SOUTH CAROLINA
DEPARTMENT of INSURANCE

Medicare Supplement Shopper's Guide

Table of Contents

What is Medicare? **Page 3**
- Medicare is a Health Insurance Program
- Medicare Part A and Part B

Medicare Premiums for 2016 **Page 4**
- Part A (Hospital Insurance) Premium
- Part B (Medical Insurance) Premium

Medicare Deductible and Coinsurance Amounts for 2016 **Page 4**
- **Part A**
- **Part B**

Who is eligible for Medicare? **Page 5**
- General Enrollment

Medicare Supplement Insurance **Page 5-8**
- Medigap
- Medicare Select
- Open Enrollment for Medigap Supplement Insurance
- Medigap Rights and Protections
- Issue Age or Attained Age Premium
- Guaranteed Medigap Coverage
- Basic Benefits
- High Deductible Option

Find and Compare Medicare Plans **Page 8**

Additional Resources and Contact Information **Page 9**

Companies Writing SC Medicare Supplement Insurance **Page 9-12**

What is Medicare?

Medicare is a Health Insurance Program for individuals in the following categories:

People age 65 or older

People under age 65 with certain disabilities

People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).

Medicare is made up of two parts:

Part A (Hospital Insurance) **Part B (Medical Insurance)**

You can select different ways to receive the services covered by Medicare. Generally, when you begin receiving Medicare, you are in Original Medicare. You may consider a Medicare Prescription Drug Plan that will provide for drug coverage. Or, you may want to consider a Medicare Advantage Plan (like an HMO or PPO) that provides all of your Part A, Part B, and often Part D coverage. You make this selection when you are first eligible for Medicare. You should review your health and prescription needs annually and select the plan that most suits your needs in the fall. As long as you have both Part A and Part B, items covered by Part A and Part B are covered whether you have Original Medicare, or you belong to a Medicare Advantage Plan (like an HMO or PPO).

Part A (Hospital Insurance)

Helps Pay For: Care in hospitals as an inpatient, critical access hospitals (small facilities that give limited outpatient and inpatient services to people in rural areas), skilled nursing facilities (not custodial or long-term care), hospice and some home health care.

Cost: Most people get Part A automatically when they turn age 65. They don't have to pay a monthly payment called a premium for Part A because they or a spouse paid Medicare taxes while they were working.

If you don't automatically receive premium-free Part A, you may be able to purchase it:

- If you (or your spouse) aren't entitled to Social Security because you didn't work or didn't pay enough Medicare taxes while you worked and you are age 65 or older, or
- If you are disabled but no longer get premium-free Part A because you returned to work.
- If you have limited income and resources, the State of South Carolina may be able to help you pay for Part A and/or Part B.

Part B (Medical Insurance)

Helps Pay For: Doctors' services, outpatient hospital care, and some other medical services that Part A doesn't cover, such as the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. Information about your coverage under Medicare Part B can be found in the Your Medicare Coverage database.

Cost: Most beneficiaries will continue to pay the same $104.90 premium amount in 2016. If your income is above $85,000 (single) or $170,000 (married couple), then your Medicare Part B premium may be higher than $104.90 per month.

Enrolling in Part B is a decision that you will have to make. You can sign up for Part B anytime during a 7-month period that begins 3 months prior to your 65th birthday. Please call or visit the local U.S. Social Security Office to sign up. If you choose to have Part B, the premium is usually taken out of your monthly Social Security, Railroad Retirement Board, or Civil Service Retirement payment. If you don't get any of the above payments, Medicare sends you a bill for your Part B premium every 3 months. You should get your Medicare premium bill by the 10th of the month. If you don't get your bill by that date, contact the U.S. Social Security Office.

Medicare Premiums for 2016:

Part A: (Hospital Insurance) Premium

Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.

The Part A premium is $226.00 per month for people having 30-39 quarters of Medicare-covered employment.

The Part A premium is $411.00 per month for people who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare-covered employment.

Part B: (Medical Insurance Premium)

$104.90 per month*

*If your income is above $85,000 (single) or $170,000 (married couple) your Medicare Part B premium may be higher than $104.90 per month.

Medicare Deductible and Coinsurance amounts for 2016:

Part A: (pays for inpatient hospital, skilled nursing facility, and some home health care). For each benefit period Medicare pays all covered costs except the Medicare Part A deductible (2016=$1288) during the first 60 days and coinsurance amounts for hospital stays that last beyond 60 days and no more than 150 days.

For each benefit period you pay the following amounts:

A total of $0 for a hospital stay of 1-60 days.

