

2014

Oregon Guide to Medigap, Medicare Advantage, and Prescription Drug Plans



SHIBA

Senior Health
Insurance
Benefits
Assistance



New to Medicare?

Medicare starts at 65, no matter where you are or what you're doing. Find out how Medicare will affect you. Go to medicarestarts65.org.



1-800-722-4134

E-mail: shiba.oregon@state.or.us

Medicare counselors in your area

Not from Oregon?

Home



Turning 65 and need help with Medicare information?

Oregon provides this information to help you understand Medicare before you turn 65. Even if you continue to work or are not receiving Social Security, you need to know about Medicare to avoid penalties in your Medicare coverage.

Top questions to ask

- What is Medicare?
- What are Parts A, B, C, and D?
- How do I start Medicare?
- What is my timeline?
- What choices do I have to make?
- If I have employer insurance, do I also need Medicare?
- Where do I go for more information?

[Answers](#)

SSA.GOV

Retirement/Medicare
Disability Benefits

APPLY ONLINE

It's so easy!

DID YOU KNOW . . .

If you are unable to afford the cost of Medicare, you may qualify for extra help.

"Your volunteer cut through a lot of the miscellaneous information we got in the mail and went directly to information we needed to make the decisions . . ."

~ John



If a company is not listed, it may not be authorized to sell insurance in Oregon, it is new, or it did not submit information for this consumer guide.

The Senior Health Insurance Benefits Assistance program (SHIBA) produced this guide with assistance, in whole or in part, through a grant from the Centers for Medicare and Medicaid Services, the federal Medicare agency.

Information supplied in this guide is in the public domain and may be copied and distributed without permission.



SHIBA is a state volunteer network that helps all Oregonians make educated Medicare decisions.

To get help

Call SHIBA: 800-722-4134 (toll-free). You will be asked to use the phone keypad to enter your **ZIP code**. Depending on where you live, your call may be routed to a local agency in your area or will be returned by one of the state SHIBA staff members.

If you need to talk to state SHIBA staff, *do not enter your ZIP code* and your call will be directed to the Salem office.

Learn more about SHIBA at oregonshiba.org.

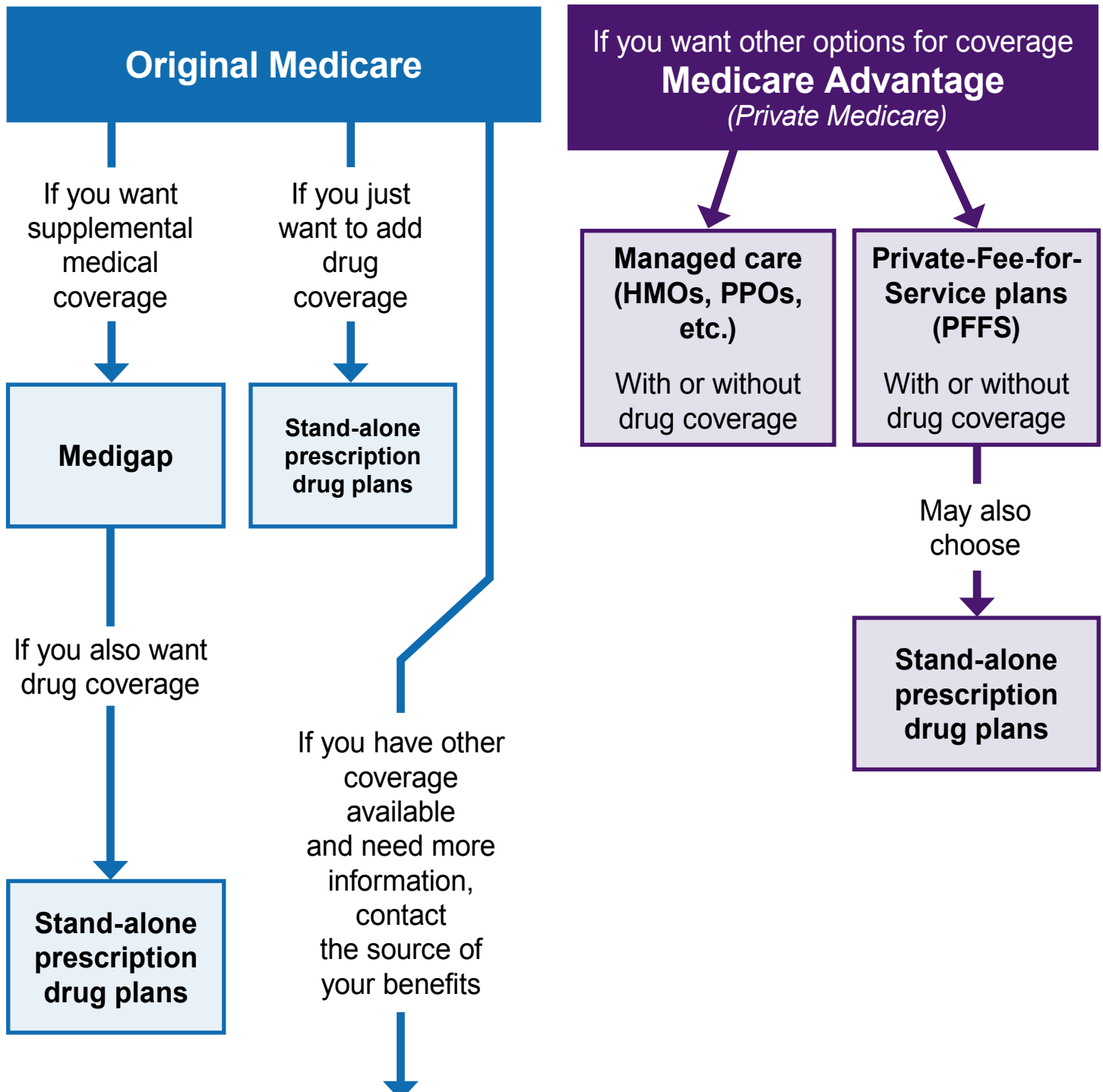
New to Medicare? Check out medicarestarts65.org.

