Co.**      **TOLL FREE:**      **WEBSITE:** [www.mutualofomaha.com](http://www.mutualofomaha.com)  
Rates effective 06/01/2018      **800-667-2937**      Marketing Methods: Direct Response  
Individual Market – Attained Age      and Agent Solicitation      ~Brokers in Palmer

Male –Standard- Non-Smoker							Male –Standard- Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	98	116	135	155	155	<b>A</b>	NA	106	126	146	168	168
<b>C</b>	NA	179	212	247	284	284	<b>C</b>	NA	194	230	268	308	308
<b>D</b>	NA	174	206	240	276	276	<b>D</b>	NA	188	223	260	299	299
<b>F</b>	NA	188	223	260	299	299	<b>F</b>	NA	204	242	282	324	324
<b>High F</b>	NA	43	47	54	61	68	<b>High F</b>	NA	49	53	62	70	79
<b>G</b>	NA	116	132	157	185	211	<b>G</b>	NA	134	152	181	213	243
<b>N</b>	NA	98	107	126	149	176	<b>N</b>	NA	112	123	145	171	202



Female – Standard- Non-Smoker							Female – Standard- Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	85	101	117	135	135	<b>A</b>	NA	98	116	135	155	155
<b>C</b>	NA	156	185	215	247	247	<b>C</b>	NA	179	212	247	284	284
<b>D</b>	NA	151	179	208	240	240	<b>D</b>	NA	174	206	240	276	276
<b>F</b>	NA	164	194	226	260	260	<b>F</b>	NA	188	223	260	299	299
<b>High F</b>	NA	37	41	47	53	59	<b>High F</b>	NA	43	47	54	61	68
<b>G</b>	NA	101	115	137	161	184	<b>G</b>	NA	116	132	157	185	211
<b>N</b>	NA	85	93	110	130	153	<b>N</b>	NA	98	107	126	149	176

Unisex – Preferred- Non-Smoker							Unisex –Preferred- Smoker						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	91	107	125	144	144	<b>A</b>	NA	104	123	144	165	165
<b>C</b>	NA	166	197	229	263	263	<b>C</b>	NA	190	226	263	294	294
<b>D</b>	NA	161	191	222	255	255	<b>D</b>	NA	185	219	255	294	294
<b>F</b>	NA	174	207	241	277	277	<b>F</b>	NA	201	238	276	318	318
<b>High F</b>	NA	40	44	50	57	64	<b>High F</b>	NA	46	50	58	65	73
<b>G</b>	NA	109	123	146	172	197	<b>G</b>	NA	125	142	168	198	226
<b>N</b>	NA	91	100	118	139	164	<b>N</b>	NA	105	115	135	160	188

**Premera Blue Cross  
Blue Shield of Alaska**  
Rates effective 01/01/2019  
Individual Market – Community Rated

**TOLL FREE:  
800-508-4722**

**WEBSITE: [www.premera.com](http://www.premera.com)**  
Marketing Methods: Direct Response  
and Agent Solicitation state-wide

6-Month look-back and 6-month waiting period for preexisting conditions

Unisex – Standard – Smoker/Non-Smoker						
	<65	65	70	75	80	85
<b>A</b>	NA	141	171	212	212	212
<b>F</b>	NA	187	228	282	282	282
<b>High F</b>	NA	77	93	115	115	115
<b>N</b>	NA	134	165	206	206	206

**Reserve National Insurance CO. TOLL FREE:**  
 Rates effective 05/22/2017  
 Individual Market – Attained Age

**WEBSITE:** [www.reservenational.com](http://www.reservenational.com)  
 Marketing Methods: Agent Solicitation

\$15 policy fee

6-month look-back and 6-month waiting period for preexisting conditions

<b>Male – Preferred – Smoker</b>							<b>Male – Preferred – Non-Smoker</b>						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	168	190	218	232	242	<b>A</b>	NA	147	165	189	202	211
<b>C</b>	NA	200	223	260	286	312	<b>C</b>	NA	174	194	226	249	271
<b>F</b>	NA	201	225	262	288	314	<b>F</b>	NA	175	196	228	250	273
<b>High F</b>	NA	71	83	98	110	121	<b>High F</b>	NA	62	73	86	95	105
<b>G</b>	NA	176	200	236	261	286	<b>G</b>	NA	153	174	205	227	249
<b>N</b>	NA	146	165	195	217	241	<b>N</b>	NA	127	143	169	189	210

