

## 2022 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>		
		<b>G</b>	<b>G(HD)<sup>1</sup></b>	<b>N</b>	<b>B</b>	<b>D</b>	<b>A</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>F</b>	<b>C</b>	<b>F(HD)<sup>1</sup></b>	
<b>US Popularity for age 65 in 2020</b>		<b>59%</b>	<b>6%</b>	<b>33%</b>	<b>≤0.1%</b>	<b>≤0.1%</b>	<b>≤0.1%</b>	<b>≤0.1%</b>	<b>≤0.1%</b>	<b>≤0.1%</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>PART A HOSPITALIZATION</b>		Your Share												
Hospital Deductible: Day 1 of any Benefit Period	\$1,556	\$0	\$0	\$0	\$0	\$0	\$0	\$1,556	\$778	\$389	\$778	\$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	\$389/Day	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Coinsurance: Days 91-150 <sup>4</sup>	\$778/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	\$194. <sup>50</sup> /D	\$0	\$0	\$0	\$194. <sup>50</sup> /D	\$0	\$194. <sup>50</sup> /D	\$97. <sup>25</sup> /D	\$48. <sup>65</sup> /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	\$233	\$233	\$233	\$233	\$233	\$233	\$233	\$233	\$233	\$233	\$233	\$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	20% <sup>3</sup>	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			\$2,490 <sup>1</sup>											\$2,490 <sup>1</sup>
Maximum you pay, then you pay \$0								\$6,620	\$3,310					

**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

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under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy



## Frequently Asked Questions and Answers for Medigap (aka Medicare Supplement) Policies

**What does a Medigap do?** Medigap policies are private insurance policies designed to pay for a portion of the cost of covered medical services that Medicare does not pay - that is, the deductibles and co-pays for Parts A and B of Original Medicare. Medicare pays its share of the Medicare-approved amount to the provider, then your Medigap policy pays its share. These plans make no medical decisions. Benefits of Medigap plans are standardized, designated by letters (A-N); all plans with the same letter designation offer the same coverage. Some plans will pay all the deductibles and co-pays while others expect you to pay some amount each year. See Plan Comparison Chart on page 1 of this handout. Each company sets their own premium, and the premium is in addition to your base Medicare Part B premium. See charts on page 3 and beyond for sample premiums. A Medigap can only be used with Original Medicare and does not cover co-pays associated with Medicare Advantage Plans.

**Are there limits on who or where I can use these policies?** Medicare is your primary insurance and can be used anywhere in the USA. All physicians, labs, and hospitals and medical equipment providers that accept Medicare patients also accept all Medigap policies, regardless of the company or plan level. With a Medigap policy you use both your Medicare card and your Medigap card. There are no networks, and prior approval is not required, as long as the provider accepts Medicare patients (almost all providers do). Medigap policies will not pay for medical costs that are not covered by Medicare, although some policies add limited foreign emergency travel coverage, and all offer extra days in the hospital. Medigap policies do not include outpatient prescription drug coverage, so you should also enroll in a Stand-Alone Prescription Drug Plan.

**What do I need to do to obtain a policy?** Most people sign up for a Medigap policy within 6 months of their effective date of Medicare Part B or of losing their employer-based retiree plan. Insurers cannot deny or charge you more for coverage during this period and must sell you any plan they offer. This is called a 'Medigap Open Enrollment' period. Outside of this 6-month period, they can deny you coverage for preexisting conditions or charge you more based on your medical history. There are other 'Guaranteed Issue' periods such as moving or a Medicare Advantage Plan leaving the area. Call HICAP for more information.

**Which Plan should I choose?** The 3 most popular plans are Plan F, Plan G and Plan N. Plan F has the most comprehensive coverage but is available only for those who were eligible for Part A of Medicare (hospital coverage) before 2020. Plan G has the next most comprehensive coverage and pays for all costs after an annual deductible of \$233 (in 2022). Plan N has the lowest premiums of these 3 options, but you take on some copays for doctor and ER visits. If you visit the doctor frequently, those copays could add up, so in that scenario, Plan G may be a better choice. Some companies offer "high-deductible" options for Plans F or G. With the high-deductible plans, you pay a lower monthly premium but must pay the first \$2,490 (in 2022) of the cost of covered services not paid by Medicare. After you pay the \$2,490 deductible (in 2022), all Medicare covered services are fully covered by the 'high-deductible' plans. All plans are guaranteed renewable regardless of your health situation if you pay your premium.

**Some Plans say they offer additional benefits. Aren't the plans standardized?** Some companies sell 'Innovative' or 'Enhanced' Plans. They contain all the features of Standardized Plans, but may include additional benefits such as dental discounts, vision, or hearing aids. There are no protections for the added benefits, and they can be eliminated or subject to change at any time. Some plans offer gym memberships and discounts.

**Why are there differences in monthly premium costs?** Prices are set such that a company can make a profit after all claims are paid and administrative costs met. Prices are adjusted (usually up) each year based on both your age and market medical costs. As mentioned, the plans are standardized so other than premium, there are no differences between companies for the same policy type. Many offer discounts which are not shown in our cost charts, so HICAP recommends always calling a few of the companies (or an insurance broker) for the lower price plans for a specific quote. Premiums listed in our charts were extracted from the SHIP TA Center's National Medigap Plan Finder tool. The exact premium will depend on your birthday and zip code. HICAP does not endorse any specific health insurer and makes no claims as to the listed insurers financial status, reputation, sales practices.

