2011

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

2011 Alaska's Guide to Medicare Supplement Insurance (MEDIGAP)

JUNE 2011

SEAN PARNELL
GOVERNOR

Susan K. Bell
Commissioner

Linda S. Hall
Director

For policies effective June 1, 2010 and later

Prepared by:
Sarah Bailey
Insurance Specialist

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY
AND ECONOMIC DEVELOPMENT

Division of Insurance

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

Medicare Information Office

ship ALASKA state health insurance assistance programs

iSMP Empowering Seniors To Prevent Healthcare Fraud

LOCAL HELP FOR PEOPLE WITH MEDICARE

Introduction

Welcome to Alaska's 2011 Guide to Medicare Supplement Insurance for policies effective June 1, 2010 and later. It was developed collaboratively by the Department of Health and Social Services and the Alaska Division of Insurance to assist Medicare beneficiaries, their caregivers, and families.

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

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

The Medicare Information Office provides counseling and outreach on the Medicare program, Medicare Supplements and Prescription Drug Plans and is the State Health Insurance Program (SHIP). It is located within Senior and Disabilities Services of the Alaska Department of Health and Social Services and is available by telephone and in person to assist Medicare recipients, family or providers with questions about Medicare. The toll free helpline is 800-478-6065 or in Anchorage (907) 269-3680. The Medicare Information Office is also the Senior Medicare Patrol (SMP) which empowers seniors to prevent healthcare fraud.

To obtain paper copies of this guide contact the Medicare Information Office referenced above or the Division of Insurance, consumer services section toll free at 1-800-467-8725 or in Anchorage at (907) 269-7900.

This guide is intended for use as a reference with, and in addition to, the publication "How to Choose a Medigap Policy 2011" found at http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf and is available by contacting Medicare at 1-800-MEDICARE (1-800-633-4227).

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

Table of Contents

Medicare Basics 1
Medicare Benefit Chart 2011 2
Supplementing Medicare 3
Chart – Ten Standard Supplement Plans 4
Open Enrollment 5
Pre-Existing Conditions 5
Guarantee Issue Without Open Enrollment 6-7
Standard Plan Benefits 8
- Basic Benefits 8
  - Part A - Hospitalization 8
  - Part B - Medical Expenses 9
- Part A Deductible 9
- Skilled Nursing Facility Coinsurance 9-10
- Part B Deductible 10
- Foreign Travel Emergency 10
- Part B Excess Charges 11
- Out-of-Pocket Annual Limit 11

Shopping For Medicare Supplement Insurance 12
- Price Comparison 12
- Service 12-13
- Availability 13
- Shopping Tips 13-14

Alternatives To Medicare Supplement Insurance 16
- Employer Health Insurance 16
- ACHIA 16
- Medicare Savings Program 17
- Medicaid 17

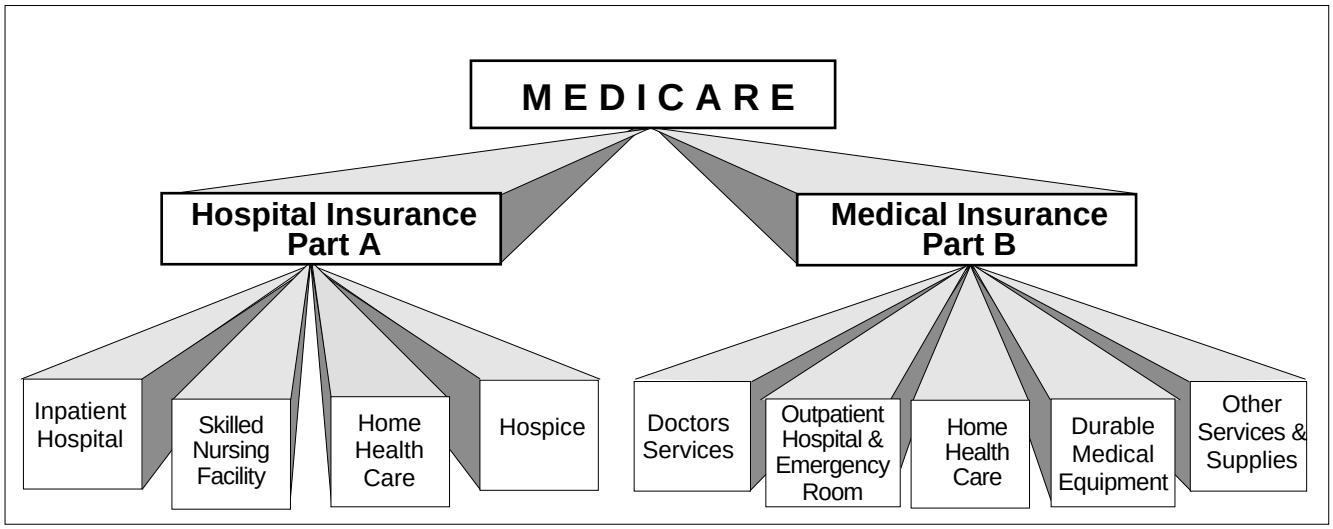
Protecting Yourself & Your Medicare Benefits 17-18
Outline of Benefits in Standardized Medigap Plans 19
Reading the Rate Chart 20-22
Rate Charts 23-27
If You Have a Problem or a Complaint 29
Complaint Instructions 30
Insurance Inquiry/Complaint Form 31
Other Resources and Information Available 32

