

## 2020 Medicare Standard Supplement (Medigap) Plans (For Ages 65 and Older)

<b>Medicare Cost Sharing with NO Supplement</b>		<b>Your Obligation with a Standardized Medigap Supplement Plan</b>												
		<b>Plans Available to All Applicants</b>									<b>Plans Available Only to Those Eligible for Part A before 2020</b>			
		G	G(HD) <sup>1</sup>	N	B	D	A	K	L	M	F*	C*	F*(HD) <sup>1</sup>	
<b>% US Population choosing in 2018</b>		19%	New	11%	2%	1%	1%	<0.5%	<0.5%	<0.5%	54%	6%	2%	
<b>PART A HOSPITALIZATION</b>		Your Share												
Hospital Deductible: Day 1 of any Benefit Period	\$1,408	\$0	\$0	\$0	\$0	\$0	\$0	\$1,408	\$704	\$352	\$704	\$0	\$0	\$0
Hospital Coinsurance: Days 1-60	\$0/Day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Coinsurance: Days 61-90	\$352/Day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Coinsurance: Days 91-150 <sup>4</sup>	\$704/Day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Coinsurance: Days 151-516 <sup>4</sup>	All costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PART A OTHER COVERAGE</b>														
Skilled Nursing Coinsurance: Days 1-20	\$0/Day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing Coinsurance: Days 21-100	\$176/D	\$0	\$0	\$0	\$176/D	\$0	\$176/D	\$88/D	\$44/D	\$0	\$0	\$0	\$0	\$0
Home Health Care Costs:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Blood - First 3 Units as Inpatient: (Copay/Year)	\$600 <sup>5</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$300	\$150	\$0	\$0	\$0	\$0	\$0
Blood - Additional Units as Inpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>PART B OUTPATIENT &amp; MEDICAL</b>														
Part B Deductible: Annually	\$198	\$198	\$198	\$198	\$198	\$198	\$198	\$198	\$198	\$198	\$198	\$0	\$0	\$0
Part B Medical Coinsurance	20%	\$0	\$0	\$20 <sup>2</sup>	\$0	\$0	\$0	10%	5%	0%	\$0	\$0	\$0	\$0
Part B Excess Charge (Non-particip. Dr.)	+15%	\$0	\$0	+15%	+15%	+15%	+15%	+15%	+15%	+15%	\$0	+15%	\$0	\$0
Clinical Lab Tests: Coinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Blood - First 3 Units as Outpatient	\$600 <sup>5</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$300	\$150	\$0	\$0	\$0	\$0	\$0
Blood - Additional Units as Outpatient	\$40	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$10	\$0	\$0	\$0	\$0	\$0
<b>NON-MEDICARE BENEFITS</b>														
Foreign Travel Emergency Care	All Costs	20% <sup>3</sup>	20% <sup>3</sup>	20% <sup>3</sup>	All Costs	20% <sup>3</sup>	All Costs	All Costs	All Costs	All Costs	20% <sup>3</sup>	20% <sup>3</sup>	20% <sup>3</sup>	20% <sup>3</sup>
<b>OTHER COSTS</b>														
You pay deductible, then you pay \$0			\$2,340 <sup>1</sup>											\$2,340 <sup>1</sup>
Maximum you pay, then you pay \$0								\$5,880	\$2,940					

**Footnotes:**

\* Plans C, F, and high deductible F are sold only to those who were eligible for Part A before 1/1/2020, whether they enrolled or not.

1 - High Deductible Plan. You pay all Gap costs not paid by Medicare until the deductible amount is met before any payment is made by the policy.

2 - Plan pays all of Part B coinsurance except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for ER visits that do not result in admission.

3 - Within 60 days from the start of your trip. \$250 Deductible per year and \$50,000 Lifetime limit.

4 - Using Lifetime Reserve of 60 days.

5 - Approximate costs for blood



LOCAL HELP FOR PEOPLE WITH MEDICARE

# Medicare Supplement (Medigap) Plans Notes and Rating Methodology (M'T'D)

## What types of Medigap policies insurance companies sell?

Insurance companies selling Medigap policies are required to make Plan A available. If they offer any other Medigap plan, they must also offer either Medigap Plan C or Plan F. Insurance companies that sell Medigap policies don't have to offer every Medigap policy. Each insurance company decides which Medigap policies it wants to sell.