<b>Male – Standard – Smoker</b>							<b>Male – Standard – Non-Smoker</b>						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	194	218	251	267	279	<b>A</b>	NA	168	190	218	232	242
<b>C</b>	NA	230	257	299	329	359	<b>C</b>	NA	200	223	260	286	312
<b>F</b>	NA	231	259	301	331	361	<b>F</b>	NA	201	225	262	288	314
<b>High F</b>	NA	82	96	113	126	139	<b>High F</b>	NA	71	83	98	110	121
<b>G</b>	NA	203	229	271	300	329	<b>G</b>	NA	176	200	236	261	286
<b>N</b>	NA	168	189	224	250	278	<b>N</b>	NA	146	165	195	217	241

<b>Female – Preferred – Smoker</b>							<b>Female – Preferred – Non-Smoker</b>						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	147	165	189	202	211	<b>A</b>	NA	127	143	165	176	183
<b>C</b>	NA	174	194	226	249	271	<b>C</b>	NA	151	169	197	216	236
<b>F</b>	NA	175	196	228	250	273	<b>F</b>	NA	152	170	198	218	237
<b>High F</b>	NA	62	73	86	95	105	<b>High F</b>	NA	54	63	74	83	91
<b>G</b>	NA	153	174	205	227	249	<b>G</b>	NA	133	151	178	197	216
<b>N</b>	NA	127	143	169	189	210	<b>N</b>	NA	110	124	147	164	183

<b>Female – Standard – Smoker</b>							<b>Female – Standard – Non-Smoker</b>						
	<65	65	70	75	80	85		<65	65	70	75	80	85
<b>A</b>	NA	169	190	218	232	242	<b>A</b>	NA	147	165	189	202	211
<b>C</b>	NA	200	223	260	286	312	<b>C</b>	NA	174	194	226	249	271
<b>F</b>	NA	201	225	262	288	314	<b>F</b>	NA	175	196	228	250	273
<b>High F</b>	NA	72	83	98	110	121	<b>High F</b>	NA	62	73	86	95	105
<b>G</b>	NA	176	192	236	261	286	<b>G</b>	NA	153	174	205	227	249
<b>N</b>	NA	146	165	195	217	241	<b>N</b>	NA	127	143	169	189	210

**State Farm Mutual Automobile Ins. Co.**

Rates effective 06/01/2018

Individual Market – Attained Age

~Brokers in Anchorage, Eagle River, Fairbanks, Juneau, Kenai, Ketchikan, Kodiak, North Pole, Soldotna, and Wasilla

**TOLL FREE:**

**Local Agent**

**WEBSITE: [www.statefarm.com](http://www.statefarm.com)**

Marketing Methods: Agent

Solicitation

**Male – Non-smoker**

	<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>
<b>A</b>	NA	88	111	129	145	151
<b>C</b>	NA	141	177	205	231	240
<b>F</b>	NA	142	179	207	233	243

**Female – Non-smoker**

	<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>
<b>A</b>	NA	81	103	119	134	139
<b>C</b>	NA	130	164	189	213	222
<b>F</b>	NA	131	165	191	215	224

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

---

**Transamerica Life Insurance Company**

Rates effective 05/01/2018

Individual Market – Issue Age

**TOLL FREE:**

**(866) 797-2643**

**WEBSITE: [www.transamerica.com](http://www.transamerica.com)**

Marketing Methods:

Direct Response

6-month look-back and 6-month waiting period for preexisting conditions

**Female - Non-Smoker**

	<b>&lt;65</b>	<b>65</b>	<b>70</b>	<b>75</b>	<b>80</b>	<b>85</b>
<b>A</b>	NA	83	104	127	150	169
<b>B</b>	NA	109	138	168	198	223
<b>C</b>	NA	130	163	198	234	263
<b>D</b>	NA	120	151	183	216	244
<b>F</b>	NA	130	164	199	235	265
<b>G</b>	NA	120	150	183	216	243
<b>K</b>	NA	60	75	91	108	121
<b>L</b>	NA	89	111	136	160	180
<b>M</b>	NA	109	137	167	197	222
<b>N</b>	NA	103	129	157	185	209

**United American Insurance Co.**  
 Rates effective 05/01/2018  
 Individual Market –Attained Age

**TOLL FREE:**  
**800-755-2137**

**WEBSITE: [www.unitedamerican.com](http://www.unitedamerican.com)**  
 Marketing Methods: Agent Solicitation  
 ~Brokers in Anchorage, Chugiak,  
 Eagle River, Fairbanks, Ketchikan,  
 Wasilla

6-month look-back and 2-month waiting period for preexisting conditions

**Male – Preferred**

	<65	65	70	75	80	85+
<b>A</b>	NA	118	142	151	151	151
<b>B</b>	634	201	248	272	276	276
<b>C</b>	NA	220	274	310	342	342
<b>D</b>	NA	204	259	295	327	327
<b>F</b>	NA	221	276	312	343	343
<b>High F</b>	219	33	43	54	61	61
<b>G</b>	NA	205	260	296	328	328
<b>K</b>	NA	94	125	139	146	146
<b>L</b>	NA	131	175	195	205	205
<b>N</b>	NA	154	198	226	254	254

**USAA Life Insurance Co.**  
 Rates effective 05/01/2018  
 licensed agents ~No brokers available in Alaska

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

**WEBSITE: [www.usaa.com](http://www.usaa.com)**  
 Marketing Methods: Captive, Salaried and  
 Individual Market – Issue Age

**Unisex – Non-Smoker**

	<65	65	70	75	80	85+
<b>A</b>	NA	90	106	126	146	162
<b>F</b>	NA	134	157	187	217	240
<b>N</b>	NA	108	126	151	175	193

**Unisex – Smoker**

	<65	65	70	75	80	85+
<b>A</b>	NA	98	115	138	160	176
<b>F</b>	NA	148	173	207	239	265
<b>N</b>	NA	119	139	166	192	213



## **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 & Social Services**

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 -- E-mail: [hss.medicare@alaska.gov](mailto:hss.medicare@alaska.gov)

---

## **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.

### **Alaska Division of Insurance**

Consumer Services Section

Robert B. Atwood Building

550 West 7th Avenue, Suite 1560

Anchorage, AK 99501-3567

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

E-mail: [insurance@alaska.gov](mailto:insurance@alaska.gov)

You may be asked to file a consumer complaint. A copy of the consumer complaint form is included in this booklet. You can also file a consumer complaint on-line through the Division of Insurance Website at: <http://commerce.state.ak.us/insurance/>



STATE OF ALASKA  
DEPARTMENT OF  
**COMMERCE**  
COMMUNITY AND  
ECONOMIC DEVELOPMENT

Division of Insurance

*Bill Walker, Governor*  
*Chris Hladick, Commissioner*  
*Lori K. Wing-Heier, Director*

Dear Consumer:

This letter responds to your request for assistance in resolving your insurance concerns. The mission of the Division of Insurance is to protect the public. We have the authority to take appropriate administrative action against any violator of the Alaska Insurance Laws. We investigate complaints to ensure that anyone conducting insurance business in our state complies with those insurance laws.

Please complete the Insurance Inquiry/Complaint Form we have provided. If you need more space to explain your concern, please use extra sheets of paper and sign each page. Your signature authorizes the division to investigate your complaint. Attach copies of all correspondence, policies, and other items relating to your problem. Itemized medical bills, explanation of benefits sheets, property loss forms, vehicle appraisals, and police reports are examples of other items you might include. The division will not be able to process your complaint without complete documentation.