$322 per day for days 61-90 of a hospital stay.

$644 per day for days 91-150 of a hospital stay (Lifetime Reserve Days).

All costs for each day beyond 150 days.

Skilled Nursing Facility Coinsurance:

$161.00 per day for days 21-100 of the benefit period.

All costs for each day after day 100 of the benefit period.

Part B: (covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment) $166.00 per year. (You pay 20% of the Medicare - approved amount for services after you meet the $166.00 deductible.)

Who is eligible for Medicare?

Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years or older and a citizen or permanent resident of the United States. If you are not, you might also qualify for coverage if you have a disability or have End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant). You will be eligible for Medicare when you turn 65 even if you are not eligible for Social Security retirement benefits.

Am I eligible?

Most people can join Medicare when they turn 65. You can also join if you:

·Receive Social Security disability checks for 24 months, or

·Have permanent kidney failure, known as end-stage renal disease (ESRD), or

·Have Lou Gehrig's Disease, known as Amyotrophic Lateral Sclerosis (ALS)

You can get Part A at age 65 without having to pay premiums under the following conditions:

If you already receive retirement benefits from Social Security or the Railroad Retirement Board.
If you are eligible to get Social Security or Railroad Retirement Board benefits but haven't yet filed for them.
If you or your spouse had Medicare-covered government employment.

Before age 65, you can get Part A without having to pay premiums:

If you have received Social Security or Railroad Retirement Board disability benefits for 24 months.
If you have End-Stage Renal disease and meet certain requirements.

General Enrollment

If you didn't sign up for Medicare Part B when you first became eligible, you may be able to sign up during the General Enrollment Period. This period runs from January 1 through March 31 of each year. During this time, you can sign up for Medicare part B at your local Social Security office. If you receive benefits from the Railroad Retirement Board, call your local RRB office. Your Medicare Part B coverage will begin on July 1 of the year that you sign up.

The cost of Medicare Part B will go up 10% for each full 12 month period that you could have received Medicare Part B but selected not to do so, except for unusual circumstances. You will have to pay this penalty as long as you receive Medicare Part B.

If you already have Medicare Part A and need Part B, you can sign up for Part B at your local Social Security office.

Medigap or Medicare Supplement Insurance

Medicare supplement insurance (often called Medigap insurance) fills in the gaps between what Medicare pays and what you must pay out-of-pocket for deductibles, coinsurance and copayments. Medigap policies only pay for services that Medicare deems medically necessary, and payments are generally based on the Medicare- approved charge. Some plans offer benefits that Medicare doesn't, such as emergency care while in a foreign country.

There are 10 standardized Medigap plans, labeled A through L. All companies that sell Medigap insurance must offer Plan A, but do not have to offer the other 9 plans. If you bought a Medigap policy before standardized plans were first introduced in 1992, you may keep your existing policy. You do not have to switch to one of the 10 standardized plans.

Medigap policies are sold by private insurance companies that are licensed and regulated by the South Carolina Department of Insurance but the benefits, however, are set by the federal government. Medigap policies are automatically renewed each year.

Medicare Select

Medicare Select is a type of Medigap policy. A Medicare Select policy is basically the same as a standard Medigap policy in nearly all respects because you are purchasing one of the ten standard Medicare supplement plans A through L. The only difference is that each insurer under Medicare Select generally requires you to use doctors and providers in the plan's network for your routine care. If you use out-of-network providers, you'll have to pay more of the costs though benefits are not usually payable if you do not use preferred providers for non-emergency situations. Medicare, however, will pay its share of approved charges regardless of the provider you select.

Premiums are generally lower under these policies due to the preferred provider arrangements. At any time, you may opt to return to a standard Medicare Supplement (Medigap) policy. If you currently have a Medicare Select plan, you also have the right to switch, at any time, to any regular Medigap policy being sold by the same company. The Medigap policy you select must have equal or less coverage than the Medicare Select policy you currently have.

Open Enrollment for Medicare Supplement Insurance

Beginning on the first day of the month in which you are 65 years or older and enrolled in Medicare Part B, you will have a six month open enrollment period for purchasing Medicare supplement insurance. During this time, you may not be turned down for Medicare supplement insurance because of your health. The insurer may however, exclude pre-existing health condition for up to six months. Because of the limited open enrollment period, it is very important that you understand it and take advantage of it when available.

If you apply for Medigap coverage **after** your open enrollment period**,** there is no guarantee that an insurance company will sell you a Medigap policy if you don't meet the medical underwriting requirements.

