

## 2022 Medicare Standard Supplement (Medigap) Plans (UNDER Age 65)

<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>PART A HOSPITALIZATION</b>	Your Share													
Hospital Deductible: Day 1 of any Benefit Period	\$1,556	\$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	
Hospital Coinsurance: Days 61-90	\$389/Day	\$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	
Hospital Coinsurance: Days 151-516 <sup>4</sup>	All costs	\$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	
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	
Home Health Care Costs:	\$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	
Blood - Additional Units as Inpatient	\$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	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		\$2,490 <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

This project was supported, in part by grant number 90SAPG0094-02-00, from the U.S. Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects 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 *under* Age 65 (by price of plan G)

Company Name	Plan Type#	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)	
Physicians Life	Standard	244	—	202	—	—	186	—	—	—	280	—	—	6/1/21
& AARP/UHC Medicare Supp	Standard	261	—	—	256	—	183	95	—	—	305	303	—	8/27/21
Oxford Life	Standard	296	—	335	—	—	371	—	—	—	547	—	—	1/1/21
Health Net	Standard	301	—	312	—	350	229	—	—	—	327	—	137	3/1/21
Cigna	Standard	311	—	254	—	—	288	—	—	—	381	—	103	9/1/21
Continental Life (Aetna)	Standard	319	—	229	310	—	245	—	—	—	435	—	—	9/1/21
& Everence Association Inc	Standard	329	—	257	—	—	307	—	—	—	353	—	—	9/1/21
State Farm Mutual	Standard	342	—	262	—	341	194	—	—	—	360	356	—	7/9/21
Transamerica Life	Standard	348	—	241	—	—	241	—	208	—	378	376	—	1/1/21
Globe Life and Accident	Standard	350	—	298	331	—	223	—	—	—	379	375	—	1/1/21
National Guardian Life	Standard	357	—	288	—	—	290	—	—	—	388	—	—	10/1/21
Health Net	Innovative	358	—	312	—	350	229	—	—	—	327	—	137	2/1/20
& USAA Life	Standard	364	—	210	—	—	198	—	—	—	306	—	—	5/25/21
Combined Insurance Co.	Standard	365	—	264	—	—	226	—	—	—	436	—	—	6/1/21
United World Life	Standard	371	—	309	—	—	339	—	—	—	470	—	—	2/1/20
National Health Ins Co (Allsta	Standard	375	—	296	—	—	336	—	—	—	439	—	129	11/1/20
Garden State Life	Standard	387	—	319	—	—	307	—	—	—	517	—	—	4/8/21
Accendo(Aetna)	Standard	402	—	285	—	—	332	—	—	—	438	—	—	10/1/21
National Health Ins Co (Allsta	Standard	403	—	296	—	—	336	—	—	—	439	—	129	7/1/21
Humana	Standard	408	110	295	385	—	359	206	299	—	499	492	123	6/1/21
Anthem Blue Cross	Standard	412	—	333	—	—	256	—	—	—	513	—	—	9/1/21
Humana (Achieve)	Innovative	448	129	336	—	—	323	—	—	—	441	—	—	4/1/21
United American	Standard	469	—	384	392	504	288	—	—	—	585	553	—	7/1/21
Independence American	Standard	578	—	436	—	—	539	—	—	—	600	—	—	7/1/21
Blue Shield	Standard	739	—	627	—	—	555	—	—	—	883	—	—	7/1/21
Blue Shield	Innovative	767	—	627	—	—	555	—	—	—	883	—	—	6/1/21

Notes: See Medigap Chart for those 65 or older for Plan phone numbers.

'&' - Some form of membership required. AARP \$15 per year. Everence is Chritian Values via Mennonite church. USAA is free and available to non-military via phone.

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

'-' - Policy not offered