Medicare Basics

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

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

As shown below, Medicare is made up of Part A and Part B. Most people get Medicare Part A free. Everyone pays a monthly premium for Medicare Part B (see page 8).



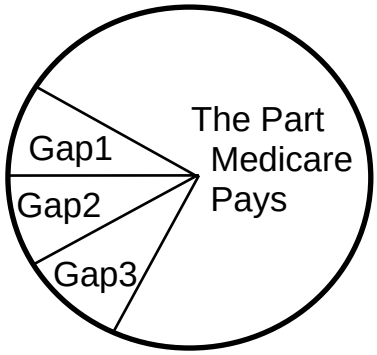
Approval of covered services for Medicare benefits is usually based on what is **medically necessary.** The amounts paid for covered services are based on payment schedules set by Medicare. Under Part A, the health care providers are not allowed to charge more than what Medicare approves. Part B does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

Gaps In Medicare

Gap 1: Deductibles & Coinsurance

Gap 2: Excess Charges

Gap 3: Noncovered items



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 2011

Part A Hospital Insurance - Covered Services (Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2011.)

Services	Benefit	Medicare Pays	**You Pay** (Other insurance may pay all or part)
Hospitalization Semiprivate room, general nursing, misc. services	First 60 days	All but $1,132	$1,132
	61st to 90th day	All but $283 per day	$283 per day
	91st to 150th day	All but $566 per day	$566 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 $141.50 per day	$141.50 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

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 $162 deductible*)	20% of approved (after $162 deductible*) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after $162 deductible*)	Coinsurance or copayment amount which varies according to the service (after $162 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 $162 deductible*)	20% of approved (after $162 deductible*) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

*A single $162 deductible per year covers all Part B services.

Your 2011 Part B Monthly Premium

If Your Yearly Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	**File Joint Tax Return**	
$85,000 or less	$170,000 or less	$115.40*
$85,001 - $107,000	$170,001 - $214,000	$161.50
$107,001 - $160,000	$214,001 - $320,000	$230.70
$160,001 - $214,000	$320,001 - $428,000	$299.90
Greater than $214,000	Greater than $428,000	$369.10

*****Beneficiaries who had the Part B premium withheld from their Social Security check in 2009 and 2010 will pay $96.50 or $110.50 in 2011.

Supplementing Medicare

Medicare supplement insurance is also called "Medigap" or "MedSup." It is private insurance designed to fill gaps in Medicare coverage and is sold by several companies. This insurance is not sold by the government. People that are eligible for employer-provided insurance or Medicaid assisted programs usually do not need Medicare supplement insurance. If you are enrolled in a Medicare Advantage plan, Medicare supplement policies do not pay benefits and are not needed. If you moved to Alaska with a Medicare Advantage plan, be sure to contact the plan about your benefits in Alaska and your rights to switch plans.

Only ONE Medicare supplement policy is needed!

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

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

The Balanced Budget Act of 1997 introduced a **high-deductible version of Plan F.** The benefit package is the same as in the no-deductible F. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount. The deductible is **$2,000** for 2011 and will increase each year based on the Consumer Price Index.

Ten Standard Medicare Supplement Plans

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
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% **	75% **	X	X ****
Parts A and B Blood	X	X	X	X	X	X	50%	75%	X	X
Additional Benefits	A	B	C	D	F	G	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					X	X				
Foreign Travel Emergency			X	X	X	X			X	X
Out-of-pocket annual limit							$4,640 ***	$2,320 ***		

X = Supplement pays 100% 50% and 75% = the amount the supplement pays

*Plan F has an option called high deductible Plan F.

