

2020

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**

2020 Alaska Guide to Medicare Supplement Insurance (MEDIGAP)



June 2020

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For policies effective June 1, 2010 and later

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DEPARTMENT OF COMMERCE, COMMUNITY
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Division of Insurance

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Introduction

Welcome to Alaska's 2020 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-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 "2020 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 Services (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.

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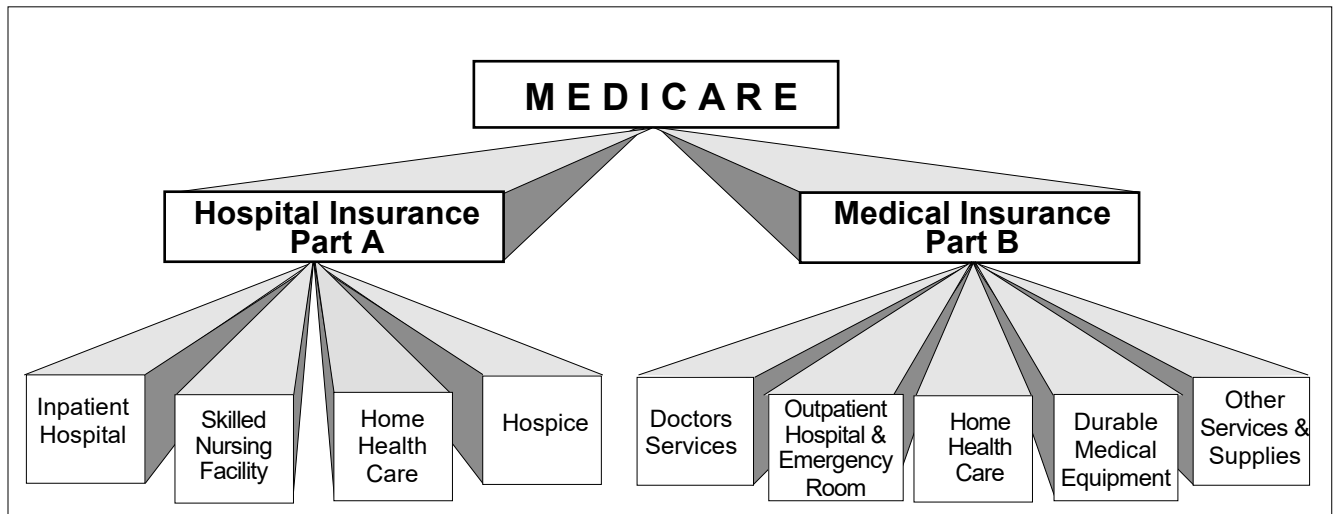
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Medicare Basics

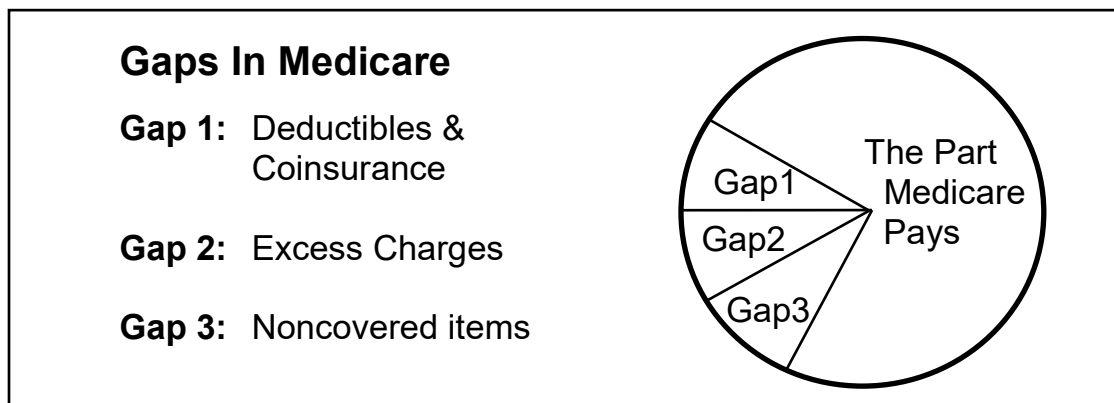
Medicare is a federal health insurance program available to the following specific groups:

- ◆ 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 9).



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 2020

Part A Hospital Insurance - Covered Services

Hospital deductibles and coinsurance amounts change each year.