**Can I change policies if it gets too expensive?** There is Fall no annual 'Open Enrollment' for Medigaps. After your initial enrollment period ends, you have a 'guaranteed issue' opportunity each year on and 60 days after your birthday to switch your existing plan to the same or lower plan with your current or any company that sells that plan. If you have a Medicare Advantage plan and wish to switch to Original Medicare plus a Medigap, please contact HICAP at (925) 655-1393 or (800) 434-0222 or (800) 510-2020.

**2022 Medicare Supplement (Medigap) Plans Contra Costa County  
Monthly Rates *at Age 65* (sorted by price of plan G)**

Company Name	Plan Type#	G	G (HD)	N	B	D	A	K	L	M	Date	Phone
& USAA Life	Standard	123	—	118	—	—	111	—	—	—	7/1/21	800-531-8722
State Farm Mutual	Standard	125	—	95	—	124	94	—	—	—	1/1/21	800-782-8332
Blue Shield	Standard	128	—	127	—	—	111	—	—	—	7/1/21	800-393-6130
Anthem Blue Cross	Standard	129	—	138	—	—	107	—	—	—	3/1/21	1-800-684-1893
& AARP/UHC Medicare Supp.	Standard	133	—	99	125	—	89	46	82	—	6/1/21	1-888-378-0849
Cigna	Standard	137	—	106	—	—	127	—	—	—	9/1/21	1-855-891-9368
Blue Shield	Innovative	142	—	127	—	—	111	—	—	—	7/1/21	800-393-6130
Independence American	Standard	143	—	122	—	—	142	—	—	—	4/8/21	866-951-0679
United World Life	Standard	148	58	124	—	—	136	—	—	—	5/25/21	(855) 977-6312
Health Net	Standard	149	—	128	—	144	113	—	—	—	2/1/20	1-800-944-7287
Health Net	Innovative	152	—	128	—	144	113	—	—	—	2/1/20	1-800-944-7287
National Health Ins Co (Allstate)	Standard	161	—	118	—	—	134	—	—	—	1/1/21	888-781-0585
Globe Life and Accident	Standard	163	35	135	163	—	111	—	—	—	6/1/20	1-888-678-3403
Accendo (Aetna)	Standard	164	—	110	—	—	136	—	—	—	7/9/21	800-358-8749
& Everence Association Inc	Standard	165	—	122	—	—	153	—	—	—	4/1/21	(800) 348-7468
Continental Life (Aetna)	Standard	168	—	115	163	—	129	—	—	—	9/1/21	800-358-8749
Transamerica Life	Standard	168	—	116	—	—	116	—	100	—	11/1/21	800-797-2643
Garden State Life	Standard	168	53	138	—	—	133	—	—	142	1/1/21	409-763-4661
Combined Insurance Co.	Standard	171	—	136	—	—	139	—	—	—	11/1/20	800-225-4500
National Guardian Life	Standard	173	—	136	—	—	165	—	—	—	10/1/21	800-548-2962
Oxford Life	Standard	178	—	159	—	—	232	—	—	—	10/1/21	(866) 641-9999
United American	Standard	195	40	157	184	210	146	123	175	—	4/15/21	(800) 331-2512
Humana (Achieve)	Innovative	206	—	—	—	—	—	—	—	—	6/1/21	888-602-7443
Humana	Standard	221	60	160	212	—	195	112	162	—	10/1/20	1-800-457-4708

Notes: '&' - Some form of membership required. See Page 4

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

'--' - Policy not offered

Sample Premiums as of 11/15/2021 from SHIP TA Medigap PlanFinder

**2022 Medicare Supplement (Medigap) Plans Contra Costa County  
Select Plan Monthly Rates (sort alphabetically)**

Company Name	Age 65			Age 70			Age 75			Age 80		
	G	N		G	N	F	G	N	F	G	N	F
Anthem Blue Cross	129	138		157	169	212	191	206	261	232	249	320
& AARP/UHC Medicare Supp.	118	99		149	126	188	*	*	*	*	*	*
Accendo (Aetna)	164	110		174	123	190	205	145	223	240	170	261
Blue Shield	128	127		180	178	219	239	242	285	310	276	382
Cigna	137	106		167	129	205	203	157	249	236	187	289
Combined Insurance Co.	171	136		189	157	225	227	179	271	261	195	312
Continental Life (Aetna)	168	115		203	140	277	246	173	336	283	202	386
& Everence Association Inc	165	122		207	153	222	247	190	265	288	226	309
Garden State Life	168	138		186	153	248	220	181	292	256	211	342
Globe Life and Accident	163	135		198	164	216	232	194	251	251	212	270
Health Net	149	128		178	155	194	222	194	241	249	218	271
Humana	221	160		265	192	329	313	227	389	362	262	450
Humana (Achieve)	181	141		187	147	217	224	181	256	272	224	307
Independence American	143	122		180	142	211	229	175	260	289	216	320
National Guardian Life	173	136		183	143	206	221	173	245	264	209	290
National Health Ins Co (Allstate)	150	118		162	128	190	195	154	229	230	181	270
Oxford Life	178	159		192	188	353	232	223	416	265	258	476
State Farm Mutual	125	95		159	121	220	189	145	254	215	167	286
Transamerica Life	168	116		213	147	231	262	181	284	309	214	336
United American	195	157		256	206	313	300	243	363	335	274	404
United World Life	148	124		185	154	233	224	187	282	267	222	336
& USAA Life	123	118		134	138	200	161	164	239	200	190	277

Notes: Plan F is sold only to those who were eligible for Part A before 1/1/2020, whether they enrolled or not.

'&' - Some form of membership required. AARP is \$15/year. Everence is Christian Values via Mennonite church.

USAA is free and available to non-military via phone.

\*\* Call AARP for policies age 75 and over