

Consumer Guide to Medicare Supplement Insurance (Medigap) 2025



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Introduction

Welcome to Alaska's 2025 Guide to Medicare Supplement Insurance for policies which were effective June 1, 2010, and later. It was developed collaboratively by the Department of Health and the Alaska Division of Insurance to assist Medicare beneficiaries, their caregivers, and families.

Within the Guide you will find:

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



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

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

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

This guide is intended for use as a reference with, and in addition to, the publication “**2025 Guide to Choosing a Medigap Policy**” which can be found online at <http://www.medicare.gov> and is available by contacting Medicare at 1-800-MEDICARE (1-800-633-4227).

The Centers for Medicare and Medicaid Services (CMS) is the federal agency within the U.S. Department of Health and Human Services which administers Medicare. See <http://www.medicare.gov> for valuable information on Medicare and the handbook “**Medicare & You**” that gives detailed information on Medicare benefits, rights, and obligations. CMS also offers a Medigap Plan Finder tool which can be found at:

<https://www.medicare.gov/medigap-supplemental-insurance-plans/#/m/?year=2025&lang=en>

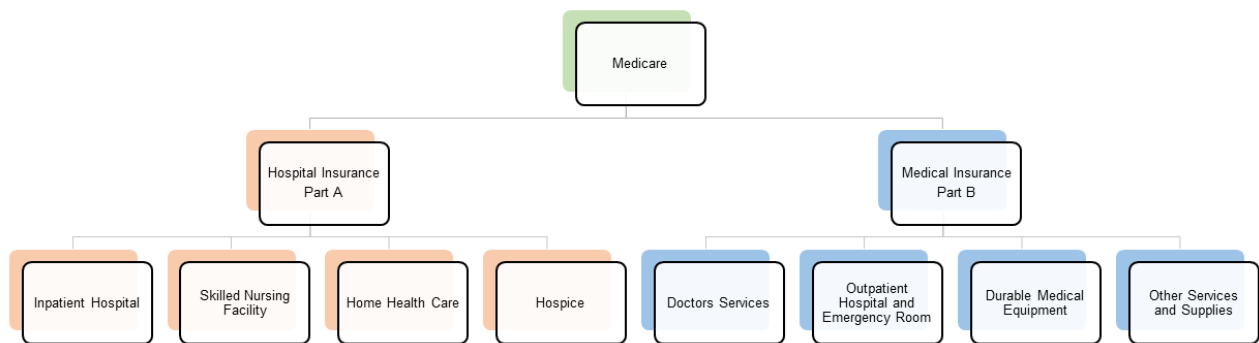
MEDICARE

Medicare Basics

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

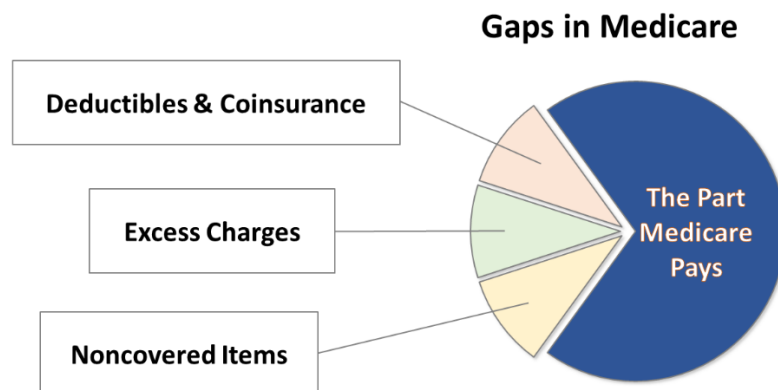
- ◆ People who are age 65 and older
- ◆ Those under age 65 who have been on Social Security disability for 24 months (no wait is required if diagnosed with ALS or Lou Gehrig's disease).
- ◆ Those who have end-stage renal disease (permanent kidney failure).

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



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

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



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

Medicare Benefit Chart 2025

Part A Hospital Insurance - Covered Services

Hospital deductibles and coinsurance amounts change each year.