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

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

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

Open Enrollment

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

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

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

Pre-Existing Conditions

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

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

1. You are in your open enrollment period, and you apply for your Medicare supplement within **63 days** of the end of previous health insurance coverage.
2. You **lose health care benefits** in certain situations described on pages 7 and 8, and you apply for the Medicare supplement policy within 63 days of the end of your previous coverage.
3. You apply for a Medicare supplement policy to **replace** one you have had for at least six months, and no gap occurs between the end of the old policy and the beginning of the new policy.

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

Guarantee Issue Without Open Enrollment

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

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

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

	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 **after** Medicare, and the plan stops providing some or all health benefits to you.	♦ You must be allowed to enroll in any Medicare supplement **Plan A, B, C, F** (including a high deductible Plan F), **K, L, M, N** 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 24 about this alternative.
2.	You are enrolled in a **Medicare Advantage, Medicare Cost,** and you disenroll because ♦ 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 ♦ 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.	You are enrolled in a **Medicare supplement policy** ♦ And you stop the Medicare supplement and enroll in a Medicare Advantage, Medicare Cost then you disenroll from the new plan in the **first 12 months.**	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, ♦ Enroll in any Medicare supplement plan **A, B, C, F, K, L, M, or N** (including Medicare Select or high deductible choices) from ANY COMPANY selling those plans in Alaska. If you are **under age 65,** you can buy only from companies selling to those under 65.
5.	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.	You must be allowed to enroll in ANY standardized Medicare supplement plan, **A through N,** offered by ANY COMPANY selling those plans in Alaska. (Includes high deductible choices.)

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

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

You Must Be Notified

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

Standard Plan Benefits

BASIC BENEFITS (All Plans)

Part A: Hospitalization (Per Benefit Period)

Benefit Period

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

- **Days 1-60:** Medicare pays the hospital for all covered services except for the Part A Deductible. Basic Benefits **do not pay** the Part A Deductible.

- **Days 61-90: Basic Benefits** in all 10 plans pay the daily coinsurance (see page 3 for the current amount). After 60 days of hospitalization in a "benefit period" (defined above), the policy pays the coinsurance and Medicare pays the rest. The first 90 days of Medicare coverage are available each time you begin a new benefit period.

- **Days 91-150 (Lifetime Reserve Days): Basic Benefits** in all 10 plans pay the daily coinsurance (see page 3 for the current amount). "Lifetime Reserve Days" are available when a hospital stay extends beyond the first 90 days of a benefit period. The policy pays the coinsurance and Medicare pays the rest. Each lifetime reserve day is available only once in your lifetime.

- **Beyond 150 days: Basic Benefits** in all 10 plans provide for 365 additional lifetime days. Each of these days is available only once in your lifetime. After Medicare's benefits are exhausted for one benefit period, the policy will pay 100% of billed charges for Medicare approved type services.

- **Blood: Basic Benefits** in Plans A, B, C, D, F, M, and N combine with Medicare to cover blood expenses (except the $162 Part B deductible) both in and out of the hospital. Plan K pays 50% and Plan L pays 75% of the Medicare eligible expenses for the first three pints of blood.

- **Hospice Care:** Plans sold after June 1, 2010 now include coverage of coinsurance for all Part A eligible Hospice and respite care expenses. Plans A, B, C, D, F, G, M, and N pay 100% of these costs; Plan K pays 50% and Plan L pays 75% of the coinsurance.

Part B: Medical Expenses (Per Calendar Year)

- **Part B coinsurance or copayment: Basic Benefits** in all of the plans, except high deductible F, pay after the $162 annual deductible has been met. For most Medicare Part B services, payments are based on the amount approved by Medicare. (If charges exceed the approved amount, Basic Benefits will not cover them. See "Part B Excess Charges" on page 13.)

  Payments under this benefit:
  - ✓ Most services: Medicare pays 80% of the approved amount and Plans A-D, F, G, and M pay the 20% coinsurance; Plan K pays 50% of the 20% and Plan L pays 75% of the 20% coinsurance. Plans K and L pay the full coinsurance for preventive services. For Plan N you pay the lesser of $20 or the Medicare Part B coinsurance for each office visit (including visits to specialists); and the lesser of $50 or the Medicare Part B coinsurance for each emergency room visit. The emergency room copayment will be waived if you are admitted to the hospital.
  - ✓ Mental health outpatient treatment: In 2011 Medicare pays 55% of the approved amount and Plans A-D, F, G, M, and N pay 45%; Plan K pays half of the 45% and Plan L pays 75% of the 45% coinsurance.
  - ✓ Hospital Outpatient: Plan A-D, F, G, M, and N pays the Medicare determined copayment; Plan K pays 50% and Plan L pays 75% of the copayment.