To give help

Become a SHIBA volunteer. Call SHIBA at 800-722-4134 (toll-free). Volunteers complete an application and training program and work with a SHIBA coordinator in their community.

To apply online, go to oregon.gov/DCBS/SHIBA/pages/volunteer.aspx

START HERE:



- **Employer or union group plan:** Plan customer service
- **Military benefits:** Your county Veterans Service Officer 800-828-8801
- **Medicaid:** Your case worker or DHS, 800-282-8096

Table of Contents

The Basics..... 3-12

Your Medicare options..... 3
 Enrollment periods and deadlines 4
 Part A – Original Medicare hospital insurance 6
 Part B – Original Medicare medical insurance 7
 The ABCs – and D – of Medicare 8
 Part B Medicare preventive services..... 9
 Navigating the Annual Wellness visit..... 10
 Original Medicare –ABN and DEMEPOS 12
 Veterans’ benefits and Medicare 13

Part D Prescription drug coverage..... 14-19

Medicare Part D 14
 Do I need prescription drug coverage? 14
 What if I have prescription coverage? 14
 Where to get help choosing a prescription drug plan?..... 14
 The late penalty 14
 Can I switch plans?..... 15
 Things to look for in a drug plan 15
 What are the out-of-pocket costs for Part D? 16
 Can I have more than one prescription drug at a time?..... 16
 Saving on Medicare costs: “Extra Help” and Medicaid 17
 More ways to pay for prescription drugs..... 18
 Part D Standard benefit coverage terms 18
 Part D Standard benefit, what you pay for drugs 19
 2014 Stand-alone prescription drug plans..... 20

About Medigap plans 22-71

What is Medigap?..... 22
 What do Medicare Supplement SELECT plans offer?..... 22

Plan costs differ 22
 When can I buy a Medigap policy? 23
 Will I have to wait to use my Medigap?..... 24
 Medigap waiting periods..... 24
 Medigap changes effective June 1, 2010 25
 Medigap coverage outside the United States.... 25
 Guaranteed Issue / plan choices..... 26
 What do Medigaps cover?..... 27
 Medicare Supplement policies by plan type 28
 Medigap policies..... 29
 Medigap vs. Medicare Advantage comparison chart..... 71

About Medicare Advantage plans..... 72-81

Medicare Advantage..... 72
 Who can join a Medicare Advantage plan? 72
 Medicare Advantage enrollment and election periods are changing 72
 Special Enrollment Periods (SEP) 73
 Help comparing plans..... 73
 Enrollment actions during election periods..... 73
 Medicare Advantage plan types 73
 Choosing a Medicare Advantage plan..... 74
 How do I select a plan? 74
 Prescription drug coverage..... 74
 About Medicare Advantage dental coverage..... 75
 Medicare Advantage disenrollment period 75
 Medicare Special Needs Plans (SNPs) 76
 Medicare Advantage plans by county..... 77

Glossary 103

Resources and publications..... 108

Your Medicare Options

Enrolling in Medicare

If you are turning 65 and have already applied for Social Security or Railroad Retirement Board benefits, you should get a Medicare card and packet in the mail about three months before your birthday.

- If you have not applied for Social Security benefits, contact Social Security to sign up for Medicare, even if you are still working. You have seven months surrounding your 65th birthday to enroll.
- If you miss this enrollment period, you can enroll from Jan. 1 through March 31 each year, with benefits beginning July 1. However, you may be penalized and face coverage gaps for late enrollment.
- If you have questions about eligibility or enrollment in Medicare, call Social Security at 800-772-1213 (toll-free). Always keep a record of the date, time, and name of the service representative, and take careful notes.

What is Medicare Part A and Part B?

Medicare parts A and B, also known as Original Medicare, cover basic hospital and medical services but leave part of the cost for you to share. This guide explains additional Medicare options for health and prescription drug coverage.

Whichever Medicare path is best for you, please:

1. Make sure your providers, including hospitals, accept your insurance. Call their business office.
2. Make sure your plan covers your prescription drugs. Use the Medicare Health and Drug Plan Finder at [medicare.gov](https://www.medicare.gov).
3. Keep records. Document phone calls with the date, time, number you called from, name of person with whom you spoke, and the information you received.
4. Call **Social Security** for information on Parts A and B. For information on Part D drug coverage, call 800-MEDICARE or 800-633-4227 (toll-free). **ALWAYS** document the date and name of the customer service representative.