*Part A Deductible amount is **\$1,676 for 2025** per benefit period

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 \$1,676*	\$1,676*
	61st to 90th day	All but \$419 per day	\$419 per day
	91st to 150th day (Lifetime Reserve Days)	All but \$838 per day	\$838 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 \$209.50 per day	\$209.50 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 **\$257 for 2025. 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 \$257 deductible**)	20% of approved (after \$257 deductible**) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after \$257 deductible**)	Coinsurance or copayment amount varies according to the service (after \$257 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 \$257 deductible**)	20% of approved (after \$257 deductible**) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

Your 2025 Part B Monthly Premium

If Your Yearly Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$106,000 or less	\$212,000 or less	\$185.00
\$106,001 - \$133,000	\$212,001 - \$266,000	\$259.00
\$133,001 - \$167,000	\$266,001 - \$334,000	\$370.00
\$167,001 - \$200,000	\$334,001 - \$400,000	\$480.90
\$200,001 - \$499,999	\$400,001 - \$749,999	\$591.90
\$500,000+	\$750,000+	\$628.90

MEDICARE SUPPLEMENT (MEDIGAP) INSURANCE

Supplementing Medicare

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

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

Only ONE Medicare supplement policy is needed!

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

Plans

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

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

High Deductible Plans

High-deductible Plan F has been available for many years, and, as of January 1, 2020, a **high-deductible version of Plan G is also available. For both the high-deductible versions of Plans F and G**, the benefit package is the same as the non-high-deductible versions. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount before the policy pays benefits. The deductible is **\$2,870** for 2025 and will increase each year based on the Consumer Price Index. Also, starting January 1, 2020, Plans C, F, and High deductible F are only available to individuals who were eligible for Medicare before January 1, 2020.

Ten Standard Medicare Supplement Plans

Basic Benefits	Plan A	Plan B	Plan C ¹	Plan D	Plan F ¹ & 2	Plan G ²	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 (60 lifetime reserve days)	X	X	X	X	X	X	X	X	X	X
365 more days – 100%	X	X	X	X	X	X	X	X	X	X
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							\$7,220 ⁴	\$3,610 ⁴		

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

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 \$2,870 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 creditable coverage.
2. You **lose health care benefits** in certain situations, described on page 41, and you apply for the Medicare supplement policy within 63 days of the end of your previous coverage.
3. You apply for a Medicare supplement policy to **replace** one you have had for at least six months, and no gap occurs between the end of the old policy and the beginning of the new policy.

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

Guarantee Issue

Guarantee Issue rights for Medicare supplement insurance means that you have the right to buy a plan without being denied coverage or charged higher premiums due to your health status. These rights are time-limited and only available during specific situations, such as Open Enrollment. Additional circumstances that can trigger Guarantee Issue rights can be found on page 41 **Appendix A Guarantee Issue Without Open Enrollment**, along with a detailed table on these triggers and what specific plans must be made available to you.

STANDARD PLAN BENEFITS

BASIC BENEFITS (All Plans)

Part A Hospital (Per Benefit Period)

Benefit Period

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

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

Part A Hospice Coinsurance

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

Part B Medical Expenses

(Per Calendar Year)

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

Payments under this benefit:

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

Parts A & B: Blood

Blood: Basic Benefits Most Plans combine with Medicare to cover blood expenses (except the \$257 Part B deductible) both in and out of the hospital. See the above table for Plan K and Plan L variations.

ADDITIONAL BENEFITS

(See table on page 8)

Skilled Nursing Facility Coinsurance

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

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

Qualifying Requirements:

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

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

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

Part A Deductible

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

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

Part B Deductible

Plans C & F

Medicare has a \$257 (per calendar year) deductible for Part B covered services. The first \$257 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit** pays the \$257 deductible.

Part B Excess Charges

Plans F & G

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

Excess Charges Have Limits:

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

EXAMPLE

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

*15% over the approved amount

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

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

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

Foreign Travel Emergency

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

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

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

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

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



Out-of-Pocket Annual Limit

Plans K & L

The **Out-Of-Pocket Annual Limit Benefit** is an annual cap on out-of-pocket expenditures for Medicare Part A and B. These plans will provide full coverage of all Medicare Parts A and B deductibles, copayments, and coinsurance amounts after the beneficiary has paid out-of-pocket expenses of \$7,220 (Plan K) or \$3,610 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, copayment, and coinsurance amounts.