In addition to Standardized Plans, some companies sell Innovative Plans. They must contain all the features of Standardized Plans, but may include additional benefits such as dental, vision, or hearing aids. These plans are subject to the same Open Enrollment Period rights and Guaranteed Issue rights with several exceptions. For example, switching from an Innovative Plan from one company to an innovative plan from another company may be subject to health screening. There is also not a guarantee to switch from any of the standardized plans, including a regular F plan, to an innovative plan, as the innovative plans have more benefits than any standardized plan. Finally, there are no protections for the added benefits, and they can be eliminated or subject to change at any time.

**Waiting Period for Pre-Existing Condition :** A period of six months or less during which a company can refuse to pay claims for a health condition that was treated in six months prior to purchasing a policy. In most cases, a person can use previous health coverage to shorten or eliminate the waiting period.

## Rating Methodology

Each insurance company decides how it will set the price, or premium for its Medigap policies. Medigap policies can be priced or "rated" in three ways:

### AA- Attained Age:

Your premium will increase as you grow older. Additional increases due to higher medical costs or higher than expected claim costs are also possible. For example, if you buy a policy at age 65, when you turn 70, you will pay whatever the company is charging for a person 70 years old. However, any rate increase that occurs must apply to the entire class of policyholders in which you are categorized, not just to you as an individual. Most companies in this guide use the Attained Age Rating Method.

### IA - Issue Age:

Your premium will always be based on your age at the time you purchased the plan. Any increases will be due to higher medical costs or higher than expected claim costs for the entire class of policyholders you are in. Even though you will have increases in your policy premium, the premium will not increase just because you are growing older.

### CR - No Age (Community) Rating:

The premium for a specific policy is the same for everyone over the age of 65, regardless of their age. The only company using this rating methodology is United Healthcare through AARP. Must be a member of AARP at the time of issue. Rates listed for ages 65-69 are the age 65 rates and include the Enrollment discount. Rates listed for ages 70-74 are the age 70 rates and include the Enrollment discount. These rates are available for those individuals applying for coverage within 6 years of their Medicare Part B effective date or 65th birthday. Rates listed for ages 75-79 and 80 and above include no discounts. These rates are available for those individuals applying for coverage more than 10 years after their Medicare Part B effective date.

These charts are provided as a convenience. The Health Insurance Counseling and Advocacy Program (HICAP) makes no claims as to the listed insurers financial status, reputation, sales practices or status in the market place. We make no claims on the value of products sold by these companies or that this chart is a complete listing of all insurers available or fully accurate. Premiums listed were extracted from the SHIP TA Center's National Medigap Plan Finder tool. It is provided and supported by CSG Actuarial in Omaha, Nebraska. Always check with the insurance company for complete information. HICAP does not endorse any specific health insurer.

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2020 Medicare Supplement (Medigap) Plans Contra Costa County Monthly Rates at Age 65 (by price of plan G)