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

Medicare requires that you pay a **deductible** when hospitalized (see page 7 for the current amount). The deductible amount can change each year. It is charged whenever you begin a new benefit period, which may occur more than once a year. Plans B, C, D, F, G, and N include the **Part A Deductible Benefit** that pays the **full deductible amount** each time it is charged. Plans K and M pay 50% of the hospital deductible and Plan L pays 75% of the Part A deductible per benefit period.

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

SKILLED NURSING FACILITY COINSURANCE (Plans C, D, F, G, K, L, M, and N)

Medicare pays only when you are receiving **Medicare-approved skilled nursing care** in a **Medicare-approved facility.** The facility may be a nursing home, hospital area, or hospital "swing bed." Standardized Plans C, D, F, G, M, and N pay 100% of the Skilled Nursing Coinsurance Benefit. Plan K pays 50% and Plan L pays 75% of the skilled nursing facility coinsurance.

Qualifying Requirements:

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

Medicare pays all eligible costs for the first 20 days. For days 21 through 100 Medicare pays all but a daily coinsurance (see page 3 for the current amount). The **Skilled Nursing Coinsurance Benefit** pays some or all of the coinsurance amount.

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

PART B DEDUCTIBLE (Plans C and F)

Medicare has a $162 (per calendar year) deductible for Part B covered services. The first $162 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit pays the $162 deductible** under Plans C and F.

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

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

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

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

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

PART B EXCESS CHARGES (Plans F and G)

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

Excess Charges Have Limits:

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

EXAMPLE

Limiting Charge	$115*	Plans F & G:
Medicare Approved	$100	**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) DRUGS (PLANS H, I, and J)

Plans K and L have an annual cap on out-of-pocket expenditures for Medicare Part A and B. Plan K and L will provide full coverage of all Medicare Parts A and B deductibles, co-payments, and co-insurance amounts after the beneficiary has paid out-of-pocket expenses of $4,620 (Plan K) or $2,310 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, co payment, and coinsurance amounts.

Shopping For Medicare Supplement Insurance

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

PRICE COMPARISON

- **What are the premium differences between plans?**
  In deciding which standard plan to choose, you will find tradeoffs of different benefits for different premium. Which balance best suits **your** needs and **your** budget?

- **What are the premium differences for the same plan?**
  Premium amounts for the same plan can vary significantly.

- **Does the premium increase because of age?**
  Normal increases occur because of claims paid and changes in Medicare deductibles and coinsurance. Some companies also base premiums on age. Check to see if the premium is based on age at the time the policy is issued (issue age) or if it goes up as you get older (attained age). Compare premiums for your current age and for at least the next ten years. A bargain today may be a burden later.

- **Are discounts available?**
  Some companies charge different rates based on several factors such as gender, nonsmoker status, or your zip code. They may also give a discount if both you and your spouse buy a policy or if you pay through your bank automatically.

SERVICE

- **Does the company sell through an agent or by mail?**
  An agent can help you when completing your application and with problems later. If you have a few companies with which you prefer to do business, check the yellow pages for local agents who represent those companies or call the company directly to ask about agents.

- **Is a toll-free telephone number available for questions?**
  This is especially important if you do not have a local agent.

- **What kind of letter grade does the company have from a financial rating service?**
  Several rating services such as A. M. Best, Moody, and Standard and Poor evaluate the financial stability of insurance companies. Ratings do not tell how good a policy is or what kind of service the company provides, they reflect only the financial stability of the company. The Internet is the best source for the most recent ratings information.

- **Is a waiting period required for pre-existing conditions?**
  If you have not had health insurance before buying Medicare supplement insurance, the policy may have a waiting period for pre-existing conditions. This means benefits may not be paid when health care services are received for a pre-existing condition for a period of time. (See page 6 for more on pre-existing conditions.)

- **Is crossover claims filing available?**
  Some companies have "crossover" contracts with Medicare which means that after paying its share of the bill, Medicare will send claims **directly** to the insurance company for you.

  If the company does not have a crossover contract, automatic filing is still available if:
  - your **doctor always accepts Medicare assignment** and
  - you give the doctor information on your insurance card.

AVAILABILITY

- **Does the company sell Medicare supplements to those on disability?**
  Most companies selling Medicare supplement policies in Alaska do not sell such policies to Medicare beneficiaries who are younger than 65 and on Medicare due to disability.

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

SHOPPING TIPS

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

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

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

- **Check the agent's insurance license.** An agent must have a license issued by the State of Alaska, Division of Insurance, to be authorized to sell insurance in Alaska. Do not buy insurance from a person who cannot show proof of licensing. A business card is not a license. Contact the Division of Insurance to check on an agent's license.