*Part A Deductible amount is \$1,408 for 2020

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Hospitalization Semiprivate room, general nursing, mental health inpatient stay, misc. services	First 60 days	All but \$1,408*	\$1,408*
	61st to 90th day	All but \$352 per day	\$352 per day
	91st to 150th day	All but \$704 per day	\$704 per day
	Beyond 150 days	Nothing	All-charges
Skilled Nursing Facility Care	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$176 per day	\$176 per day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Hospice Care 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

**Part B Deductible is \$198 for 2020. This single deductible covers all Part B Services.

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Medical Expense Physician services and medical supplies	Medical services in and out of the hospital	80% of approved (after \$198 deductible**)	20% of approved (after \$198 deductible**) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after \$198 deductible**)	Coinsurance or copayment amount varies according to the service (after \$198 deductible**)
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Durable Medical Equipment (DME)	Prescribed by Dr. for use in home	80% of approved (after \$198 deductible**)	20% of approved (after \$198 deductible**) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

Your 2020 Part B Monthly Premium

If Your Yearly Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$87,000 or less	\$174,000 or less	\$144.60
\$87,001 - \$109,000	\$174,001 - \$218,000	\$202.40
\$109,001 - \$136,000	\$218,001 - \$272,000	\$289.20
\$136,001 - \$163,000	\$272,001 - \$326,000	\$376.00
\$163,001 - \$499,000	\$326,001 - \$749,999	\$462.70
\$500,000+	\$750,000+	\$491.60

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!

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 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 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 **\$2,340** for 2020 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 C¹	Plan D	Plan F¹ & 2	Plan G²	Plan K	Plan L	Plan M	Plan N
Part A Hospital										
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
Part A Hospice Coinsurance	X	X	X	X	X	X	50%	75%	X	X
Part B Coinsurance or Copay	X	X	X	X	X	X	50% ³	75% ³	X	X ⁵
Parts A and B – Blood	X	X	X	X	X	X	50%	75%	X	X
Additional Benefits	A	B	C¹	D	F¹ & 2	G²	K	L	M	N
Skilled Nursing Facility Coinsurance Day 21-100			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X		X					
Part B Excess Charges					X	X				
Foreign Travel Emergency			80%	80%	80%	80%			80%	80%
Out-of-Pocket Annual Limit							\$5,880 ⁴	\$2,940 ⁴		

An “X” means that the Supplemental Policy pays 100%. Otherwise, the % listed is the amount the Supplemental pays.

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

² 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 \$2,340 before your Medicare Supplement plan pays anything.

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

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

⁵ 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 6 and 7, 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

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available For 63 Days Only
1.	You are covered by an employer group health benefit plan that pays benefits, and the plan stops providing some or all health benefits to you.	<ul style="list-style-type: none"> ◆ If you were eligible for Medicare before January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, C, F, High Deductible Plan F, High Deductible Plan G, K, L from ANY COMPANY selling those plans. ◆ If you were eligible for Medicare on or after January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, D, G, High Deductible Plan G, K, L from ANY COMPANY selling those plans. ◆ If you are on Medicare under age 65, you can buy only from companies selling to those under age 65. Please see information about ACHIA on page 16 about this alternative.
2.	You are enrolled in a Medicare Advantage , and you dis-enroll because <ul style="list-style-type: none"> ◆ you move from the service area or ◆ the plan stops providing Medicare services or ◆ the plan seriously violates the contract or misrepresents the plan during marketing. 	
3.	You are enrolled under a Medicare Supplement policy and it ends because <ul style="list-style-type: none"> ◆ the insurance company is insolvent or bankrupt or ◆ coverage is involuntarily ended or ◆ the plan seriously violates the contract or misrepresents the plan during marketing. 	

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

* 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 2 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 2 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, G, M, and N combine with Medicare to cover blood expenses (except the \$198 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 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 11.)

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 2020 Medicare pays 80% of the approved amount and Plans A-D, F, G, M, and N pay 20%; Plan K pays half of the 20% and Plan L pays 75% of the 20% 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 2 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 2 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 \$198 (per calendar year) deductible for Part B covered services. The first \$198 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit** pays the **\$198 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 your 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%.