Company Name	Plan Type#	METHOD	Plans Available to All Applicants									Plans Available Only to Those Eligible for Part A before 2020			Date
			G	G (HD)	N	B	D	A	K	L	M	F*	C*	F* (HD)	
ANTHEM BLUE CROSS	Standard	AA	123	-	126	-	-	98	-	-	-	181	-	-	3/1/20
STATE FARM	Standard	AA	126	-	96	-	126	83	-	-	-	153	151	-	1/1/19
&AARP UNITEDHEALTHCARE	Standard	CR	126	-	106	133	-	93	49	88	-	159	158	-	4/1/20
BLUE SHIELD OF CALIFORNIA	Standard	AA	128	-	113	-	-	111	-	-	-	-	-	-	10/1/19
&USAA LIFE	Standard	AA	129	-	104	-	-	111	-	-	-	160	-	-	7/1/19
TRANSAMERICA PREMIER LIFE	Standard	AA	137	-	127	-	-	105	-	-	-	178	-	-	5/1/19
GLOBE LIFE AND ACCIDENT	Standard	AA	138	-	117	137	-	93	-	-	-	153	152	84	8/28/17
BLUE SHIELD OF CALIFORNIA	Innovative	AA	142	-	-	-	-	-	-	-	-	-	-	-	1/1/20
LOYAL AMERICAN (CIGNA)	Standard	AA	144	-	111	-	-	149	-	-	-	192	-	-	8/1/19
NATIONAL HEALTH	Standard	AA	146	-	119	-	-	131	-	-	-	173	-	54	9/1/19
&THRIVENT FINANCIAL	Standard	AA	146	-	-	142	149	144	-	109	136	182	175	28	3/1/19
HEALTH NET	Standard	AA	149	-	128	-	144	113	-	-	-	162	-	68	2/1/20
CONTINENTAL LIFE (AETNA)	Standard	AA	149	-	103	145	-	115	-	-	-	202	-	44	12/13/19
NATIONAL GUARDIAN LIFE	Standard	AA	150	-	121	-	-	147	-	-	-	182	-	-	2/1/20
HEALTH NET	Innovative	AA	152	-	-	-	-	-	-	-	-	167	-	-	2/1/20
COMBINED INSURANCE CO	Standard	AA	155	-	128	-	-	133	-	-	-	182	-	-	11/1/19
&EVERENCE ASSOCIATION	Standard	AA	155	-	115	-	-	145	-	-	-	167	-	-	4/1/20
OXFORD LIFE	Standard	AA	157	-	134	-	-	206	-	-	-	251	-	-	10/1/19
GARDEN STATE LIFE	Standard	AA	160	50	131	-	-	126	-	-	134	213	-	-	1/1/20
INDIVIDUAL ASSURANCE	Standard	AA	162	-	138	-	-	151	-	-	-	205	-	-	8/1/19
MUTUAL OF OMAHA	Standard	AA	167	34	126	-	-	121	-	-	-	198	-	50	2/28/20
HUMANA	Standard	AA	189	57	-	-	-	-	-	-	-	-	-	-	1/1/20
UNITED AMERICAN INS	Standard	AA	195	-	148	184	210	146	123	175	-	244	225	39	3/15/20
&THRIVENT FINANCIAL	Standard	IA	202	-	-	179	206	172	-	147	186	242	233	40	3/1/19
BLUE SHIELD OF CALIFORNIA	Innovative	AA	-	-	-	-	-	-	-	-	-	152	-	-	10/1/19
ANTHEM BLUE CROSS	Innovative	AA	-	-	-	-	-	-	-	-	-	155	-	-	3/1/20
HUMANA	Standard	AA	-	-	117	158	-	146	84	121	-	201	197	51	1/1/19
SENTINEL SECURITY LIFE	Standard	AA	-	-	171	208	209	189	-	-	-	266	257	-	10/1/19

Notes: '\*' - Plans C, F, and high deductible F are sold only to those who were eligible for Part A before 1/1/2020, whether they enrolled or not.

'&' - Some form of membership required

'#' - "Innovative" (sometimes known as "Extra") F or G plans may include additional benefits such as dental, vision, or hearing aids