Enrollment periods

Initial Enrollment Period (IEP)

The Initial Enrollment Period is a seven-month period surrounding your 65th birthday (the three months before your 65th birthday month; the month of your 65th birthday; the three months following your 65th birthday month).

People who are not auto-enrolled, or those who must pay a premium for Part A coverage, can sign up for Medicare during the Initial or General Enrollment Periods (IEPs or GEPs).

Initial Enrollment Period & Effective Dates

If you enroll in this month of your IEP...	...then your Medicare coverage starts the 1st day of this month:
1st month, (3 months before birthday month)	Month of 65th birthday
2nd month, (2 months before birthday month)	Month of 65th birthday
3rd month, (1 month before birthday month)	Month of 65th birthday
4th month, (birthday month)	Month after birthday month
5th month, (1 month after birthday month)	2nd month after enrollment
6th month (2 months after birthday month)	3rd month after enrollment
7th month (3 months after birthday month)	3rd month after enrollment

Enrollment periods and deadlines

Plan	IEP	AEP/GEP	SEP/GI	MADP	Late penalty
Medicare Part A	The 7 months that begin 3 months before age 65, or auto-enrolled after 24 months of receiving Social Security Disability Income (SSDI).	Anytime if for free premium; otherwise, GEP is January, February, and March each year; coverage effective July 1.	None.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14 . See page 74.	None (unless premium is not free – penalty is 10 percent of premium per year of delay; lasts twice as long as enrollment was delayed.
Medicare Part B	The 7 months that begin 3 months before age 65, or auto-enrolled after 24 months if already receiving SSDI.	GEP: January, February, and March each year; coverage effective July 1.	Up to 8 months after active work (self or spouse) or if EGHP ends, whichever happens first.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14 . See page 74.	Premium penalty is 10 percent of current Part B premium per year of delayed enrollment; continues for lifetime.
Medigap	May purchase as soon as you have both Part A and Part B. Open enrollment for first 6 months of Part B.	Anytime, but at plan's discretion; company may underwrite or deny for pre-existing health conditions.	63-day GI period from date previous plan ends through no fault of your own. 30-day period (starting on current policy-holder's birthday) to switch to a different company.		May cost more. If beyond OEP and GI periods, plan may refuse to insure due to health conditions.
Medicare Advantage	The 7-month period that begins 3 months before turning age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	AEP: Oct. 15-Dec. 7 Effective Jan. 1 GEP: If enrolling in Part A and B during GEP, then MA enrollment April 1-June 30 ; effective July 1.	60 days after moving out of a plan's service area or plan is discontinued, or after EGHP ends. Continuous for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14 . See page 74.	None for health coverage. Delayed drug enrollment may incur Part D penalty added to premium.
Medicare Part D	The 7-month period that begins 3 months before age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	AEP: Oct. 15-Dec. 7 Effective Jan. 1 GEP: If enrolling in Part A and B during GEP, then PDP enrollment April 1-June 30 ; effective July 1.	60 days after moving out of a plan's service area or plan is discontinued, or after EGHP ends. Continuous for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare and add a stand-alone Part D plan, Jan. 1-Feb. 14 . See page 74.	Penalty for each month enrollment was delayed is 1 percent of a benchmark premium; 24 months of delay becomes 24 percent penalty; continues for lifetime unless you qualify for Extra Help.

AEP: Annual Enrollment Period, **EGHP:** Employer Group Health Plan, **GI:** Guaranteed Issue, **IEP:** Initial Enrollment Period, **GEP:** General Enrollment Period, **MA:** Medicare Advantage, **MADP:** Medicare Advantage Disenrollment Period, **MAPD:** Medicare Advantage with Prescription Drug, **OEP:** Open Enrollment Period, **SEP:** Special Enrollment Period

Part A – Original Medicare hospital insurance

Note: All deductible and co-pay amounts are for 2013; subject to change for 2014.

Service	Benefit	You pay
Hospitalization Inpatient, not observation; semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days	\$1,184 or more deductible per benefit period. You could pay multiple deductibles in a calendar year. A deductible is required if another hospitalization occurs after the beneficiary has been discharged from the hospital or skilled nursing facility for 60 consecutive days.
	Days 61-90	\$296 a day
	Days 91-150	\$592 a day
	Beyond 150 days	All costs
Skilled Nursing Facility (SNF) After three midnights of inpatient hospitalization, within 30 days of discharge, in a facility approved by Medicare.	Days 1-20	\$0
	Days 21-100	Up to \$148 a day
	Beyond 100 days	All costs
Home health care	Visits limited to part-time or intermittent skilled nursing care	Nothing for services
Hospice care Available only to the terminally ill.	As long as a doctor certifies medical need	Limited cost-sharing option for outpatient drugs and inpatient respite care.
Blood	Blood	You may meet this deductible under either Part A or Part B. You don't have to meet it twice.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Part B – Original Medicare medical insurance

2013 Part B Premium	Most people will pay \$104.90; premium varies according to income and penalties.
2013 Part B Annual deductible	After paying the annual deductible of \$147, Medicare generally pays 80 percent of the Medicare-allowed amount for covered services and you pay the other 20 percent. There is no out-of-pocket maximum.