Medigap Rights and Protections *(Guaranteed Issue Rights),* *See Appendix, Rights and Protection*

In some situations, you may have the right to purchase a Medigap policy outside of your Medigap open enrollment period. These rights are called "Medigap protections." They are also called guaranteed issue rights because federal law requires insurance companies to make Medigap policies available to you.

In these instances, an insurance company must comply with the following requirements:

- -Cannot deny you Medigap coverage or place conditions on a policy
- -Must cover you for all pre-existing conditions, and
- -Cannot charge you more for a policy because of past or present health problems.

In many cases, these rights also apply when your health care coverage changes in some way, such as when you lose or drop the other health care coverage. Remember, it is best not to wait until your current health coverage has almost ended before you apply for a Medigap policy. You can apply for a Medigap policy early (for example, while you are still in your health care plan) and choose to start your Medigap coverage the day after your health care coverage ends. This will prevent gaps in your health coverage.

In many of these instances, you have the right to purchase Medigap plans A, B, C or F from any insurance company that sells Medigap policies in South Carolina **(If you are under age 65, you may only purchase a policy from a company that sells Medigap policies to persons under 65 and on Medicare).** You can purchase the policy at the best premium price available, with no review of your medical records even if you have health problems.

Issue Age or Attained Age Premium

There are two types of premium schedules which insurers generally use. Under an issue age schedule, the insurer charges a premium based on your age when your policy was first issued. Although, your premium will likely increase due to inflation and changes in benefits provided by Medicare (and therefore changes in benefits of the Medicare supplement), the insurer cannot increase your premium simply because you have gotten older.

Under an attained age schedule, the insurer charges a premium based on your age on each premium due date. With this type of schedule, your premium is not only likely to increase due to inflation and changes in benefits provided by Medicare but also because you have gotten older.

Guaranteed Medigap Coverage

South Carolina has two guaranteed issue Medigap policies for persons under the age of 65 and on Medicare due to disability. The coverage is through the South Carolina Health Insurance Pool (SCHIP).

The plans and costs for all ages, effective January 1, 2016, are as follows:

Plan A - $892.73 monthly
Plan C - $1,136.21 monthly

For additional information on SCHIP, please call 803-788-0222 or 800-868-2500, ext. 46401. You will reach a BlueCross BlueShield representative but please know that SCHIP is not a BlueCross BlueShield of SC policy. SCHIP is a state program administered by Blue Cross Blue Shield of SC.
You will get a Medigap open enrollment period when you reach age 65 and you will be able to buy any Medigap policy sold in the state.

Basic Benefits

These benefits pay for the patient's share of Medicare's approved amount for physician services (generally 20%) after the $166.00 annual deductible, the patient's cost for a long hospital stay ($322/day for days 61-90, $644/day for days 91-150, approved costs not paid by Medicare after day 150 to a total of 365 days, lifetime), and charges for the first 3 pints of blood not covered by Medicare.

High Deductible Option

Insurance companies may offer a high deductible on Plan F. If you choose this option, you must pay a $2,180 deductible per year before the plan pays anything. If you contributed your Plan J, (no longer available) the deductible remains $2,180.

The monthly premium for Medigap Plan F with high deductible option will generally be less than the monthly premium for Plan F without a high deductible option. However, your out-of-pocket costs for services may be higher if you need to see your doctor or go to the hospital. In addition to the $2,180 deductible that you must pay for the high deductible option on Plan F, you must pay a deductible for foreign travel emergency ($250 per year for high deductible Plan F).

Find and Compare Medicare Plans

Visit the U.S. Government website for those with Medicare, https://www.medicare.gov/ to find and compare Medicare Health plans. Additional Medicare information can be obtained by calling 1-800-Medicare (1-800-633-4227), (TTY 1-877-486-2048).

Medigap Plan Comparison

The chart below shows basic information about the different benefits Medigap policies cover.

✓ = the plan covers 100% of this benefit	% = the plan covers that percentage of this benefit
No = the policy doesn't cover the benefit	N/A = not applicable

Medigap Benefits	A	B	C	D	F*	G	K	L	M	N***
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ **
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	No	No	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	No	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	No	No	✓	No	✓	No	No	No	No	No
Part B excess charges	No	No	No	No	✓	✓	No	No	No	No
Foreign travel exchange (up to plan limits)	No	No	80%	80%	80%	80%	No	No	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	$4,960	$2,480	N/A	N/A

* Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,180 in 2016 before your Medigap plan pays anything.

** After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in inpatient admission.

NOTE: Upcoming changes- Plan C & F will be discontinued by the year 2020.