EXAMPLE

Limiting Charge	\$115*	<u>Plans F & G:</u>
Medicare Approved	<u>\$100</u>	100% x Excess = \$15
Excess Charges	\$ 15	

*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)

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, copayments, and coinsurance amounts after the beneficiary has paid out-of-pocket expenses of \$5,880 (Plan K) or \$2,940 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, copayment, 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 5 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 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.**
- ◆ **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 #months? _____	Yes No #months? _____	Yes No #months? _____

Identify 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 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 for Community Living.

STANDARDIZED MEDIGAP PLANS

Information on Insurers Offering Plans 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 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

2

3

4

5

6

7

8

9

10

11

Sample Insurance Company

Rates effective 1/2003

Individual Market - Attained Age

Female - Smoker - Standard

AGE - A

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

**The above rates are for the Anchorage Area Only

TOLL FREE:

800-123-4567

WEBSITE: www.sample.com

Marketed Through:

~Agent Solicitation

Agents in Anchorage, Fairbanks, Juneau

Waiting period for preexisting conditions and look back period are waived

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.

Rates effective 01/01/2020

Group Market–Association Plan–Community Rated*

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

TOLL FREE:

800-523-5800

WEBSITE: www.aarpmedicaresupplement.com

Marketing Methods: Direct Response &

Agent Solicitation-for agent call 866-387-7550

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	99	122	170	170	170	A	NA	88	108	150	150	150
B	NA	142	176	244	244	244	B	NA	126	156	217	217	217
C^d	NA	161	198	276	276	276	C^d	NA	143	176	245	245	245
F^d	NA	161	199	277	277	277	F^d	NA	143	177	246	246	246
G	NA	123	152	212	212	212	G	NA	109	135	188	188	188
K	NA	46	57	79	79	79	K	NA	41	51	71	71	71
L	NA	81	100	140	140	140	L	NA	72	89	124	124	124
N	NA	112	138	193	193	193	N	NA	99	122	171	171	171

Male – Smoker – Preferred							Female – Smoker – Preferred						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	109	134	187	187	187	A	NA	96	119	165	165	165
B	NA	156	193	269	269	269	B	NA	139	171	239	239	239
C^d	NA	177	218	304	304	304	C^d	NA	157	194	270	270	270
F^d	NA	177	219	305	305	305	F^d	NA	157	194	270	270	270
G	NA	136	167	233	233	233	G	NA	120	148	206	206	206
K	NA	51	63	87	87	87	K	NA	45	56	78	78	78
L	NA	89	110	154	154	154	L	NA	79	98	136	136	136
N	NA	123	152	212	212	212	N	NA	109	135	188	188	188

Male – Non-Smoker – Standard							Female – Non-Smoker – Standard						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	NA	231	231	231	231	A	NA	NA	205	205	205	205
B	NA	NA	333	333	333	333	B	NA	NA	296	296	296	296
C^d	NA	NA	377	377	377	377	C^d	NA	NA	334	334	334	334
F^d	NA	NA	378	378	378	378	F^d	NA	NA	335	335	335	335
G	NA	NA	350	350	350	350	G	NA	NA	310	310	310	310
K	NA	NA	108	108	108	108	K	NA	NA	96	96	96	96
L	NA	NA	191	191	191	191	L	NA	NA	169	169	169	169
N	NA	NA	327	327	327	327	N	NA	NA	290	290	290	290

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

AARP/UnitedHealthCare Ins. Co. (continued)

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	NA	255	255	255	255	A	NA	NA	226	226	226	226
B	NA	NA	367	367	367	367	B	NA	NA	325	325	325	325
C^d	NA	NA	415	415	415	415	C^d	NA	NA	368	368	368	368
F^d	NA	NA	416	416	416	416	F^d	NA	NA	369	369	369	369
G	NA	NA	385	385	385	385	G	NA	NA	341	341	341	341
K	NA	NA	119	119	119	119	K	NA	NA	106	106	106	106
L	NA	NA	210	210	210	210	L	NA	NA	186	186	186	186
N	NA	NA	360	360	360	360	N	NA	NA	319	319	319	319