SHOPPING GUIDE

FIRST- PICK THE PLAN THAT SUITS YOU

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

Price Comparison

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

Service

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

pre-existing conditions. This means benefits may not be paid when health care services are received for a pre-existing condition for a period of time. (See page 9 about pre-existing conditions.)

◆ **Is Automatic Filing available?**

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

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

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

Availability

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

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

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

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

**Important
Tips**

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

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

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

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

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

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

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

SHOPPING NOTES

Compare Prices

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

Compare Companies

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

Alternatives To Medicare Supplement Insurance



Employer Health Insurance

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

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

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

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



ACHIA

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

Detailed information regarding ACHIA, including a description of eligibility, benefits, application forms, and premium rates is available by contacting, 90 Degree Benefits, the ACHIA plan administrator. Hours: Monday - Friday 8:00 a.m. to 4:00 p.m. Alaska Time; Telephone 1-888-277-9133 <http://www.achia.com>



Medicare Savings Program

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

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

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



Medicaid

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

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

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

PREVENTING MEDICARE FRAUD



Protecting Yourself and Your Medicare Benefits

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

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

Look for three things on your billing statement:

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

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

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

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

ALASKAN RATE CHARTS

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

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

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

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

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

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

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

READING THE CHARTS

Sample of the rate charts in this guide:

1

10

3

Sample Insurance Company

www.Sample.com

Rates Became Effective on 1/1/2025

Type: Individual Market - Attained Age

Policy Fee: \$\$\$

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

2

6

TOLL FREE: 800-123-4567

Marketing Methods: Direct Response and Agent Solicitation; Brokers in Anchorage, Fairbanks, and Juneau

5

7

11

Male – Non-Smoker – Preferred

Female – Non-Smoker – Preferred

	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	\$	\$	\$	\$	\$	A	NA	\$	\$	\$	\$	\$
C	NA	\$	\$	\$	\$	\$	C	NA	\$	\$	\$	\$	\$
D	NA	\$	\$	\$	\$	\$	D	NA	\$	\$	\$	\$	\$
F	NA	\$	\$	\$	\$	\$	F	NA	\$	\$	\$	\$	\$
G	NA	\$	\$	\$	\$	\$	G	NA	\$	\$	\$	\$	\$
N	NA	\$	\$	\$	\$	\$	N	NA	\$	\$	\$	\$	\$

4

9

8

** The above rates are for the Anchorage Area Only

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

1

Company and Contact

2

Rate Effective Date Listed rates may change as soon as one year from the effective date.

3

Individual or Group If listed as Group you must be part of that group to purchase.

4

Gender Some companies have different rates based on gender while others rate unisex.

5

Tobacco status Some companies have different rates for tobacco users.

6

Pricing Method This affects when your rates can increase.

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

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

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

7

Risk Tier How a company may categorize you.

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

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

8

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

9

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

10

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

11

Pre-existing Condition Waiting Periods

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

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

RATE CHARTS

(In Alphabetical Order)

Alaska Comprehensive Health Insurance

Association (ACHIA)

TOLL FREE: 888-277-9133

www.ACHIA.com

Rates Became Effective on 1/1/2025

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 3-month look back and 6-month waiting period

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

Unisex					
	<65	65	70	75	80
A	373	185	225	263	315
F	594	295	358	419	501
G	437	217	267	317	400

Carve-Out Plans	Age 0-18	\$156	Age 19+	\$442
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Aetna Health and Life Insurance Company

TOLL FREE: 860-273-0123

www.AetnaSeniorProducts.com

Rates Became Effective on 9/1/2024

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: \$20

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	153	162	192	226	263	A	NA	133	141	167	196	229
F	NA	202	214	253	298	347	F	NA	176	186	220	259	302
G	NA	169	179	211	248	289	G	NA	147	155	183	216	251
N	NA	124	139	165	193	225	N	NA	108	121	143	168	196