- **Medical questions may be important.** Do not be misled by the phrase “no medical examination required.” You may not have to go to a physician for an exam, but medical statements you make on the application might prevent you from getting coverage after your open enrollment period. Also, the policy may require a waiting period before benefits are paid for pre-existing conditions.

- **Complete the application carefully.** Before you sign an application, read the health information the agent recorded. Be sure **all** health information is complete and accurate. If you leave out requested information, the insurance company could deny coverage for that condition or cancel your policy.

- **DO NOT pay with cash.** Pay by check, money order, or bank draft. Make it payable to the insurance company only, not the agent. Completely fill in the check before presenting it to the agent.

- **It takes time to be approved.** You are NOT insured by a new Medicare supplement policy on the day you apply for it. Generally, it takes at least 30 days to be approved.

- **Do not cancel a current policy** until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop one policy and purchase another.

- **Expect to receive the policy within a reasonable time.** A policy should be delivered within a reasonable time after application (usually 30 days). If you have not received the policy or had your check returned in that time, contact the company and obtain in writing a reason for delay. **If a problem continues, contact the Division of Insurance.**

- **Use your 30-day free-look period. This 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.** After the “free-look” period, insurance companies are not required to return unused premiums if you decide to drop the policy. If an agent tries to sell you a new policy saying you can get a premium refund for your current policy, report the agent to the Alaska Division of Insurance.

- **Your policy is guaranteed renewable** if you bought it after December 1, 1990. That means the company cannot terminate your coverage unless you fail to pay the premium.

Use this premium guide for much of the information needed.

Compare company prices.

COMPANY	A	B	C	D	F	G	K	L	M	N

Compare company service.

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

Which companies and which plans are available?

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

Alternatives To Medicare Supplement Insurance

EMPLOYER HEALTH INSURANCE

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

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

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

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

ACHIA

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

Detailed information regarding ACHIA, including a description of eligibility, benefits, application forms, and premium rates is available by contacting BMI, the ACHIA plan administrator.
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m. Alaska Time
Telephone (888) 290-0616 https://www.achia.com/Default.asp

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 (800-478-4372) 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 MSM 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.

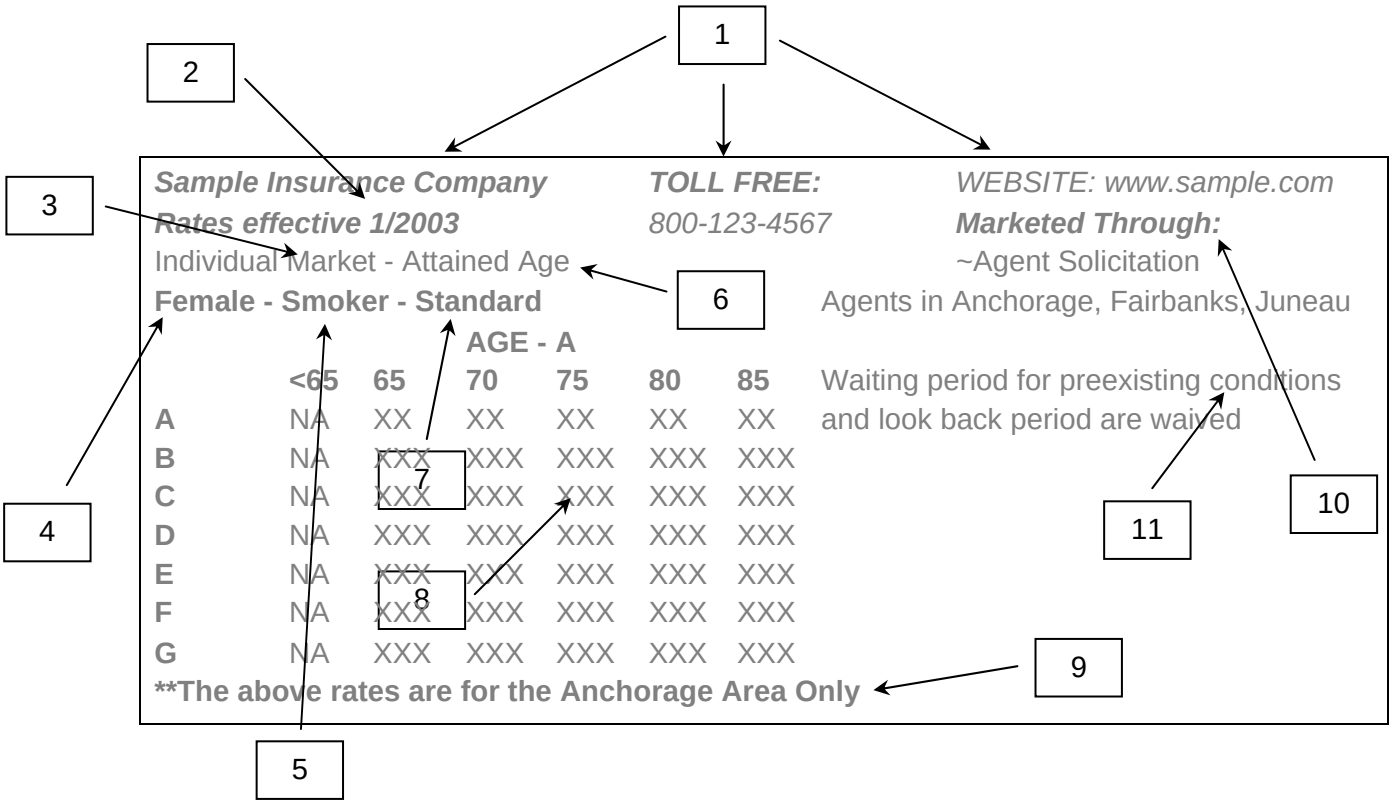
This publication has been created in part by Alaska’s State Health Insurance Program (SHIP) and the Senior Medicare Patrol (SMP) with financial assistance through a grant from CMS and the U.S. Administration on Aging.