'-' - Policy not offered

Sample Premiums as of 4/2/20 from SHIP Medigap PlanFinder

2020 Medicare Supplement (Medigap) Plans Contra Costa County Monthly Rates For Ages 65 and Older

Company	Plan Type	M'T'D	Age	Plans Available to All Applicants									Plans Available Only to Those Eligible for Part A before 2020		
				G	G (HD)	N	B	D	A	K	L	M	F*	C*	F* (HD)
ANTHEM BLUE CROSS 877-685-3300	Standard	AA	65	\$123	-	\$126	-	-	\$98	-	-	-	\$181	-	-
			70	151	-	153	-	-	120	-	-	-	221	-	-
			75	184	-	187	-	-	146	-	-	-	269	-	-
			80	223	-	227	-	-	177	-	-	-	326	-	-
ANTHEM BLUE CROSS 877-685-3300	Innovative	AA	65	-	-	-	-	-	-	-	-	-	\$155	-	-
			70	-	-	-	-	-	-	-	-	-	192	-	-
			75	-	-	-	-	-	-	-	-	-	237	-	-
			80	-	-	-	-	-	-	-	-	-	291	-	-
&AARP UNITEDHEALTHCARE 1-844-891-3219	Standard	CR	65	\$126	-	\$106	\$133	-	\$93	\$49	\$88	-	\$159	\$158	-
			70	156	-	132	165	-	115	61	109	-	196	196	-
			75	186	-	157	197	-	137	73	130	-	234	233	-
			80	198	-	168	209	-	146	78	139	-	249	248	-
BLUE SHIELD OF CALIFORNIA 800-393-6130	Standard	AA	65	\$128	-	\$113	-	-	\$111	-	-	-	-	-	-
			70	168	-	147	-	-	146	-	-	-	-	-	-
			75	239	-	215	-	-	214	-	-	-	-	-	-
			80	296	-	238	-	-	236	-	-	-	-	-	-
BLUE SHIELD OF CALIFORNIA 800-393-6130	Innovative	AA	65	\$142	-	-	-	-	-	-	-	-	\$152	-	-
			70	182	-	-	-	-	-	-	-	-	185	-	-
			75	253	-	-	-	-	-	-	-	-	252	-	-
			80	310	-	-	-	-	-	-	-	-	322	-	-
COMBINED INSURANCE CO 800-225-4500	Standard	AA	65	\$155	-	\$128	-	-	\$133	-	-	-	\$182	-	-
			70	171	-	149	-	-	153	-	-	-	201	-	-
			75	206	-	169	-	-	169	-	-	-	242	-	-
			80	237	-	185	-	-	180	-	-	-	278	-	-
CONTINENTAL LIFE (AETNA) 800-358-8749	Standard	AA	65	\$149	-	\$103	\$145	-	\$115	-	-	-	\$202	-	\$44
			70	180	-	126	176	-	139	-	-	-	244	-	53
			75	219	-	155	213	-	169	-	-	-	296	-	65
			80	252	-	182	245	-	194	-	-	-	340	-	74
&EVERENCE ASSOCIATION (800) 348-7468	Standard	AA	65	\$155	-	\$115	-	-	\$145	-	-	-	\$167	-	-
			70	195	-	144	-	-	176	-	-	-	209	-	-
			75	233	-	179	-	-	217	-	-	-	250	-	-
			80	272	-	214	-	-	253	-	-	-	291	-	-
GARDEN STATE LIFE 409-763-4661	Standard	AA	65	\$160	\$50	\$131	-	-	\$126	-	-	\$134	\$213	-	-
			70	176	55	145	-	-	139	-	-	148	235	-	-
			75	208	65	171	-	-	164	-	-	175	277	-	-
			80	243	76	200	-	-	193	-	-	205	324	-	-
GLOBE LIFE AND ACCIDENT 1-888-678-3403	Standard	AA	65	\$138	-	\$117	\$137	-	\$93	-	-	-	\$153	\$152	\$84
			70	167	-	141	166	-	122	-	-	-	182	181	116
			75	196	-	168	195	-	133	-	-	-	212	210	150
			80	212	-	183	199	-	134	-	-	-	227	226	180

2020 Medicare Supplement (Medigap) Plans Contra Costa County Monthly Rates For Ages 65 and Older

Company	Plan Type	M'T'D	Age	Plans Available to All Applicants									Plans Available Only to Those Eligible for Part A before 2020		
				G	G (HD)	N	B	D	A	K	L	M	F*	C*	F* (HD)
HEALTH NET 1-800-944-7287	Standard	AA	65	\$149	-	\$128	-	\$144	\$113	-	-	-	\$162	-	\$68
			70	178	-	155	-	174	136	-	-	-	194	-	81
			75	222	-	194	-	217	169	-	-	-	241	-	101
			80	249	-	218	-	244	190	-	-	-	271	-	114
HEALTH NET 1-800-944-7287	Innovative	AA	65	\$152	-	-	-	-	-	-	-	-	\$167	-	-
			70	182	-	-	-	-	-	-	-	-	199	-	-
			75	225	-	-	-	-	-	-	-	-	246	-	-
			80	253	-	-	-	-	-	-	-	-	276	-	-
HUMANA 1-800-457-4708	Standard	AA	65	\$189	\$57	\$117	\$158	-	\$146	\$84	\$121	-	\$201	\$197	\$51
			70	226	68	140	189	-	174	100	145	-	241	236	61
			75	267	80	166	224	-	206	118	172	-	284	279	72
			80	308	92	191	259	-	238	137	198	-	329	322	83
INDIVIDUAL ASSURANCE (888) 524-3629	Standard	AA	65	\$162	-	\$138	-	-	\$151	-	-	-	\$205	-	-
			70	183	-	156	-	-	170	-	-	-	229	-	-
			75	217	-	185	-	-	196	-	-	-	267	-	-
			80	251	-	216	-	-	218	-	-	-	307	-	-
LOYAL AMERICAN (CIGNA) 1-855-891-9368	Standard	AA	65	\$144	-	\$111	-	-	\$149	-	-	-	\$192	-	-
			70	170	-	131	-	-	175	-	-	-	224	-	-
			75	201	-	155	-	-	202	-	-	-	261	-	-
			80	235	-	183	-	-	227	-	-	-	303	-	-
MUTUAL OF OMAHA 800-680-8435	Standard	AA	65	\$167	\$34	\$126	-	-	\$121	-	-	-	\$198	-	\$50
			70	183	39	138	-	-	132	-	-	-	217	-	55
			75	214	47	162	-	-	155	-	-	-	255	-	65
			80	250	56	189	-	-	181	-	-	-	297	-	76
NATIONAL GUARDIAN LIFE 800-548-2962	Standard	AA	65	\$150	-	\$121	-	-	\$147	-	-	-	\$182	-	-
			70	158	-	128	-	-	155	-	-	-	191	-	-
			75	191	-	155	-	-	183	-	-	-	227	-	-
			80	228	-	187	-	-	210	-	-	-	269	-	-
NATIONAL HEALTH 888-781-0585	Standard	AA	65	\$146	-	\$119	-	-	\$131	-	-	-	\$173	-	\$54
			70	164	-	134	-	-	147	-	-	-	195	-	60
			75	198	-	161	-	-	178	-	-	-	235	-	73
			80	233	-	189	-	-	209	-	-	-	276	-	86
OXFORD LIFE (866) 641-9999	Standard	AA	65	\$157	-	\$134	-	-	\$206	-	-	-	\$251	-	-
			70	170	-	158	-	-	243	-	-	-	297	-	-
			75	206	-	188	-	-	289	-	-	-	350	-	-
			80	234	-	217	-	-	317	-	-	-	401	-	-
SENTINEL SECURITY LIFE 1-800-247-1423	Standard	AA	65	-	-	\$171	\$208	\$209	\$189	-	-	-	\$266	\$257	-
			70	-	-	197	238	240	217	-	-	-	305	295	-
			75	-	-	225	270	273	243	-	-	-	348	336	-
			80	-	-	253	300	306	265	-	-	-	389	376	-