Once you return this form, the consumer service specialist assigned to your complaint will contact you. We will need approximately 30 days to complete our investigation. Thank you for this opportunity to assist you with your insurance concerns.

Sincerely,

Lori K. Wing-Heier  
Director of Insurance

550 W. 7<sup>th</sup> Avenue, Suite 1560, Anchorage, Alaska 99501-3567  
Telephone: (907) 269-7900 Fax: (907) 269-7910 Text Telephone: (907) 465-5437  
Email: [insurance@alaska.gov](mailto:insurance@alaska.gov) Website: <http://www.commerce.state.ak.us/insurance/>

DIVISION OF INSURANCE  
CONSUMER SERVICES SECTION

550 West Seventh Avenue, Suite 1560, Anchorage, AK 99501-3567  
Telephone: (907) 269-7900 • Within Alaska (800) INSURAK  
Fax: (907) 269-7910

**INSURANCE INQUIRY/COMPLAINT FORM**

YOUR NAME: \_\_\_\_\_

DAYTIME TELEPHONE NO.: \_\_\_\_\_ ALTERNATE TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code

INSURED'S NAME AND ADDRESS: \_\_\_\_\_  
(If different from above)

YOUR AGE Under 25 \_\_\_\_\_ 25 to 49 \_\_\_\_\_ 50 to 64 \_\_\_\_\_ 65+ \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
(Give name exactly as shown on policy)

EFFECTIVE DATE: \_\_\_\_\_

POLICY TYPE: \_\_\_\_\_ POLICY NUMBER(S): \_\_\_\_\_  
(Auto, Health, Life, etc.)

NAME OF AGENT OR ADJUSTER: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ DATE CLAIM SUBMITTED: \_\_\_\_\_  
(If applicable)

GROUP INSURANCE MEMBERSHIP OR CERT. NO.: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Please give a **FACTUAL STATEMENT OF THE PROBLEM**. Enclose a copy of your policy and any related material as described in the letter on the reverse side. If more space is required, use an additional sheet of paper and sign each page.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## OTHER RESOURCES & INFORMATION AVAILABLE THROUGH THE ALASKA DIVISION OF INSURANCE

The Division of Insurance publishes several guides and an annual report that you may find helpful. The following is a list and short description of each of these publications. Copies of these guides and the annual report are available on the Division of Insurance website at <http://www.commerce.state.ak.us/insurance/> or by contacting the Division of Insurance directly at the numbers and address at the bottom of this page:

1. The ***Insurance Consumer Guide*** is designed to provide the consumer with a general overview helpful for anyone wishing to purchase auto insurance, homeowners insurance, life insurance, or health insurance. It is also designed to help consumers better understand their insurance rights. It explains some of the insurance basics that will be useful in determining what types of coverage may be needed periodically. This brochure is distributed to consumers as a newspaper supplement. Additional copies of this guide are available by contacting the division in Juneau or Anchorage.
2. The ***Long-Term Care Consumer Guide*** complements the National Association of Insurance Commissioners (NAIC) *A Shopper's Guide to Long-Term Care Insurance*. The division prepared this publication to assist Alaskan consumers in making decisions regarding long-term care insurance. To get the full benefit of this guide, the reader should also have a copy of the NAIC publication, available from our website or Consumer Services.
3. The ***Homeowners Insurance Rating Examples*** booklet explains homeowner's coverage and compares the rates from various companies.
4. The ***Private Passenger Auto Insurance Rating Examples*** booklet explains auto insurance coverage and compares the rates from various companies.
5. The ***Annual Report*** is published every year. This report is a summary of all the insurance business written in the state, premium taxes collected, license statistics, consumer complaints, and disciplinary actions.

The State of Alaska, Department of Commerce, Community, and Economic Development, Division of Insurance, complies with Title II of the Americans with Disabilities Act of 1990. This publication is available in alternative communication formats upon request. Please contact the Division of Insurance's Administrative Manager at (907) 465-2597 or TDD (907) 465-5437 to make any necessary arrangements.