Covered services	You pay monthly Part B premium plus:
<ul style="list-style-type: none"> • Physician services • Emergency room, urgent care • Diagnostic tests; MRIs, CT scans, and X-rays • Drugs administered in outpatient facility • Ambulance transportation 	20 percent of Medicare-allowed amount after annual deductible.
<ul style="list-style-type: none"> • Diabetes supplies • Durable medical equipment, prosthetics/orthotics 	New rules for purchase July 1, 2013. (See page 12 for details)
Hospital observation stay	Co-payment determined by Medicare payment formula, after annual deductible.
Occupational therapy	20 percent of Medicare-allowed amount after annual deductible; annual limit (\$1,900) on amount Medicare covers.
Physical and speech therapy	20 percent of Medicare-allowed amount after annual deductible; annual limit (\$1,900) on amount Medicare covers.
Home health care (same as in Part A)	Nothing for covered services.
Preventive services, some clinical lab services (blood tests, urinalysis)	Nothing for most tests or procedures; fees for office visits or other costs may apply.
Mental health	20 percent of Medicare-allowed amount after annual deductible.

The ABCs – and D – of Medicare

What is Medicare?

Medicare is health insurance for:

- People 65 years of age and older
- People under age 65 receiving Social Security Disability Insurance (SSDI) for more than 24 months
- People with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)

This guide contains information on the areas of Medicare coverage:

- Part A: Hospital insurance*
- Part B: Medical insurance*
- Medicare supplements, also called Medigap plans
- Part C: Medicare Advantage plans; private Medicare health insurance plans
- Part D: Prescription drug coverage

Because Medicare is health **insurance**, you share the costs of your care.

*Some of the items **not** covered by Parts A or B

- Long-term care
- Dental care and dentures
- Outpatient prescription drugs
- Alternative care
- Hearing aids/exams for fitting hearing aids
- Routine vision and eyeglasses
- Routine annual physicals with lab tests
- Travel outside the U.S., with limited exceptions
- Alternative care (acupuncture / naturopathic)

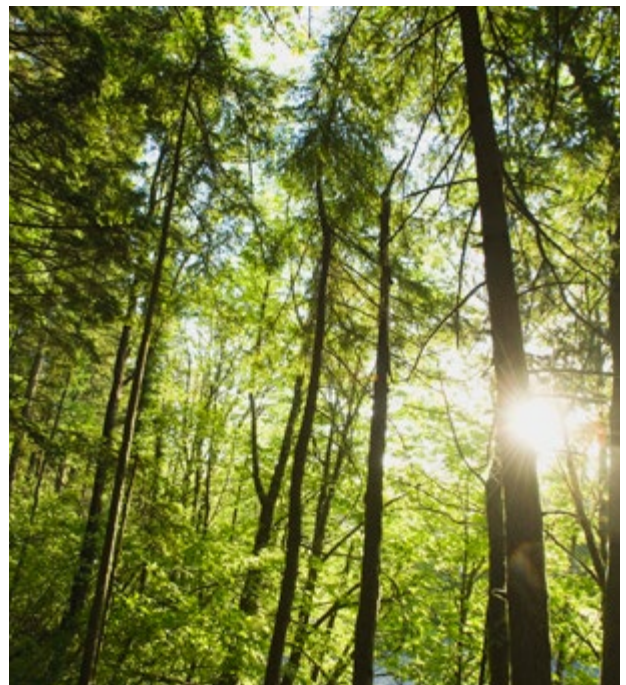
Part B Medicare preventive services

Medicare offers some preventive services at reduced cost if you get them from a provider who accepts assignment. Certain facilities' fees or office visit charges may apply to some benefits. Ask your doctor which services are right for you.

Before receiving any preventive service, ask your doctor's billing office if the service is a Medicare-covered expense for you. Restrictions apply to all benefits — be sure keep an accurate record of all preventative services received.

Tip: If you use Original Medicare, you can keep track of your preventive services with a [mymedicare.gov](https://www.mymedicare.gov) account. Visit [medicare.gov](https://www.medicare.gov) to set up your own account.

- **Welcome to Medicare visit**
- **Alcohol misuse counseling**
- **Annual wellness visit**
- **Abdominal aortic aneurysms (ultrasound screening)**
- **Bone mass measurements**
- **Cardiovascular screenings**
- **Colorectal cancer screening**
- **Depression screening**
- **Diabetes screening**
- **Diabetes self-management training**
- **Flu shots**
- **Glaucoma tests**
- **Hepatitis B shots**
- **Hepatitis C screening**
- **HIV screening**
- **Mammogram screening**
- **Medical nutrition therapy services**
- **Obesity screening and counseling**
- **Pap test / pelvic exam / breast exam**
- **Pneumonia vaccination**
- **Prostate cancer screening**
- **Sexually transmitted infections screening and counseling**
- **Stop-smoking counseling**



Navigating the Medicare annual wellness visit

(Applies only to Original Medicare)

What is the annual wellness visit?

Medicare now covers a yearly annual wellness visit in addition to the one-time Welcome to Medicare visit. (The Welcome to Medicare visit occurs only once during your first 12 months as a Medicare Part B beneficiary.)