Make sure you compare plans before enrolling. Factors such as where you live and gender, whether you smoke or if the policy is for an individual or a group may effect your rates.

An individual Medigap policy is a contract between you and the insurer. It provides the maximum number of consumer protections. These policies are either "guaranteed renewable" or "non-cancelable."

Group Insurance: Group Medigap insurance is a contract between the insurer and a group master policyholder such as AARP or an employer. You receive a certificate rather than a policy. The group negotiates the terms of the insurance and has the option to terminate the policy or change insurance carriers. Some insurance policies will require you to join a group or association.

AARP Health Care Options **(United Healthcare Insurance Company)** 1-800-523-5800 P.O. Box 130 Montgomeryville, PA 18936 www.aarphealthcare.com	**Central Reserve Life Insurance Company** 1-800-945-8554 6201 Johnson Dr., P.O. Box 29190 Mission, KS 66201 www.centralreserve.com
Aetna Life Insurance Company 1-800-345-6022 (TTY/TTD): 1-888-760-4748 151 Farmington Ave. MS 3128 Hartford, CT 06156 www.aetna.com	**Central States Indemnity Company of Omaha** 1-800-321-0102 220 Cinema View Way Woodstock, GA 30189 www.my.amic.net
American Continental Insurance Company 1-800-264-4000 P.O. Box 1188 Brentwood, TN 37024 www.aetnaseniorproducts.com	**Combined Insurance Company of America** 1-800-544-5531 5050 N. Broadway Chicago, IL 60640 www.combined.com
American Pioneer Life Insurance Company 1-800-538-1053 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 www.amerpion.com	**Conseco Health Insurance Company** 1-800-541-2254 P.O. Box 1916 Carmel, IN 46082 www.conseco.com

Companies Writing Medicare Supplement Insurance in South Carolina

American Republic Insurance Company **United Savers Association** 1-888-755-3065 601 6th Avenue, Post Office Box 1 Des Moines, IA 50334 www.aric.com	**Constitution Life Insurance Company** 1-800-789-6364 1001 Heathrow Park Lane Lake Mary, FL 32746 www.constitutionlife.com
American Retirement Life Ins. Co. ("Cigna") PO Box 26580 Austin, TX 78755-0580 1-866-459-4272 www.americanretirementlife.com	**Continental General Insurance Company** 1-800-284-2898 Post Office Box 29136 Shawnee Mission, KS 66201 www.continentalgeneral.com
Americo Financial Life and Annuity Insurance 300 West 11th Street Kansas City, MO. 64105 www.americo.com	**CSI Life Insurance Company** 1212 N. 96th Street Omaha, NE 68134-0888 www.centralstatesindemity.com
Bankers Life & Casualty Insurance Company 1-888-282-8252 222 Merchandise Mart Plaza Chicago, IL 60654 www.bankerslife.com	**Cigna Health and Life Insurance Company (SC #303492)** 860-226-6000 900 Cottage Grove Road Bloomfield, CT 06002
Blue Cross Blue Shield of South Carolina 1-800-444-0030 I-20 East at Alpine Road Columbia, SC 29219 www.bcbssc.com	**Family Life Insurance Company** 1-800-877-7703 10777 Northwest Freeway Houston, TX 77092 www.familylifeins.com
Gerber Life Insurance Company 1-855-258-2580 1311 Mamoroneck Ave. Suite 350 White Plains, NY 10605 www.gerberlife.com	**First Health Life & Health Insurance Company** 1-804-448-3025 800 Crescent Centre Drive; Suite 200 Franklin, TX 37067

Globe Life & Accident Insurance Company 1-800-801-6831 3700 South Stonebridge Drive, P.O. Box 2440 McKinney, TX 75070 www.globecaremedsupp.com	**Medico Insurance Company** 1-800-228-6080 P.O. Box 10386 Des Moines, IA 50306 www.gomedico.com
Golden Rule Insurance Company 1-800-474-4467 712 Eleventh Street Lawrenceville, IL 62439 www.goldenrule.com *** No longer writing new policies**	**New Era Life Insurance Companies** 1-800-552-7879 200 Westlake Park Boulevard Houston, TX 77079 www.neweralife.com
Great American Life Insurance Company 1-800-880-2745 5508 Parkcrest Drive Austin, TX 78731 www.galic.com	**Oxford Life Insurance Company** 1-888-757-3732 2721 North Central Avenue Phoenix, AZ 85004 www.oxfordlife.com
Guarantee Trust Life Insurance Company 1-800-338-7452 1275 Milwaukee Avenue Glenview, IL 60025 www.gtlic.com	**PacifiCare Life and Health Insurance Company** **Secure Horizons** 1-800-924-4727 3100 West Lake Center Drive Santa Ana, CA 92704 www.securehorizons.com
Humana Insurance Company 1-888-310-8482 500 West Main Street Louisville, KY 40202 www.humana-medicare.com	**Pennsylvania Life Insurance Company** 1-800-275-7366 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 www.pennlife.com
Liberty National Life Insurance Company 1-800-331-2512 3700 S. Stonebridge Drive PO Box 8080 McKinney, TX 75070 www.LibertyNational.com **** Under 65***	**Physicians Mutual Insurance Company** 1-800-228-9100 2600 Dodge Street Omaha, NE 68131 www.physiciansmutual.com