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	170	180	213	251	292	A	NA	148	157	185	218	254
F	NA	225	238	281	331	385	F	NA	195	207	244	288	335
G	NA	187	198	234	276	321	G	NA	163	173	204	240	279
N	NA	138	154	183	215	250	N	NA	120	134	159	187	217

First Health Life & Health Insurance Company TOLL FREE: 855-422-4359**Website:****Rates Became Effective on** 3/1/2025**Marketing Methods:** Direct Response**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** None

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

Globe Life and Accident Insurance Company TOLL FREE: 800-801-6831www.GlobecareMedsupp.com**Rates Became Effective on** 6/1/2025**Marketing Methods:** Direct Response**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** 6-month look back and 2-month waiting period

Unisex – Standard						
	<65	65	70	75	80	85
A	NA	120	160	171	171	171
B	NA	172	221	247	249	249
C	NA	202	252	291	306	306
F	NA	203	253	293	308	308
High F	NA	37	49	61	69	69
G	NA	179	229	268	284	284
High G	NA	37	49	61	69	69
N	NA	132	169	201	215	215

Humana Insurance Companywww.Humana.com

Rates Became Effective on 12/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

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

TOLL FREE: 1-888-310-8482

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	144	169	196	223	246
B	NA	156	184	213	242	267
C	NA	199	234	271	308	340
F	NA	203	239	277	314	347
High F	NA	46	54	62	70	77
G	NA	185	218	252	286	316
High G	NA	43	51	59	67	73
K	NA	85	100	116	131	145
L	NA	123	145	168	191	211

Loyal American Life Insurance Companywww.LoyalAmerican.com

Rates Became Effective on 10/1/2025

Type: Individual Market - Attained Age

Policy Fee: \$0

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

TOLL FREE: 855-849-2711

Marketing Methods: Direct Response &
 Agents available in Anchorage, Eagle River, Fairbanks, Homer, Ketchikan, Wasilla, and Wrangell

Male – Non-Smoker – Preferred**Female – Non-Smoker – Preferred**

	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	235	276	318	357	406	A	NA	204	240	276	310	353
F	NA	302	352	410	476	565	F	NA	262	306	357	414	491
G	NA	233	277	327	382	456	G	NA	203	241	284	332	397
N	NA	162	191	226	266	322	N	NA	141	166	197	231	280

Male – Non-Smoker – Standard**Female – Non-Smoker – Standard**

	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	258	304	349	392	447	A	NA	225	264	304	341	388
F	NA	332	388	451	523	621	F	NA	289	337	393	455	540
G	NA	257	305	360	420	502	G	NA	223	265	313	365	437
N	NA	178	210	249	293	354	N	NA	155	183	216	255	308

Moda Health, Inc.**TOLL FREE: 855-718-1767**www.ModaHealth.com/plans/medicare/medicare-supplement/**Rates Became Effective on** 3/1/2025**Marketing Methods:** Direct Response
and Agent Solicitation Statewide**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** None**Male – Non-Smoker – Preferred**

	<65	65	70	75	80	85
A	NA	129	162	200	220	236
F	NA	195	244	302	331	356
High F	NA	57	71	88	97	104
G	NA	166	208	257	282	303
High G	NA	49	61	75	83	89
N	NA	136	170	211	232	249

Female – Non-Smoker – Preferred

	<65	65	70	75	80	85
A	NA	121	151	185	201	212
F	NA	182	227	279	303	320
High F	NA	53	66	81	88	94
G	NA	155	194	237	258	273
High G	NA	45	57	70	76	80
N	NA	127	159	195	212	224

Male – Smoker – Standard

	<65	65	70	75	80	85
A	NA	148	186	230	253	271
F	NA	224	281	347	381	409
High F	NA	66	82	101	112	120
G	NA	191	239	295	324	348
High G	NA	56	70	86	95	102
N	NA	156	196	243	267	286

Female – Smoker – Standard

	<65	65	70	75	80	85
A	NA	139	174	213	231	244
F	NA	209	261	321	348	368
High F	NA	61	76	93	101	108
G	NA	178	223	273	297	314
High G	NA	52	66	81	87	92
N	NA	146	183	224	244	258