The annual wellness visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the annual wellness visit includes and excludes.

When can I receive my annual wellness visit?

You may receive your annual wellness visit after you have been with Medicare for more than one year, or it has been at least one year since your Welcome to Medicare exam.

What does an annual wellness visit include?

At the annual wellness visit, your doctor will **talk** to you about your medical history, review your risk factors, and make a personalized plan to keep you healthy. The visit **does not** include a hands-on exam, any testing that your doctor may recommend; or discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues or your doctor may charge the usual Medicare fees for services that are beyond the scope of the annual wellness visit.

What if I want a physical?

If you want to schedule an annual physical, including any lab work or other diagnostic testing, medication management, vaccinations, or other services, these services will be charged and covered according to Medicare's usual coverage guideline. However, you may still develop a care plan based on the annual wellness visit criteria.

How do I know if an annual wellness visit is right for me?

The new annual wellness visit is not right for everyone. If you already get a yearly physical, see your doctor frequently for health conditions, or have a health concern, the annual wellness visit may not be right for you.

However, if you have not seen your doctor in several years, the annual wellness visit will allow you to discuss your health history.

What if my doctor recommends further testing?

If you decide to get the annual wellness visit, remember that the doctor may recommend further testing. However, you must make another appointment on a different day to receive any tests the doctor may recommend. This means that even though the doctor recommends further testing, **you must make another appointment to receive the annual wellness visit for free.**

Navigating the Medicare annual wellness visit, continued

The annual wellness visit is covered by Medicare only if it sticks to the following guidelines:

- Patient's medical history
- Family history
- List of patient's current physicians and other health care professionals
- Height and weight
- Body mass index (or waist circumference)
- Blood pressure
- Other appropriate measurements based on medical history
- Cognitive impairment screening
- Depression screening
- Functional ability and level of safety screening
- Five-to-10-year schedule for preventive tests, immunizations, and screenings
- Lists of risk factors, including mental health or other previously identified mood disorders
- Health education and referrals for preventive counseling services
- Health education and referrals for promoting wellness (e.g., weight loss, physical activity, smoking cessation, fall prevention, and nutrition)

I received a bill for the annual wellness visit I thought was free. Why am I getting charged?

Doctors must follow strict guidelines for Medicare to cover the annual wellness visit

at no cost to you. Some doctors do not understand what the annual wellness visit includes, or your conversation may stray from what is on the list. If you received a bill for your annual wellness visit, there are a few things to remember:

- This is a new service and many people are still learning about it, including your doctor.
- Your doctor's practice is required by law to follow guidelines about the service.
- Some doctors' offices and clinics prefer not to provide the annual wellness visit. They may suggest a physical before you can get the annual wellness visit. This is because they may feel the annual wellness visit is not comprehensive enough.
- If you choose to receive lab work, discuss current health concerns, or have a hands-on visit, Medicare will not pay.
- Your doctor's office will not be able to change the decision.

I appealed Medicare's decision not to cover the annual wellness visit – and Medicare still won't cover it. Why?

If you received services outside the scope of the annual wellness visit, Medicare will not cover it, no matter how many times you appeal.

If you decide to receive the annual wellness visit, you may want to take this sheet to your doctor.

Original Medicare – ABN and DMEPOS

Advance Beneficiary Notices (ABN)

Will I be told if Medicare won't cover my medical service? Sometimes medical providers or suppliers must notify you in writing (through an advance beneficiary notice) if they believe Medicare will not cover a particular service. The notice, for you to sign, should identify the specific service that isn't covered and your costs if you want to go ahead.

If you do not get the notice to sign and you should have, you may not have to pay the bills. However, the advance beneficiary notice is not required for items and services that are never covered by Medicare. Also, the notices apply to people in Original Medicare and not those with Medicare Advantage plans. **Never sign a blank ABN notice.**

Routine ABNs (a practice of obtaining beneficiary signatures on blank forms and then completing them later) are a violation of Medicare rules. Telling the patient "we need you to sign because we never know if Medicare will pay" is not allowed either. The provider should know based on medical codes used whether or not Medicare will cover a service.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Starting July 1, 2013, under the new DMEPOS Competitive Bidding Program, beneficiaries with Original Medicare as the primary payer who obtain specific items

covered by Part B in a Competitive Bidding Area (CBA) must obtain these items from a competitive contracted supplier.

This new rule affects Original Medicare beneficiaries residing in or purchasing durable medical equipment items in Clackamas, Multnomah, Washington, and parts of Columbia counties. If you do not use the new contracted suppliers for required items, Medicare will not pay its portion. Note: Medicare will not reimburse you if you pay a supplier the full amount up front.

Mail-Order Diabetic Supplies

Starting July 1, 2013, a national mail-order competitive bidding program for diabetic testing supplies went into effect. Only contract suppliers will be reimbursed by Medicare for diabetic testing supplies delivered to beneficiaries' residences. The term "mail-order" means items shipped or delivered to the beneficiaries' residence, including home deliveries offered through some pharmacies. If the pharmacy does not have a competitive bid contract with Medicare, the delivered diabetic supplies won't be covered by Medicare.