Manhattan Life Insurance Company 1-800-877-7703 10777 Northwest Freeway Houston, TX 77092 www.mutualofomaha.com	**Provident American Life and Health Insurance Co** 1-800-753-5133 2500 Dekalb Pike Norristown, PA 19404 www.cigna.com
Mutual of Omaha Insurance Company 1-800-316-0842 Mutual of Omaha Plaza Omaha, NE 68175 www.mutualofomaha.com	**Pyramid Life Insurance Company** 1-800-777-1126 1001 Heathrow Park Lane, Suite 5001 Lake Mary, FL 32746 www.pyramidlife.com
Shenandoah Life Insurance Company (540)– 985-4440 4415 Pheasant Ridge Road, Suite 300 Roanoke, VA 24014	**Reserve National Insurance Company** 1-800-654-9106 601 East Britton Road Oklahoma City, OK 73114 www.reservenational.com
Standard Life and Accident Insurance Company 1-888-350-1488 2425 South Shore Boulevard, Suite 500 League City, TX 77573 www.slaico.com	**Transamerica Life Insurance Company** 1-800-247-1771 Medicare Supplement Sales 300 Eagleview Blvd. Exton, PA 19341 www.TAMedSupp.com
State Farm Mutual Auto Insurance Company 1-309-766-2311 One State Farm Plaza Bloomington, IL 61710 www.statefarm.com	**United American Insurance Company** 1-800-331-2512 3700 S. Stonebridge Drive McKinney, TX 75070 www.UnitedAmerican.com **** Under 65***
State Mutual Insurance Company 1-855-764-4000 PO Box 153 Rome, GA 30162 www.statemutualinsurance.com	**United Teachers Associates Insurance Company** 1-800-880-8824 PO Box 26580 Austin, TX 78755 www.utainteractive.com

Sterling Life Insurance Company 1-800-688-0010 PO Box 5348 Bellingham, WA 98227 www.sterlingplans.com	**United World Life Insurance Company** 1-877-845-0892 Mutual of Omaha Plaza Omaha, NE 68175
Everest Reinsurance Company 477 Martinsville Road P.O. Box 830 Liberty Corner, NJ 07938 (908) 604-3000 *Added 7/29/16*	**USAA Life Insurance Company** 1-800-531-8722 9800 Fredricksburg, Road San Antonio, TX 78288 www.usaa.com

Note: *The South Carolina Department of Insurance regularly updates this list. Please visit www.doi.sc.gov for the most recent update.*

Medicare Supplement Plan Shopping Tips

Shop for benefits and price

Check the benefits in each of the 11 plans. Every company must use the same letters (A through N) to label its policies. **Plan A is always a company's lowest-priced Medigap policy. It contains basic benefits and must be sold by every company.**

Plans B through N add other benefits to fill different gaps in your Medicare coverage. Options K and L provide a product for those who can afford a higher deductible and are healthy. Few companies sell all policies.

Research the insurance company

Check the South Carolina Department of Insurance website, www.doi.sc.gov to learn more about a specific company and to review the company's complaint history by using the Department's online services.

Dos and don’ts of buying Medicare Supplement Plans

Call Medicare

If you have questions about who pays first or if your insurance changes, call: **800-MEDICARE (800-633-4227)**

Ask for a Medicare coordination of benefits contractor.

What to do

Ask questions of friends and family.
Know what you are buying. Ask for an outline of the coverage.
Choose the benefits you want and need.
Benefits are standardized in Medicare supplement policies.
Compare benefits for different policies before buying. Consider family and medical history.
Check company’s consumer complaint history.
Keep proof or prior coverage.
Keep agent’s name and contact information for later reference.