Unisex – Smoker – Preferred							Unisex – Non-Smoker – Preferred						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	102	126	176	176	176	A	NA	93	115	160	160	160
B	NA	148	182	254	254	254	B	NA	134	166	231	231	231
C^d	NA	167	206	287	287	287	C^d	NA	152	187	261	261	261
F^d	NA	167	207	288	288	288	F^d	NA	152	188	262	262	262
G	NA	128	158	220	220	220	G	NA	116	143	200	200	200
K	NA	48	59	83	83	83	K	NA	44	54	75	75	75
L	NA	84	104	145	145	145	L	NA	77	95	132	132	132
N	NA	116	143	200	200	200	N	NA	106	130	182	182	182

Unisex – Smoker – Standard							Unisex – Non-Smoker – Standard						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	NA	240	240	240	240	A	NA	NA	218	218	218	218
B	NA	NA	346	346	346	346	B	NA	NA	315	315	315	315
C^d	NA	NA	391	391	391	391	C^d	NA	NA	356	356	356	356
F^d	NA	NA	392	392	392	392	F^d	NA	NA	357	357	357	357
G	NA	NA	363	363	363	363	G	NA	NA	330	330	330	330
K	NA	NA	113	113	113	113	K	NA	NA	102	102	102	102
L	NA	NA	198	198	198	198	L	NA	NA	180	180	180	180
N	NA	NA	339	339	339	339	N	NA	NA	309	309	309	309

^a Rates listed for age 65 include the Enrollment Discount.

^b 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.

^c Individuals who enroll six months or more after their 65th 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.

^d 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**

WEBSITE: www.achia.com

Marketing Methods: Direct Response

Rates effective 01/01/2020

Individual Market – Attained Age

Preexisting Condition Period: none

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

Unisex					
	<65	65	70	75	80
A	318	158	192	224	268
F	477	238	288	337	402
G	352	176	215	256	322

Carve-Out Plans	Age 0-18	\$114	Age 19+	\$321
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Colonial Penn Life Insurance Company

TOLL FREE: 800-800-2254

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

Rates effective 01/01/2020

Individual Market – Attained Age

Preexisting Condition Period: none

Marketing Methods: Agent Solicitation

~No agents in Alaska; agent in

Washington licensed to sell in Alaska.

Male – Preferred							Female – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	116	141	172	200	227	A	NA	104	127	154	180	205
B	NA	143	174	210	245	280	B	NA	129	156	189	221	252
D	NA	106	137	175	210	232	D	NA	95	123	157	189	209
F	NA	160	194	235	280	329	F	NA	144	175	212	252	297
High F	NA	39	47	57	68	80	High F	NA	35	43	52	61	72
G	NA	145	178	220	265	315	G	NA	131	161	198	238	283
High G	NA	39	47	57	68	80	High G	NA	35	43	52	61	72
K	NA	62	75	94	116	139	K	NA	56	68	85	104	125
L	NA	101	120	147	176	207	L	NA	91	108	132	158	186
M	NA	125	155	192	230	268	M	NA	113	140	173	207	241
N	NA	91	118	151	187	228	N	NA	82	106	136	168	205

Colonial Penn Life Insurance Company (continued)

Male – Standard							Female – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	128	157	190	222	253	A	NA	116	141	172	200	227
B	NA	159	193	233	272	311	B	NA	143	174	210	245	280
D	NA	117	152	194	233	258	D	NA	106	137	175	210	232
F	NA	178	215	261	311	366	F	NA	160	194	235	280	329
High F	NA	43	52	63	75	89	High F	NA	39	47	57	68	80
G	NA	161	198	244	294	350	G	NA	145	178	220	265	315
High G	NA	43	52	63	75	89	High G	NA	39	47	57	68	80
K	NA	69	84	105	129	154	K	NA	62	75	94	116	139
L	NA	112	134	163	195	230	L	NA	101	120	147	176	207
M	NA	139	172	213	255	297	M	NA	125	155	192	230	268
N	NA	101	131	168	208	253	N	NA	91	118	151	187	228

Male – Substandard							Female – Substandard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	142	174	212	247	281	A	NA	128	157	190	222	253
B	NA	176	214	259	302	346	B	NA	159	193	233	272	311
D	NA	130	168	215	259	286	D	NA	117	152	194	233	258
F	NA	198	239	290	346	407	F	NA	178	215	261	311	366
High F	NA	48	58	70	84	98	High F	NA	43	52	63	75	89
G	NA	179	220	271	327	388	G	NA	161	198	244	294	350
High G	NA	48	58	70	84	98	High G	NA	43	52	63	75	89
K	NA	77	93	116	143	171	K	NA	69	84	105	129	154
L	NA	124	148	181	217	255	L	NA	112	134	163	195	230
M	NA	154	191	237	283	330	M	NA	139	172	213	255	297
N	NA	113	145	186	231	281	N	NA	101	131	168	208	253

Globe Life and Accident Ins. Co.