If you have a Medicare Advantage plan, contact the plan to find out the suppliers your plan contracts with to obtain all your DMEPOS.

For more detailed information about this new rule, visit [cms.gov/Medicare/Medicare-Fee-for-service-Payment/DMEPOSCompetitiveBid](https://www.cms.gov/Medicare/Medicare-Fee-for-service-Payment/DMEPOSCompetitiveBid).

Veterans' benefits and Medicare

Veterans need to understand how Veterans' Affairs (VA) and Medicare work together in their case. Veterans who have Medicare and VA may receive services through either program. Some veterans receive their health care for free, including prescriptions. Others may be responsible for making co-payments. Medicare will not reimburse such co-payments.

VA drug coverage is considered Medicare "creditable," which protects against the penalty for delayed enrollment in Medicare Part D. Some veterans benefit from using both their VA drug benefit and enrolling in a Medicare plan for drugs the VA may not cover. When a Medicare drug plan is used, VA does not reimburse out-of-pocket expenses and VA is not a secondary payer.

Every county is assigned a veterans service officer to help you with your VA benefits. To find your local service officer:

oregon.gov/ODVA/contact_us.shtml.

Phone: 800-828-8801 (toll-free)

TRICARE for Life is for military retirees and their dependents. You must have Medicare Part A and Part B to receive TRICARE for Life.

For eligibility information, call the Department of Defense at 866-773-0404 (toll-free) or visit tricare4u.com.

Part D prescription drug coverage

Medicare Part D

- Medicare offers prescription drug insurance to all Medicare beneficiaries, regardless of income or health. Medicare Part D plans cover generic and brand-name prescription drugs.
- Private insurance companies offer the plans, which may require monthly premiums, co-pays, co-insurance, and deductibles.
- Part D coverage is available through “stand-alone” Prescription Drug Plans (PDPs) that cover only drugs, as well as from Medicare Advantage with Prescription Drug (MAPD) plans that combine health and drug coverage.

Do I need prescription drug coverage?

Medicare Part D is like all insurance. It covers you if you need it now, and it protects you against future prescription costs. If you do not enroll in Part D when you are first eligible, you may face a late-enrollment penalty later.

What if I have prescription coverage?

If you already have prescription coverage through an employer, a union, or a government agency (such as Veterans' Affairs), you may want to stay with your

existing plan if the drug benefits are “creditable” – as good as or better than Medicare’s standard Part D benefit. If you do not have a letter telling you whether your coverage is creditable, contact your benefits administrator and request one. If you do have a letter, save it.

Where do I get help choosing a prescription drug plan?

- Visit medicare.gov
- Call Medicare at 800-633-4227
- Call SHIBA (Senior Health Insurance Benefits Assistance program) at 800-722-4134

The late penalty

You will face a penalty if you are eligible for Part D but not enrolled in creditable drug coverage. The penalty amount is 1 percent of the Part D National Base Beneficiary Premium for every month you did not have creditable prescription drug coverage. If you have other drug coverage, that plan’s benefits administrator must issue a letter stating whether your coverage is as good as or better than Medicare’s basic PDP benefit.

The late penalty may be waived if you qualify for Extra Help, or are on Medicare due to disability and you turn 65.

Part D prescription drug coverage, continued

Can I switch plans?

Yes. Plans change every year. Medicare recommends that you review your prescription drug plan each fall. You may join, drop, or switch plans during the Annual Enrollment Period (AEP) from **Oct. 15 to Dec. 7**.

To switch plans:

- Enroll in a new prescription drug plan or a Medicare Advantage plan that includes prescription drug coverage. You will automatically be dropped from your previous plan when you enroll in a new one. **You do not need to take any other action to end your prior plan.**
- If you take more than one enrollment action during the fall Annual Enrollment Period, the last action received by Medicare before the period closes is the one that will become effective. Do not make more than one enrollment action on the same day.

If you move, you must enroll in a new plan in your new state, even if you are enrolled in a national plan.

Things to look for in a drug plan

Drug list: Also known as a “formulary.” Each drug plan has a list of prescription drugs it covers. Plans differ by formularies, rules governing access, and costs.

Restrictions

All plans are allowed to apply restrictions to their drug formulary. Types of restrictions and limitations imposed are:

- **Prior authorization:** Your doctor must contact the plan and request authorization to write the prescription for the drug or the plan will not cover its share of the cost. This usually applies to non-preferred or very expensive drugs.
- **Quantity limits:** For cost, safety, or legal reasons, some plans limit the quantity of drugs that they cover over a period of time. If you require more than the allowed amount, your doctor must submit proof that it is medically necessary and the plan may grant an exception to the limit.
- **Step therapy:** The plan requires that you must first try certain less-expensive drugs on its formulary before you can get a more expensive brand-name drug covered. If you have previously tried the drug and it didn't work, or if your doctor believes because of your medical condition it is medically necessary for you to be on a specific drug, the doctor can contact the plan to request an exception. If the plan approves the request, then the drug will be covered.

Part D prescription drug coverage, continued

Picking a plan with the fewest or no restrictions — even if you end up paying a somewhat higher price overall — may be a good choice. It will lessen the amount of delay and paperwork to receive your preferred drugs.