Monitor Life Insurance Company of New York TOLL FREE: 866-322-2824

Website:**Rates Became Effective on** 4/1/2025**Marketing Methods:** Direct Response**Type:** Individual Market – Attained Age**Policy Fee:** None**Preexisting Condition Period:** None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	153	153	181	221	264	A	NA	133	133	157	193	230
F	NA	221	221	263	324	397	F	NA	193	193	228	282	345
G	NA	179	179	216	271	336	G	NA	155	155	188	235	292
High G	NA	62	62	75	93	113	High G	NA	54	54	65	80	98
N	NA	142	142	177	210	246	N	NA	124	124	154	183	214

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	175	175	208	255	304	A	NA	153	153	181	221	264
F	NA	255	255	302	373	456	F	NA	221	221	263	324	397
G	NA	205	205	248	311	386	G	NA	179	179	216	271	336
High G	NA	72	72	86	106	130	High G	NA	62	62	75	93	113
N	NA	164	164	203	242	283	N	NA	142	142	177	210	246

Mutual of Omaha Insurance Company**TOLL FREE: 800-667-2937**www.MutualofOmaha.com/states

Rates Became Effective on 11/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

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	203	241	280	322	322	D	NA	177	209	244	281	281
F	NA	269	319	371	427	427	F	NA	234	277	323	372	372
High F	NA	57	63	72	82	91	High F	NA	50	55	63	71	79
G	NA	211	239	285	335	383	G	NA	183	208	248	291	323
High G	NA	45	51	62	70	79	High G	NA	39	44	54	61	68
N	NA	164	180	212	250	295	N	NA	142	156	184	217	257

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	112	133	155	179	179	A	NA	98	116	135	155	155
C	NA	224	266	309	356	356	C	NA	195	231	269	310	310
D	NA	233	277	322	371	371	D	NA	203	241	280	322	322
F	NA	309	367	426	491	491	F	NA	269	319	371	427	427
High F	NA	66	72	83	94	105	High F	NA	57	63	72	82	91
G	NA	242	275	327	385	440	G	NA	211	239	285	335	383
High G	NA	52	59	71	81	90	High G	NA	45	51	62	70	79
N	NA	188	207	243	287	339	N	NA	164	180	212	250	295

Premera Blue Cross Blue Shield of Alaska**TOLL FREE: 800-508-4722**www.Premera.com**Marketing Methods:** Direct Response
and Agent Solicitation Statewide**Rates Became Effective on** 4/1/2025**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** 3-month look back and 3-month waiting period**Unisex – Smoker/Non-Smoker – Standard**

	<65	65	70	75	80	85
A	NA	185	223	276	276	276
F	NA	262	319	396	396	396
G	NA	177	251	332	332	332
N	NA	194	233	291	291	291

State Farm Mutual Automobile Ins. Co.**Contact Local Agent**www.StateFarm.com**Marketing Methods:** Agent Solicitation
- Brokers in Anchorage, Eagle River,
Fairbanks, Juneau, Kenai, Ketchikan,
Kodiak, North Pole, Soldotna,
and Wasilla**Rates Became Effective on** 6/1/2025**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** None**Male – Non-Smoker*****Female – Non-Smoker***

	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	115	145	168	189	197	A	NA	106	134	155	174	182
C	NA	203	255	295	332	346	C	NA	187	235	273	306	319
D	NA	140	185	223	258	289	D	NA	137	168	198	225	249
F	NA	205	258	299	335	349	F	NA	189	238	275	310	323
G	NA	140	186	224	258	289	G	NA	137	168	198	225	250
N	NA	109	142	172	201	228	N	NA	104	127	151	174	197

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

Transamerica Life Insurance Company**TOLL FREE: 800-797-2643****Website:****Rates Became Effective on** 6/1/2025**Marketing Methods:** Direct Response**Type:** Individual Market - Issue Age**Policy Fee:** None**Preexisting Condition Period:** 6-month look back and 6-month waiting period**Female – Non-Smoker – Standard**