Rates effective 5/15/2019

Individual Market – Attained Age

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

TOLL FREE:**800-801-6831****WEBSITE:** www.GlobecareMedsupp.com

Marketing Methods: Direct Response

~No brokers available in Alaska

Unisex – Standard

	<65	65	70	75	80	85
A	NA	85	113	121	121	121
B	NA	126	162	181	183	183
C	NA	145	181	209	220	220
F	NA	146	182	210	221	221
High F	NA	34	45	56	63	63
G	NA	129	164	193	204	204
High G	NA	34	45	56	63	63
N	NA	109	139	165	177	177

Humana Insurance Company

Rates effective 03/01/2020

Individual Market – Attained Age

Preexisting Condition Period: 3-month look-back
and 3-month waiting period**TOLL FREE:****800-310-8482**

877-320-1235

(TTY/TDD)

WEBSITE: www.Humana.com

Marketing Methods: Agent Solicitation

Brokers available in Anchorage, Eagle

River, Fairbanks, Kenai, Ketchikan,

North Pole, Palmer, Soldotna, Wasilla

Female – Non-Smoker – Preferred

	<65	65	70	75	80	85
A	NA	110	130	151	172	190
B	NA	120	142	164	187	206
C	NA	145	171	198	225	249
F	NA	147	174	202	230	254
High F	NA	44	52	60	68	75
G	NA	134	158	183	208	230
High G	NA	41	49	57	65	71
K	NA	65	76	89	101	111
L	NA	92	109	126	143	158

Individual Assurance Company

Rates effective 03/01/2020

Individual Market – Attained Age

Preexisting Condition Period: none

TOLL FREE:**888-524-3629****WEBSITE:** www.iaclife.com

Marketing Methods: Agent Solicitation

Policy Fee: \$25

Male – Non-Smoker – Standard

	<65	65	70	75	80	85
A	NA	149	168	193	215	237
F	NA	176	197	229	264	303
G	NA	141	160	189	219	253
N	NA	119	134	159	186	218

Female – Non-Smoker – Standard

	<65	65	70	75	80	85
A	NA	130	146	168	187	206
F	NA	153	171	199	229	263
G	NA	123	139	164	190	220
N	NA	104	117	138	162	189

Male – Smoker – Standard

	<65	65	70	75	80	85
A	NA	172	193	222	247	272
F	NA	202	226	263	303	348
G	NA	162	184	217	251	291
N	NA	137	155	183	214	250

Female – Smoker – Standard

	<65	65	70	75	80	85
A	NA	149	168	193	215	237
F	NA	176	197	229	264	303
G	NA	141	160	189	219	253
N	NA	119	134	159	186	218

Loyal American Life Ins Co.

Rates effective 09/01/2019

Individual Market – Attained Age

Preexisting Condition Period: 6-month look-back
and 6-month waiting period**TOLL FREE:****855-849-2711****WEBSITE:** www.LoyalAmerican.comMarketing Methods: Direct Response
and Agent Solicitation; no resident
agents in Alaska

Policy Fee: \$20

Male – Non-Smoker – Preferred

	<65	65	70	75	80	85
A	NA	180	212	244	274	311
F	NA	216	252	293	340	404
G	NA	155	184	217	253	302
N	NA	104	123	146	172	208

Female – Non-Smoker – Preferred

	<65	65	70	75	80	85
A	NA	157	184	212	238	271
F	NA	188	219	255	296	351
G	NA	134	160	188	220	263
N	NA	91	107	127	149	181

Male – Smoker – Standard

	<65	65	70	75	80	85
A	NA	198	233	268	301	343
F	NA	237	277	323	374	444
G	NA	170	202	238	278	333
N	NA	115	136	161	189	229

Female – Smoker – Standard

	<65	65	70	75	80	85
A	NA	172	202	233	262	306
F	NA	206	241	281	325	386
G	NA	148	176	207	242	289
N	NA	100	118	140	164	199

Moda Health, Inc.