OUTLINE OF BENEFITS IN STANDARDIZED MEDIGAP PLANS

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

The insurer's charts are in alphabetical order and represent most Medicare supplement insurers in Alaska. There are insurers offering Medicare supplement insurance that are not listed because they insure a very small number of Alaskans, sometimes only one or two. The other insurers not listed are group insurers that offer the Medicare supplement insurance coverage only to members of a group, such as members of an association or employees of an employer.

After selecting one or more of the standardized Medicare supplement plans, compare the prices and services offered by the different insurers. Call the insurers or producers to discuss the plan/s and services they provide. It is a good idea to shop and compare.



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 life style or other risk factors.

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

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

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

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

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

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

Waiting period is the number of months after your insurance coverage becomes effective that you may be required to wait before the insurer will pay for a claim resulting from a preexisting condition. (Note exceptions in the guarantee issue and open enrollment sections in the Guide to Health Insurance for people with Medicare.)

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

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

RATE CHARTS

AARP/UnitedHealthCare Ins. Co. **TOLL FREE:** **WEBSITE: www.aarphealthcare.com**
Rates effective 01/01/2011 800-523-5800 Marketing Methods: Agent Solicitation*, Direct Response

Group Market – Community Rated

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

Male – Preferred – Tobacco

	<65	65[a]	70[b]	75[c]	80[c]	85[c]
A	NA	73	90	118	118	118
B	NA	103	127	167	167	167
C	NA	116	144	188	188	188
F	NA	117	145	189	189	189
K	NA	45	56	73	73	73
L	NA	65	81	106	106	106
N	NA	79	98	128	128	128

Unisex – Preferred – Non-Tobacco

	<65	65[a]	70[b]	75[c]	80[c]	85[c]
A	NA	66	82	107	107	107
B	NA	94	116	152	152	152
C	NA	106	130	171	171	171
F	NA	107	131	172	172	172
K	NA	41	51	67	67	67
L	NA	59	73	96	96	96
N	NA	72	89	116	116	116

*please call toll free at (800) 387-7550 for additional information.

If applying more than six months after their Medicare B date or 65th birthday, applicants must satisfy underwriting requirements. Please call for your exact rate.

[a] Rates listed for age 65 are for individuals who enroll within 3 years after their initial Medicare Part B effective date or 65th birthday. These rates include the Early Enrollment, Multi-Insured, and EFT discounts.

[b] Rates listed for age 70 are for individuals applying for coverage within 3 to 6 years of their initial Medicare Part B effective date or 65th birthday, who meet underwriting requirements. These rates include the Early Enrollment, Multi-Insured, and EFT discounts.

[c] Rates for ages 75, 80, and 85 are for individuals applying for coverage more than 6 years after their initial Medicare Part B effective date, or 65th birthday, who meet underwriting requirements. These rates include Multi-Insured and EFT discounts.