What are the out-of-pocket costs for Part D?

Drug plan premiums have a wide range of costs. The higher cost premiums do not necessarily cover your medications better than the lower cost premiums. The real determining factor is the specific medications on your personal list. The Plan Finder on Medicare.gov is the best tool for doing a cost comparison and choosing the plan that works best for you.

There are two ways of determining the cost share that is paid for each medication: co-pay and co-insurance. Co-pays, a set dollar amount, tend to be on the lower-tiered medications. Co-insurance, a percentage of cost, is often applied to the higher-tiered drugs. Co-pays will be a consistent lower cost share throughout the year. Co-insurance cost share changes along with market fluctuation. Medicare.gov Plan Finder drug plan details (View Drug Benefit Summary) provide the information whether your drug list requires co-pays or co-insurance.

Cost share is also greatly affected by whether the pharmacy you use is a “preferred” or network pharmacy. The savings at a preferred pharmacy can be as much as 50 percent or more.

Out-of-network pharmacies will not help pay anything toward your medications. You pay the retail cost, as if you had no insurance. If you travel out of state, you may need to make sure you are enrolled in one of the national plans.

Can I have more than one prescription drug plan at a time?

It depends. If you are enrolled with Veterans’ Affairs drug benefits or Indian Health Services pharmacy, you are in a special group that has creditable coverage and you can have either one or both types of coverage. Whether it will be a benefit to have both options depends on your drug list. However, people with creditable union, employee, or retiree coverage could end up canceling their benefits by signing up for a Medicare Part D plan.

If you have questions about information on your Medicare Summary Notice or Part D Explanation of Benefits, call your provider or plan first.

Saving on Medicare costs: “Extra Help” and Medicaid

There are two savings programs to help people with Medicare stretch their health care dollars.

1. **Help with Part D:** The federal government’s “Extra Help” program, also called the Low Income Subsidy (LIS), saves qualifying beneficiaries money on their Medicare Part D plans. “Extra Help”:

- Reduces the monthly premium, often to \$0
- Cuts the yearly deductible, often to \$0
- Greatly reduces pharmacy co-pays, even on expensive medications
- Eliminates the coverage gap (“donut hole”) for all participants

You must be enrolled in a Part D plan. Your level of assistance depends on your income and resources. Once approved for “Extra Help,” you must choose a plan. If you do not choose a plan, you will be automatically enrolled in a random \$0 premium plan that may not cover your specific needs.

You, or another person such as a SHIBA counselor, may apply for “Extra Help” online at ssa.gov or call the Social Security Administration to apply by phone at 800-772-1213 (toll-free).

2. **Help with the Part B premium, other Medicare costs, and Part D**

The Medicare Savings Programs (MSP) can help pay for the Medicare Part B premium, co-insurance, and deductible depending on your level of assistance. MSP automatically qualifies you for LIS.

To see if you qualify, apply at your local office of Aging and People with Disabilities. This office is part of Oregon’s Department of Human Services (DHS). To find your local office, call DHS at 800-282-8096 (toll-free) or go to oregon.gov/dhs/spwprd/Pages/offices.aspx.

If you get Supplemental Security Income (SSI), you automatically receive this financial help.

In addition, you can find a variety of **patient assistance programs** online for help with drug costs or for specific diseases or conditions. A good place to start is needymeds.org.

About Estate Recovery, LIS, MSP, and Medicaid

- No estate recovery for MSP (Partial Medicaid)
- No estate recovery for LIS
- Estate recovery continues for Full Medicaid

For more information, call Estates Administration, 800-826-5675 (toll-free).

More ways to pay for prescription drugs

- **Drug manufacturers' discount programs or patient-assistance programs.** Some are available if you enrolled in Part D and still can't afford your drugs. For a list of programs and links to applications, visit needymeds.org.
- **Many employer group health plans cover prescription drugs.** Check with your benefits administrator for your coverage information.
- **Oregon Prescription Drug Program (OPDP),** a bulk-purchasing pool, is **free** to all residents in Oregon. Apply at opdp.org. All major pharmacy chains are included in the bulk-purchasing pool network. You may have both Part D and an OPDP discount card but may use only one or the other for a purchase. The OPDP discount card is not insurance.

If you are not comfortable calling your provider or plan or you are not satisfied with the response you get, call your local Senior Medicare Patrol at 855-673-2372 (toll-free).

Part D Standard benefit terms:

- **Monthly premium:** Plans have a premium. This is the amount you pay every month even if you don't buy any prescription drugs. Oregon stand-alone drug plan premiums in 2014 range from \$13 to \$143 monthly.
1. **Yearly deductible:** Some plans have a yearly deductible. You pay this amount before the insurance plan pays its part of your prescription drug costs. This amount can be up to \$310. After you have paid your plan's deductible, the plan typically pays 75 percent of your drug costs up to a point.
 2. **Initial benefit period:** When the insurance plan starts to pay for covered drugs, you still pay a percentage or a co-pay amount (such as a \$15 co-pay at the pharmacy).
 3. **Coverage gap:** Health-care reform is phasing out the "donut hole." In 2014, after your total drug value reaches \$2,850, you will pay 47.5 percent of the cost of brand-name drugs and 72 percent of generic drug costs.
 4. **Catastrophic coverage:** This is the limit to how much you have to spend each year on drugs that are covered by your plan (\$4,550 in 2014). When you reach catastrophic coverage, you pay the higher amount of 5 percent or \$2.55 for generic, or \$6.35 for other drugs for the rest of the year.