Rates effective 01/01/2020

Individual Market – Attained Age

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

TOLL FREE:**855-718-1767****WEBSITE:** www.ModaHealth.comMarketing Methods: Direct Response
and Agent Solicitation Statewide

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	92	111	144	159	186	A	NA	88	103	123	138	152
F	NA	172	208	269	296	347	F	NA	164	193	230	258	283
High F	NA	41	50	64	71	83	High F	NA	39	46	55	62	68
G	NA	155	188	243	268	314	G	NA	148	175	208	234	256
High G	NA	36	43	56	62	72	High G	NA	34	40	48	54	59
N	NA	112	135	175	193	226	N	NA	107	126	150	168	184

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	106	128	166	183	214	A	NA	101	118	141	159	175
F	NA	198	239	309	340	399	F	NA	189	222	265	297	325
High F	NA	47	58	74	82	95	High F	NA	45	53	63	71	78
G	NA	178	216	279	308	361	G	NA	170	201	239	269	294
High G	NA	41	49	64	71	83	High G	NA	39	46	55	62	68
N	NA	129	155	201	222	260	N	NA	123	145	173	193	212

Mutual of Omaha Ins. Co.
 Rates effective 07/20/2020
 Individual Market – Attained Age
 Preexisting Condition Period: none

TOLL FREE:
800-667-2937

WEBSITE: www.MutualofOmaha.com
 Marketing Methods: Direct Response
 and Agent Solicitation
 ~Broker in Palmer

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	184	218	254	292	292	D	NA	160	190	221	254	254
F	NA	243	288	335	385	385	F	NA	211	250	291	335	335
High F	NA	49	54	62	70	79	High F	NA	43	47	54	61	68
G	NA	147	167	199	234	267	G	NA	128	145	173	203	232
High G	NA	116	127	150	176	208	High G	NA	101	110	130	154	181
N	NA	39	44	53	61	68	N	NA	34	38	46	53	59

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	212	251	292	336	336	D	NA	184	218	254	292	292
F	NA	279	331	385	443	443	F	NA	243	288	335	385	385
High F	NA	57	62	71	81	90	High F	NA	49	54	62	70	79
G	NA	169	192	228	269	307	G	NA	147	167	199	234	267
High G	NA	133	146	172	203	239	High G	NA	116	127	150	176	208
N	NA	45	51	61	70	78	N	NA	39	44	53	61	68

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	171	202	235	271	271	D	NA	196	232	270	311	311
F	NA	225	266	310	357	357	F	NA	258	306	356	410	410
High F	NA	46	50	58	65	73	High F	NA	53	58	66	75	84
G	NA	137	156	185	218	249	G	NA	158	179	213	250	286
High G	NA	108	118	139	164	194	High G	NA	124	136	160	189	223
N	NA	36	41	49	56	63	N	NA	42	47	57	65	73

National Health Ins. Co.
 Rates effective 12/1/2019
 Individual Market – Attained Age
 Preexisting Condition Period: none

TOLL FREE:
866-916-8816

WEBSITE: www.NatGenHealth.com
 Marketing Methods: Agent Solicitation
 Agents in Anchorage, Palmer, Fairbanks
 Policy Fee: \$25

Male – Preferred							Female – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	137	151	175	202	233	A	NA	119	131	152	176	203
F	NA	181	199	230	267	308	F	NA	158	173	200	232	268
High F	NA	56	62	71	83	95	High F	NA	49	54	62	72	83
G	NA	146	160	185	215	248	G	NA	127	139	161	187	215
N	NA	121	132	153	178	205	N	NA	105	115	133	155	178

Male – Standard							Female – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	158	173	201	233	268	A	NA	137	151	175	202	233
F	NA	208	228	265	307	354	F	NA	181	199	230	267	308
High F	NA	65	71	82	95	110	High F	NA	56	62	71	83	95
G	NA	168	184	213	247	285	G	NA	146	160	185	215	248
N	NA	139	152	176	204	236	N	NA	121	132	153	178	205

Premera Blue Cross
Blue Shield of Alaska
 Rates effective 01/01/2020
 Individual Market – Attained Age
 Preexisting Condition Period: 3-month look-back and 3-month waiting period

TOLL FREE:
800-508-4722

WEBSITE: www.Premera.com
 Marketing Methods: Direct Response
 and Agent Solicitation Statewide

Unisex – Smoker/Non-Smoker – Standard						
	<65	65	70	75	80	85
A	NA	150	182	225	225	225
F	NA	196	239	296	296	296
High F	NA	77	94	116	116	116
G	NA	134	190	253	253	253
High G	NA	50	70	88	88	88
N	NA	146	175	219	219	219

State Farm Mutual Automobile Ins. Co.