Globe Life and Accident Ins. Co. **TOLL FREE:** **WEBSITE: www.globecaremedsupp.com**
Rates effective 02/15/2010 **800-801-6831** Marketing Methods: Direct Response
Individual Market – Attained Age ~No brokers available in Alaska

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

Unisex – Standard – NA

	<65	65	70	75	80	85
A	NA	73	97	103	104	104
B	NA	108	138	155	156	156
C	NA	124	154	179	188	188
F	NA	125	155	180	189	189

Humana Insurance Company **TOLL FREE:** **WEBSITE: www.humana-medicare.com**
Rates effective 06/01/2011 **888-310-8482** Marketing Methods: Agent Solicitation, Direct Response
Individual Market – Attained Age 800-833-3301 (TTY/TDD) ~Brokers available in Anchorage, Eagle River, Fairbanks, Kenai, Ketchikan, North Pole, Palmer, Soldotna, Wasilla

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

Male – Standard – Non-Tobacco

	<65	65	70	75	80	85
A	NA	145	176	214	253	294
B	NA	158	192	233	276	319
C	NA	182	221	269	318	368
F	NA	185	225	274	324	376
High F	NA	70	85	103	122	141
K	NA	85	103	126	148	172
L	NA	121	147	179	211	245

Male – Preferred – Non-Tobacco

	<65	65	70	75	80	85
A	NA	97	118	143	169	196
B	NA	105	128	156	184	214
C	NA	122	148	180	213	246
F	NA	124	151	184	217	251
High F	NA	47	57	69	81	94
K	NA	57	69	84	99	115
L	NA	81	98	119	141	164

Female – Standard – Non-Tobacco

	<65	65	70	75	80	85
A	NA	144	171	198	225	248
B	NA	157	186	215	245	270
C	NA	181	214	248	282	312
F	NA	185	218	243	288	318
High F	NA	69	82	95	108	119
K	NA	85	100	116	132	146
L	NA	120	142	165	187	207

Female – Preferred – Non-Tobacco

	<65	65	70	75	80	85
A	NA	97	115	132	150	166
B	NA	106	124	144	164	181
C	NA	121	143	166	189	208
F	NA	124	146	169	193	213
High F	NA	46	55	64	72	80
K	NA	57	67	78	88	96
L	NA	81	95	111	125	138

Liberty National Life Ins. Co. **TOLL FREE:** **WEBSITE: www.LibNat.com**
Rates effective 05/01/2011 **800-333-0637** Marketing Methods: Agent Solicitation
Individual Market – Issue and Attained Age ~No brokers available in Alaska

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

Male – Preferred (Issue Age)

	<65	65	70	75	80	85+
B	443					

Male – Preferred (Attained Age)

	<65	65	70	75	80	85+
A	N/A	202	155	165	166	166
B	N/A	178	220	242	246	246
F	N/A	200	250	284	313	313
High F	N/A	46	60	75	94	94
N	N/A	158	202	232	261	261

Mutual of Omaha Ins. Co. **TOLL FREE:** **WEBSITE: www.mutualofomaha.com**
Rates effective 06/01/2010 **800-693-6093** Marketing Methods: Direct Response
Individual Market – Attained Age and Agent Solicitation
~Brokers in Palmer

Male – Tobacco

	<65	65	70	75	80	85
A	NA	94	111	129	149	149
C	NA	167	198	230	265	265
D	NA	149	176	205	236	236
F	NA	161	191	222	256	256

Male – Non-Tobacco

	<65	65	70	75	80	85
A	NA	82	97	113	130	130
C	NA	145	172	200	230	230
D	NA	129	153	178	205	205
F	NA	140	166	193	222	222

Female – Tobacco

	<65	65	70	75	80	85
A	NA	82	97	113	130	130
C	NA	145	172	200	230	230
D	NA	129	153	178	205	205
F	NA	140	166	193	222	222

Female – Non-Tobacco

	<65	65	70	75	80	85
A	NA	71	84	98	113	113
C	NA	126	150	174	200	200
D	NA	112	133	155	178	178
F	NA	122	145	168	194	194

Premera Blue Cross Blue Shield of Alaska
Rates effective 01/01/2011
Individual Market – Attained Age

TOLL FREE: 888-669-2583

WEBSITE: www.premera.com
Marketing Methods: Direct Response and Agent Solicitation state-wide

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

Unisex – Standard – Smoker/Non-Smoker

	<65	65	70	75	80	85
A	NA	100	121	150	150	150
F	NA	132	160	198	198	198
High F	NA	55	66	82	82	82
N	NA	101	123	153	153	153

State Farm Mutual Automobile Ins. Co.
Rates effective 02/01/2011
Individual Market – Attained Age

TOLL FREE: 866-855-1212

WEBSITE: www.statefarm.com
Marketing Methods: Agent Solicitation
~Brokers in Anchorage, Eagle River, Fairbanks, Juneau, Kenai, Ketchikan, Kodiak, North Pole, Soldotna, and Wasilla