What not to do

Don’t feel pressured to buy immediately. There is a six-month open enrollment period.
Don’t drop a current insurance policy until you have your new coverage
Don’t buy more than one Medicare Supplement policy.
Never pay cash. Always use a check made out to the insurance company and not the agent.
Don’t buy a Medicare Supplement policy if you have a Medicare Advantage Plan. They will not work together.

Who pays first?

If you have Medicare and other health insurance coverage, each type of coverage is called a “payer.” When there is more than one payer, there are “coordination of benefits” rules that decide which one pays first. The primary payer pays what it owes on your bills and then sends them to the second payer. There may be a third payer as well.

Whether Medicare pays first depends on several factors, including those listed in the chart. This chart does not cover every situation. Make sure to tell your doctor and other health care providers if you have coverage besides Medicare. This will help them send your bills to the correct payer and avoid delays.

Medicare with Medigap vs. Medicare Advantage

If you…	And you are…	Who pays first?	Who pays second?
Are 65 or older, working and covered by a group health plan; or are covered by a group health plan of a working spouse of any age	Enrolled in Medicare and your employer has 20 or more employees _____ Enrolled in Medicare and your employer has fewer than 20 employees, or is part of a multi-employer plan where one employer has 20 or more employees	Group Health Plan _____ Medicare	Medicare _____ Group Health Plan
Have an employer group health plan after you retire and are 65 or older	Enrolled in Medicare	Medicare	Retirement Coverage
Are disabled and covered by a large group health plan from work or by a family member who is working	Enrolled in Medicare and your employer has 100 or more employees _____ Enrolled in Medicare and your employer has fewer than 100 employees and isn't part of a multi-employer plan where any employer has 100 or more employees	Large Group Health Plan _____ Medicare	Medicare _____ Group Health Plan
Are 65 or older or disabled and covered by Medicare and COBRA	Enrolled in Medicare	Medicare	COBRA
Have end-stage renal disease (permanent kidney failure) and plan group health plan coverage – including retirement plan	In your first 30 months of Medicare eligibility or enrollment Past your first 30 months of Medicare eligibility or enrollment	Group health plan Medicare	Medicare Group health plan
Have end-stage renal disease (permanent kidney failure) and COBRA coverage	In your first 30 months of Medicare eligibility or enrollment Past your first 30 months of Medicare eligibility or enrollment	COBRA Medicare	Medicare COBRA
Have been in an accident where no-fault or liability insurance is involved	Enrolled in Medicare	No fault or liability insurance, for services related to accident claims	Medicare
Are covered under workers' compensation because of job-related illness or injury	Enrolled in Medicare	Workers' compensation for claim-related services Medicare, for non-VA - authorized services	Medicare may pay second at any non-VA facility
Are enrolled in TRICARE	Enrolled in Medicare	Medicare, for Medicare-covered services TRICARE, for services from military hospital or other federal provider	TRICARE
Are enrolled in Federal Black Lung Program	Enrolled in Medicare	Federal Black Lung Program, for services related to black lung	Medicare

Medicare with Medigap vs. Medicare Advantage

	Traditional Medicare A & B Plus Medigap policy	Medicare Advantage Plan
What health care benefits are covered?	All Medicare A and B benefits, Medigap policy benefits depend on the plan purchased. Refer to each policy for details	All the Medicare A and B benefits and perhaps others, depending on the plan. Some plans may offer other coverage. Refer to the plan for details.
Are outpatient prescription drugs covered?	No	It depends on the plan. See each plan for any drug coverage.
Can I go to any doctor or hospital?	You can go to any doctor, specialist or hospital that accepts Medicare.	You may go to any doctor, specialist or hospital that has a contract with the plan.
Does the policy/plan let doctors or hospitals charge more than Medicare's deductibles, coinsurance and copayments?	Not for hospitals, but possibly for doctors. Doctors who do not accept Medicare assignments may charge up to 15% more than Medicare's approved amount. (Part B excess charges are covered under plans F and G.)	Medicare Advantage sets the rates for deductibles, coinsurance and copayments for the plan. Refer to the plan for details
How are claims paid?	The provider sends the claim to Medicare. Medicare approves the amount of the claim and pays its portion. Medicare or the provider forwards the claim to the Medigap policy which, according to the policy requirements, may or may not pay the remaining balance.	Prior to receiving care, the plan member pays a copayment/ deductible amount. The provider sends the claim to the Medicare Advantage plan. The plan approves the claim amount and pays its share. The member pays any remaining share – such as a deductible, coinsurance or copayment – if the plan allows balance billing. Refer to plan details.