Rates effective 07/01/2020

Individual Market – Attained Age

Preexisting Condition Period: none

TOLL FREE:**Local Agent****WEBSITE:** www.StateFarm.com

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
A	NA	90	113	131	147	153	A	NA	83	104	121	136	141
C	NA	148	186	216	243	253	F	NA	137	172	199	224	234
D	NA	119	158	190	220	246	High F	NA	117	143	169	192	213
F	NA	150	188	218	245	256	G	NA	138	174	201	226	236
G	NA	120	158	191	220	247	High G	NA	117	143	169	192	213
N	NA	93	121	147	171	195	N	NA	89	108	129	149	168

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

Transamerica Life Insurance Company

Rates effective 09/01/2019*

Individual Market – Issue Age

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

TOLL FREE:**(800) 797-2643****WEBSITE:** www.Transamerica.com

Marketing Methods: Direct Response

*Contact the company for updated rates

Female – Standard						
	<65	65	70	75	80	85
A	NA	88	110	135	159	179
B	NA	116	146	178	209	236
C	NA	137	173	210	248	279
D	NA	127	159	194	228	257
F	NA	138	174	211	249	281
G	NA	127	159	194	229	258
K	NA	57	71	87	102	115
L	NA	84	106	129	152	171
M	NA	104	130	159	187	211
N	NA	97	122	149	176	198

United American Insurance Co.

Rates effective 02/15/2019

Individual Market – Attained Age

Preexisting Condition Period: 6-month look-back
and 2-month waiting period**TOLL FREE:****800-755-2137****WEBSITE:** www.UnitedAmerican.comMarketing Methods: Agent Solicitation
~Brokers in Anchorage, Chugiak, Eagle
River, Edina, Fairbanks, Ketchikan,
North Pole, Seward, and Wasilla**Male – Preferred**

	<65	65	70	75	80	85+
A	NA	121	146	155	155	155
B	665	201	248	272	276	276
C	NA	220	274	310	342	342
D	NA	204	259	295	327	327
F	NA	199	248	280	309	309
High F	219	33	43	54	61	61
G	NA	205	260	296	328	328
High G	NA	33	43	54	61	61
K	NA	94	125	139	146	146
L	NA	131	175	195	205	205
N	NA	159	203	233	262	262

USAA Life Insurance Co.

Rates effective 05/01/2019*

Individual Market – Attained Age

Preexisting Condition Period: none

TOLL FREE:**800-531-8722****WEBSITE:** www.usaa.com

Marketing Methods: Agent Solicitation

*Contact the company for updated rates

Unisex – Non-Smoker

	<65	65	70	75	80	85+
A	NA	90	106	126	146	162
F	NA	134	157	188	217	240
G	NA	121	133	161	199	258
N	NA	108	126	151	175	193

NOTES:

[illegible]



THE STATE
of **ALASKA**
MICHAEL J. DUNLEAVY
GOVERNOR

**Department of Commerce, Community,
and Economic Development**

DIVISION OF INSURANCE

P.O. Box 110805
Juneau, AK 99811-0805
Main: 907.465.2515
Fax: 907.465.3422

Dear Consumer,

This letter responds to your request for assistance in resolving your insurance concerns. Our most important function is consumer protection. We have the authority to take the 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. If you need more space to explain your concerns, please use extra sheets of paper and sign each page. Your signature authorizes the Division of Insurance 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. Including complete documentation will help the division in handling your complaint.

Once you return this form, the complaint will be forwarded to the insurance company for a response and the consumer service specialist assigned to your complaint will contact you. We will need approximately forty-five days to complete our investigation.

Thank you for this opportunity to assist you with your insurance concerns.

A handwritten signature in blue ink that reads "Lori Wing-Heier".

Sincerely,
Lori Wing-Heier
Director
Alaska Division of Insurance

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

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

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:

<https://www.commerce.alaska.gov/web/ins/Consumers/Complaints/FileAComplaint.aspx>

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 <https://www.commerce.alaska.gov/web/ins/Home.aspx> 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.