Unisex – Smoker/Non-Smoker

	<65	65	70	75	80	85
A	N/A	81	101	118	132	138
C	N/A	129	162	188	211	220
F	N/A	130	163	189	213	222

United American Insurance Co. **TOLL FREE:** **WEBSITE: www.unitedamerican.com**
Rates effective 05/01/2011 **800-331-2512** Marketing Methods: Agent Solicitation
Individual Market – Issue and Attained Age ~Brokers in Anchor Point, Anchorage, Eagle Pass, Eagle River, Fairbanks, North Pole, Palmer, Soldotna, Wasilla, and Salcha

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

Male – Preferred (Issue Age)

	<65	65	70	75	80	85+
B	422					
High F	208					

Male – Preferred (Attained Age)

	<65	65	70	75	80	85+
A	N/A	117	141	150	150	150
B	N/A	168	208	227	231	231
C	N/A	189	238	267	294	294
D	N/A	176	223	254	281	281
F	N/A	190	237	268	295	295
High F	N/A	43	57	71	81	81
G	N/A	176	224	255	282	282
K	N/A	90	121	134	141	141
L	N/A	127	169	189	199	199
N	N/A	149	191	219	246	246

USAA Life Insurance Co. **TOLL FREE:** **WEBSITE: www.usaa.com**
Rates effective 05/01/2011 **800-531-8722** Marketing Methods: Agent Solicitation
Individual Market – Attained Age ~No brokers available in Alaska

Unisex – Non-Smoker

	<65	65	70	75	80	85+
A	NA	120	141	168	196	216
F	NA	128	150	179	207	229

NOTES:

If You Have a Problem or Complaint

If you are not satisfied with the service you receive, 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: http://commerce.state.ak.us/insurance/

STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT
Division of Insurance

Sean Parnell, Governor
Susan K. Bell, Commissioner
Linda S. Hall, Director

Dear Consumer:

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

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

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

Sincerely,

Linda S. Hall

Linda S. Hall
Director of Insurance

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

DIVISION OF INSURANCE
CONSUMER SERVICES SECTION

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

INSURANCE INQUIRY/COMPLAINT FORM

YOUR NAME: _____

DAYTIME TELEPHONE NO.: _____ ALTERNATE TELEPHONE NO.: _____

ADDRESS: _____
Street City Zip Code

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

YOUR AGE Under 25 _____ 25 to 49 _____ 50 to 64 _____ 65+ _____

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

EFFECTIVE DATE: _____

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

NAME OF AGENT OR ADJUSTER: _____

DATE OF LOSS: _____ DATE CLAIM SUBMITTED: _____
(If applicable)

GROUP INSURANCE MEMBERSHIP OR CERT. NO.: _____

EMPLOYER: _____

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

Signature: _____

Date: _____

OTHER RESOURCES & INFORMATION AVAILABLE THROUGH THE ALASKA DIVISION OF INSURANCE

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

1. The ***Insurance Consumer Guide*** is designed to provide the consumer with a general overview helpful for anyone wishing to purchase auto insurance, homeowners insurance, life insurance, or health insurance. It is also designed to help consumers better understand their insurance rights. It explains some of the insurance basics that will be useful in determining what types of coverage may be needed periodically. This brochure is distributed to consumers as a newspaper supplement. Additional copies of this guide are available by contacting the division in Juneau or Anchorage.

2. The ***Long-Term Care Consumer Guide*** complements the National Association of Insurance Commissioners (NAIC) *A Shopper's Guide to Long-Term Care Insurance*. The division prepared this publication to assist Alaskan consumers in making decisions regarding long-term care insurance. To get the full benefit of this guide, the reader should also have a copy of the NAIC publication, available from our website or Consumer Services.

3. The ***Homeowners Insurance Rating Examples*** booklet explains homeowner's coverage and compares the rates from various companies.

4. The ***Private Passenger Auto Insurance Rating Examples*** booklet explains auto insurance coverage and compares the rates from various companies.

5. The ***Annual Report*** is published every year. This report is a summary of all the insurance business written in the state, premium taxes collected, license statistics, consumer complaints, and disciplinary actions.

Contact: Alaska Division of Insurance
CONSUMER SERVICES SECTION
550 West Seventh Avenue, Suite 1560
Anchorage, AK 99501-3567
Telephone: (907) 269-7900 • Within Alaska (800) 467-8725
Fax: (907) 269-7910
E-mail: insurance@commerce.state.ak.us
Website: www.commerce.state.ak.us/insurance/

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