	<65	65	70	75	80	85
A	NA	134	168	205	242	272
B	NA	177	222	271	319	359
C	NA	209	263	320	377	425
D	NA	152	191	232	274	309
F	NA	210	264	322	379	428
G	NA	152	191	233	274	309
K	NA	68	85	104	123	138
L	NA	101	127	154	182	205
M	NA	124	156	190	224	253
N	NA	117	147	179	211	238

United American Insurance Companywww.UnitedAmerican.com

Rates Became Effective on 5/1/2025

Type: Individual Market - Attained Age

Policy Fee: None

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

TOLL FREE: 800-755-2137

Marketing Methods: Agent Solicitation
 - Brokers in Anchorage, Chugiak,
 Eagle River, Edina, Fairbanks,
 Ketchikan, Palmer, Sitka, and Wasilla

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	132	159	169	169	169	A	NA	115	138	147	147	147
B	781	250	309	338	344	344	B	679	218	269	294	299	299
C	NA	263	328	372	409	409	C	NA	229	286	323	356	356
D	NA	247	313	357	395	395	D	NA	215	273	311	344	344
F	NA	253	315	356	393	393	F	NA	220	274	310	341	341
High F	267	44	57	71	81	81	High F	232	38	50	62	70	70
G	NA	254	323	368	407	407	G	NA	221	281	320	354	354
High G	NA	44	57	71	81	81	High G	NA	38	50	62	70	70
K	NA	99	132	147	155	155	K	NA	86	115	128	135	135
L	NA	139	185	206	217	217	L	NA	121	161	180	189	189
N	NA	216	276	317	356	356	N	NA	188	241	276	310	310

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	152	183	194	195	195	A	NA	132	159	169	169	169
B	899	288	356	389	396	396	B	781	250	309	338	344	344
C	NA	303	378	428	471	471	C	NA	263	328	372	409	409
D	NA	284	360	411	455	455	D	NA	247	313	357	395	395
F	NA	291	363	410	452	452	F	NA	253	315	356	393	393
High F	307	50	66	82	93	93	High F	267	44	57	71	81	81
G	NA	292	371	423	468	468	G	NA	254	323	368	407	407
High G	NA	50	66	82	93	93	High G	NA	44	57	71	81	81
K	NA	114	152	169	178	178	K	NA	99	132	147	155	155
L	NA	160	213	237	250	250	L	NA	139	185	206	217	217
N	NA	248	318	365	409	409	N	NA	216	276	317	356	356

AARP/UnitedHealthcare Insurance Company**TOLL FREE: 800-523-5800**www.AARPMedicareSupplement.com

Rates Became Effective on 6/1/2025

Type: Group Market-Association Plan-Community Rated*

Policy Fee: None

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

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	150	185	258	258	258	A	NA	133	165	229	229	229
B	NA	209	258	359	359	359	B	NA	185	229	318	318	318
C^d	NA	236	291	405	405	405	C^d	NA	209	258	360	360	360
F^d	NA	236	292	406	406	406	F^d	NA	210	259	360	360	360
G	NA	181	223	311	311	311	G	NA	160	198	276	276	276
K	NA	68	84	117	117	117	K	NA	60	74	103	103	103
L	NA	119	147	205	205	205	L	NA	106	130	182	182	182
N	NA	157	194	270	270	270	N	NA	139	172	239	239	239

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	165	204	284	284	284	A	NA	147	181	252	252	252
B	NA	230	284	395	395	395	B	NA	204	252	350	350	350
C^d	NA	259	320	446	446	446	C^d	NA	230	284	396	396	396
F^d	NA	260	321	447	447	447	F^d	NA	231	285	396	396	396
G	NA	199	245	342	342	342	G	NA	176	218	303	303	303
K	NA	75	92	128	128	128	K	NA	66	82	114	114	114
L	NA	131	162	225	225	225	L	NA	116	143	200	200	200
N	NA	173	213	297	297	297	N	NA	153	189	263	263	263

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

^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.