Appendix

Rights and Protection for Everyone with Medicare

An insurance company cannot refuse to sell you a Medigap policy under the following situations:
Guaranteed Issue Concerns:

You are in a Medicare Advantage Plan, and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.

·You can purchase Medigap Plan A, B, C, F, K, or L that is sold by any insurer writing this coverage in SC. This option is only available if you switch to Original Medicare rather than joining another Medicare Advantage Plan.

·The earliest you may apply for a Medigap policy is 60 days before the date your health care coverage ends but no later than 63 calendar days after your health care coverage ends. Medigap coverage cannot begin until the Medicare Advantage Plan coverage ends.

You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending.

In this situation, you may have additional rights under state law.

·Medigap Plan A, B, C, F, K, or L that is sold by any insurer writing this coverage in SC.

·If you have COBRA coverage, you can either buy a Medigap policy right away or wait until COBRA coverage ends.

·You may apply for a Medigap policy no later than 63 calendar days after the latest of these 3 dates:

Date the coverage ends, date on the notice you get telling you that coverage is ending (if you get one), date on a claim denial, if this is the only way you know that your coverage ended.

If you have Original Medicare and Medicare Select policy, you will move out of the Medicare Select policy's service area and the following applies:

·You may keep your Medigap policy, or you may want to select another Medigap policy.

·You can purchase Medigap Plan A, B, C, F, K or L that is sold by any insurer writing this coverage in SC.

·You may apply for a Medigap policy as early as 60 calendar days prior to the date your health care coverage will end, but no later than 63 calendar days after your health care coverage ends.

(Trial Right) **You joined a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at age 65, and within the first year of joining, you have decided that you want to change and select Original Medicare.**

·Any Medigap policy that is sold by any insurer writing this coverage in SC.

·You may apply for a Medigap policy as early as 60 calendar days before the date your coverage will end but no later than 63 calendar days after your coverage ends.

Note: Your rights and protections may extend for an additional 12 months under certain circumstances.

(Trial Right) **You dropped a Medigap policy to join a Medicare Advantage Plan or switch to a Medicare Select policy for the first time; you have been in the plan less than a year and you want to switch back.**

·The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare Select policy, if the same insurance company you had still offers it.

·If your former Medigap policy isn't available, you can purchase a Medigap Plan A, B, C, F, K, or L that is sold by an insurer writing this coverage in SC.

·You may purchase a Medigap policy as early as 60 calendar days before the date of your coverage will end, but no later than 63 calendar days after your coverage ends.

Note: Your rights and protections may extend for an additional 12 months under certain circumstances.

Your Medigap insurance company goes bankrupt and you lose your coverage or your Medigap policy coverage otherwise ends through no fault of your own.

·You can purchase Medigap Plan A, B, C, F, K or L that is sold by any insurer writing this coverage in SC.

·You may purchase a Medigap policy no later than 63 calendar days from the date your coverage ends.

You leave a Medicare Advantage Plan or drop a Medigap policy because the company has not followed the rules, or it misled you.

·You may purchase Medigap Plan A, B, C, F, K, or L that is sold by an insurer writing this coverage in SC.

·You may purchase a Medigap policy no later than 63 calendar days from the date your coverage ends.

Insurance Terms

Appeal: A complaint you file with your insurance company or Medicare if you disagree with a decision about coverage. You can appeal if you are denied coverage for a treatment, supply or drug prescription, or if the coverage is less than you think it should be. You can also appeal if you are already receiving coverage and the plan stops paying.

Coinsurance: The amount you pay for services after you pay deductibles. In Original Medicare, this is a percentage Perhaps 20%) of the Medicare-approved amount. You have to pay this amount after you pat the Part A and/or Part B deductible. In a prescription drug plan (Part D), the coinsurance will vary.

Copayment: In some Medicare plans, this is the amount you pay for each medical service such as a doctor's visit or prescription. A copayment is usually a set amount, for example $10 or $20. Copayments are also used for some hospital outpatient services.

Creditable prescription drug coverage: Prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty, if they decide to enroll in Medicare prescription drug coverage later.

Deductible: The amount you pay for healthcare or prescriptions before insurance benefits kick in. So, if you have a $1,000 deductible, you have to pay that much out of your pocket during the year before insurance begins paying. These amounts can change every year.

Formulary: A list of drugs covered by a plan.

Guaranteed issue rights: Rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy. In these situations, an insurance company, cannot deny you a Medigap policy and you cannot be charged more because of a past or present health problem. Coverage of pre-existing conditions starts immediately if you have had at least six months of prior coverage. The pre-existing condition period is offset month for month if you have had less than six months of coverage.