2020 Medicare Supplement (Medigap) Plans Contra Costa County Monthly Rates For Ages 65 and Older

Company	Plan Type	M'T'D	Age	Plans Available to All Applicants									Plans Available Only to Those Eligible for Part A before 2020		
				G	G (HD)	N	B	D	A	K	L	M	F*	C*	F* (HD)
STATE FARM 800-782-8332	Standard	AA	65	\$126	-	\$96	-	\$126	\$83	-	-	-	\$153	\$151	-
			70	160	-	122	-	160	104	-	-	-	192	190	-
			75	191	-	146	-	190	121	-	-	-	223	221	-
			80	217	-	169	-	217	135	-	-	-	250	248	-
&THRIVENT FINANCIAL 800-492-1231	Standard	AA	65	\$146	-	-	\$142	\$149	\$144	-	\$109	\$136	\$182	\$175	\$28
			70	177	-	-	170	180	171	-	132	164	215	207	35
			75	213	-	-	201	217	196	-	159	197	256	247	43
			80	254	-	-	222	258	210	-	189	231	300	289	52
&THRIVENT FINANCIAL 800-492-1231	Standard	IA	65	\$202	-	-	\$179	\$206	\$172	-	\$147	\$186	\$242	\$233	\$40
			70	235	-	-	202	238	192	-	170	215	278	268	48
			75	270	-	-	224	273	206	-	195	245	316	305	55
			80	302	-	-	240	307	214	-	218	273	353	340	63
TRANSAMERICA PREMIER LIFE 800-797-2643	Standard	AA	65	\$137	-	\$127	-	-	\$105	-	-	-	\$178	-	-
			70	152	-	141	-	-	116	-	-	-	197	-	-
			75	185	-	172	-	-	141	-	-	-	240	-	-
			80	220	-	204	-	-	168	-	-	-	285	-	-
UNITED AMERICAN INS (800) 331-2512	Standard	AA	65	\$195	-	\$148	\$184	\$210	\$146	\$123	\$175	-	\$244	\$225	\$39
			70	256	-	194	235	275	185	163	231	-	313	289	52
			75	300	-	229	268	322	208	180	254	-	363	336	66
			80	335	-	259	280	360	212	187	264	-	404	373	79
&USAA LIFE 800-531-8722	Standard	AA	65	\$129	-	\$104	-	-	\$111	-	-	-	\$160	-	-
			70	140	-	122	-	-	130	-	-	-	187	-	-
			75	168	-	145	-	-	155	-	-	-	224	-	-
			80	209	-	168	-	-	180	-	-	-	259	-	-

Notes: '\*' - Plans C, F, and high deductible F are sold only to those who were eligible for Part A before 1/1/2020, whether they enrolled or not.

'&' - Some form of membership required

Sample Premiums as of 4/2/20 from SHIP Medigap PlanFinder