AARP/UnitedHealthCare Ins. Co. (continued)

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		352	352	352	352	A	NA		312	312	312	312
B	NA		490	490	490	490	B	NA		434	434	434	434
C ^d	NA		553	553	553	553	C ^d	NA		491	491	491	491
F ^d	NA		554	554	554	554	F ^d	NA		491	491	491	491
G	NA		514	514	514	514	G	NA		456	456	456	456
K	NA		159	159	159	159	K	NA		141	141	141	141
L	NA		279	279	279	279	L	NA		248	248	248	248
N	NA		498	498	498	498	N	NA		442	442	442	442

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		387	387	387	387	A	NA		344	344	344	344
B	NA		539	539	539	539	B	NA		478	478	478	478
C ^d	NA		608	608	608	608	C ^d	NA		540	540	540	540
F ^d	NA		610	610	610	610	F ^d	NA		540	540	540	540
G	NA		566	566	566	566	G	NA		502	502	502	502
K	NA		175	175	175	175	K	NA		155	155	155	155
L	NA		307	307	307	307	L	NA		272	272	272	272
N	NA		548	548	548	548	N	NA		486	486	486	486

^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.

USAA Life Insurance Company**TOLL FREE: 800-531-8722**www.USAA.com**Marketing Methods:** Direct Response**Rates Became Effective on** 9/1/2025**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** None**Unisex – Non-Smoker**

	<65	65	70	75	80	85+
A	NA	90	106	126	146	162
F	NA	193	226	270	313	346
G	NA	144	158	192	236	307
N	NA	108	126	151	175	193

Washington National Insurance Company**TOLL FREE: 800-852-6285**

Website: WashingtonNational.com

Rates Became Effective on 12/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Marketing Methods: Direct Response and Agent Solicitation – No resident Agents in Alaska, but there are Agents in CA, FL, IL, PA, and WA that are licensed to sell in Alaska.

Male – Smoker/Non-Smoker – Preferred

	<65	65	70	75	80	85
A	NA	131	158	192	229	269
F	NA	238	288	349	417	490
G	NA	171	207	251	299	351
High G	NA	41	50	60	71	84
N	NA	134	163	197	235	276

Female – Smoker/Non-Smoker – Preferred

	<65	65	70	75	80	85
A	NA	118	143	173	206	242
F	NA	214	259	315	375	441
G	NA	154	186	226	269	316
High G	NA	37	45	54	64	76
N	NA	121	146	177	211	249

Male – Smoker/Non-Smoker – Standard

	<65	65	70	75	80	85
A	NA	145	176	213	254	299
F	NA	264	320	388	463	544
G	NA	190	230	278	332	390
High G	NA	46	55	67	79	93
N	NA	149	181	219	261	307

Female – Smoker/Non-Smoker – Standard

	<65	65	70	75	80	85
A	NA	131	158	192	229	269
F	NA	238	288	349	417	490
G	NA	171	207	251	299	351
High G	NA	41	50	60	71	84
N	NA	134	163	197	235	276

Male – Smoker/Non-Smoker – Substandard

	<65	65	70	75	80	85
A	NA	161	195	237	282	332
F	NA	294	356	431	514	605
G	NA	211	255	309	369	433
High G	NA	51	61	74	88	103
N	NA	166	200	243	290	341

Female – Smoker/Non-Smoker – Substandard

	<65	65	70	75	80	85
A	NA	145	176	213	254	299
F	NA	264	320	388	463	544
G	NA	190	230	278	332	390
High G	NA	46	55	67	79	93
N	NA	149	181	219	261	307

APPENDIX A:

Guarantee Issue Without Open Enrollment

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

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

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

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available For 63 Days Only
1.	You are covered by an 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 19 about this alternative.
2.	You are enrolled in a Medicare Advantage plan , 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 plan and enroll in a Medicare Advantage plan, 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 in your Medicare Advantage plan 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.

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

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

Alaska Department of Health

Alaska Division of Senior and Disabilities Services

Medicare Information Office (SHIP)

1 (800) 478-6065

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

TTY: 800-770-8973

Website: www.Medicare.Alaska.gov

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.

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

Alaska Division of Insurance

Consumer Services Section

Robert B. Atwood Building

550 West 7th Avenue, Suite 1560

Anchorage, AK 99501-3567

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

Website: www.commerce.alaska.gov/web/ins/

E-mail: Insurance@Alaska.gov

Other Resources & Information

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

NOTES:

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