Health Maintenance Organization (HMO) Plan: A type of Medicare Advantage plan. Extra benefits like dental or vision coverage may be offered. In most HMOs, you can only go to network doctors, specialists or hospitals on the plan's list except in an emergency.

Long-Term Care: Assistance with everyday functions, like bathing and dressing, usually provided in a nursing home or at home through a home-health service. Generally, Medicaid pays for long-term are, but Medicare does not.

Medicaid: A joint federal and state program that helps with medical costs for some people with limited income and resources.

Medicare Advantage Plan (part C): A type of Medicare plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Also called Part C, Medicare Advantage plans are HMOs, PPOs, private fee-for-service plans, or Medicare medical savings account plans. Some Medicare Advantage plans offer prescription drug coverage.

Medicare-approved amount: In Original Medicare, this is the amount a doctor or supplier that accepts the assignment is paid. It includes what Medicare pays and any deductible, coinsurance or copayment that you pay. It may be less than the actual amount a doctor or supplier charges.

Medicare prescription drug plan (Part D): A stand-alone drug plan offered by insurers and other private companies to those who get benefits through Original Medicare. Medicare Advantage plans may also offer prescription drug coverage and must follow the same rules as Medicare prescription drug plans.

Medigap: Medicare Supplemental insurance sold by private insurance companies to pay deductibles, copayments and coinsurance in Original Medicare coverage. Medigap policies only work with Original Medicare.

Original Medicare: Original Medicare has two parts: Part A (hospital insurance) and Part B (medical insurance. It is a fee-for-service health plan. Medicare pays its share of the Medicare –approved amount, and you pay your share (coinsurance copayments and deductibles).

Network: A group of physicians, hospitals and other health care professionals who provide health care services for Medicare Advantage plans select plans.

Penalty: An amount added to your monthly premium for Medicare Part B, or for a Medicare drug plan (Part D), if you don't join when you're first eligible. You pay this higher amount as long as you have Medicare. There are some exceptions.

Point-of-service plan: A health maintenance organization (HMO) option that lets you use doctors and hospitals outside the plan for an additional cost.

Preferred provider organization (PPO) plan: A type of Medicare health plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers outside of the network for an additional cost. Extra benefits like dental or vision coverage may be offered. Many Medicare Advantage plans are PPOs.

Premium: Your periodic payment to Medicare, an insurance company, or a healthcare plan for health care or prescription drug coverage. Example: $179 per month.

Preventive services: Care intended to keep you healthy (for example, Pap tests, pelvic exams, flu shots and cancer screenings).

Primary care doctor: Also known as a gatekeeper, the primary care physician is responsible for coordinating your care in a managed care plan. He or she makes sue you get the care you need to keep you healthy. In many Medicare Advantage plans, you must see your primary care doctor before you see a specialist or other health care provider.

Private fee-for-service (PFFS) plan: A type of Medicare Advantage plan in which you may go to any Medicare - approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than Medicare, decides how much it will pay and what you pay for the services you get. Extra benefits like dental or vision coverage may be offered. You may pay more or less for Medicare-covered benefits.

Skilled nursing facility care: This is a level of care that requires the daily involvement of skilled nursing or rehabilitation staff. Examples include intravenous injections and physical therapy. The need for only custodial care (help with daily living activities such as bathing and dressing) cannot qualify you for Medicare coverage in a skilled nursing facility.

Underwriter: Insurance company employee who figures out how risky it is to insure clients. Underwriters decide what coverage an applicant qualifies for and what rates you should pay, or whether to accept or deny your application.

Additional Resources and Information

US Social Security Administration 1-800-772-1213 TTY 1-800-325-0778 www.socialsecurity.gov	Office of the South Carolina Lieutenant Governor Office on Aging 1301 Gervais Street, Suite 200 Columbia, SC 29201 803-934-9900 or 1-800-868-9095
Medicare 1-800-MEDICARE (800-633-4227) www.medicare.gov	United States Railroad Retirement Board 1-877-772-5772 TTY: (312) 751-4701 http://www.rrb.gov/general/contact_us.asp
SC Department of Consumer Affairs 1-800-922-1594 http://www.consumer.sc.gov/Pages/default.aspx	

We are here to help you

If you have questions about your insurance policy or want to file a complaint against an insurance company or agent, please call the South Carolina Department of Insurance Office of Consumers.

Monday -Thursday 8:00 a.m. - 6:00 p.m.

Friday - 8:00 a.m. - 5:00 p.m.

1-800-768-3467

consumers@doi.sc.gov