Part D Standard benefit, what you pay for drugs

Diagram shows standard prescription drug plan benefit. Coverage begins Jan. 1, 2014. The costs shown below are in addition to any monthly premium charged by the drug plan.

1. Yearly deductible	2. Initial Benefit Period ¹	3. Coverage Gap (donut hole)		4. Catastrophic Coverage ²
		Brand-Name	Generic	
\$2,850 total value of drugs		Program Pays 2.5%	Program Pays 28%	
You may pay as much as \$310 before your plan starts to pay	Insurance Pays 75% (\$1,905)	50% Mfg. Discount		Program Pays 15% Medicare Pays 80% = 95% Covered by Medicare and Plan
(Not all plans have deductibles)	You pay 25% coinsurance	You pay 47.5%	You pay 72%	
\$310	+\$635	+\$3,605		You pay 5% or \$2.35 generic / \$6.50 brand-name
\$4,550				

¹ **Initial Benefit Period:** Once you and your plan pay \$2,850 in total drug costs, you will be in the “donut hole” where you pay 47.5 percent of brand-name drugs and 72 percent of generic drug costs.

² **Catastrophic coverage:** When the amount you spend on drugs out of your own pocket reaches \$4,550, you move into catastrophic coverage and the plan pays most costs of covered drugs.

2014 Stand-alone prescription drug plans

The plans may be purchased by Original Medicare beneficiaries, Medigap policyholders, and Medicare Advantage private fee-for-service members. Be sure to find out which of these plans covers you best by entering your list of medications in the Medicare Plan Finder at medicare.gov.

Parent company name, contract, and phone numbers	Plan name and plan number	Premium	Annual deductible	Generics gap coverage	Plan premium with 100% Extra Help	Some preferred pharms.
Aetna Medicare — S5810 800-529-5586	Aetna Medicare Rx Essentials 064	\$35.20	\$310		\$0	No
	Aetna Medicare Rx Premier 200	\$133.60	None	Few generics	\$98.80	No
Asuris Northwest Health — S5609 800-541-8981	Asuris Medicare Script Basic 001	\$88.50	\$200		\$53.70	No
	Asuris Medicare Script Enhanced 002	\$143.00	None	Many generics	\$108.20	No
Cigna Medicare Rx — S5617 800-735-1459	Cigna Medicare Rx Secure 148	\$50.00	\$310		\$15.20	Fred Meyer, Safeway, Walmart
	Cigna Medicare Rx Secure - Max 241	\$125.60	None	Many generics, some brands	\$90.80	Fred Meyer, Safeway, Walmart
	Cigna Medicare Rx Secure - Xtra 275	\$65.20	None		\$30.40	Fred Meyer, Safeway, Walmart
Cigna-HealthSpring — S5932 800-331-6293	Cigna-HealthSpring Rx - Reg 30 029	\$33.20	\$310		\$0	No
EnvisionRx Plus — S7694 866-250-2005	EnvisionRxPlus Silver 030	\$35.80	\$310		\$0	No
Express Scripts Medicare — S5660 866-477-5703	Express Scripts Medicare - Choice 215	\$49.50	None		\$15.10	Costco, Fred Meyer, RiteAid, Safeway, Target, Walmart
	Express Scripts Medicare - Value 132	\$55.40	\$310		\$20.60	No
First Health Part D — S5674 800-882-3822	First Health Part D Premier Plus 047	\$107.10	None	Some generics, some brands	\$72.30	No

2014 Stand-alone prescription drug plans, continued

Parent company name, contract, and phone numbers	Plan name and plan number	Premium	Annual deductible	Generics gap coverage	Plan premium with 100% Extra Help	Some preferred pharms.
First Health Part D — S5768 800-882-3822	First Health Part D Essentials 123	\$52.70	\$310		\$17.90	Costco, Fred Meyer, Walmart
	First Health Part D Value Plus 153	\$47.60	None		\$12.80	Fred Meyer, Target, Walgreens, Walmart
HealthMarkets Medicare — S0128 888-625-5531	HealthMarkets Value Rx 031	\$33.90	\$310		\$0	Walmart
Humana Ins. Co. — S5884 800-833-0632	Humana Preferred Rx Plan 113	\$22.80	\$310		\$0	Walmart
	Humana Enhanced 028	\$43.10	None	Few brands	\$9.20	Walgreens, WalMart
	Humana Walmart Rx Plan 176	\$12.60	\$310		\$6.50	Walmart
Stonebridge Life Ins. Co. — S9579 877-527-1958	Transamerica MedicareRx Choice 062	\$54.30	None		\$19.50	No
	Transamerica MedicareRx Classic 029	\$45.10	\$310		\$10.30	No
Symphonix Health — S0522 000-000-0000	Symphonix Rite Aide Value Rx 030	\$32.90	\$310		\$0	RiteAid
UniCare — S5960 866-892-5334	MedicareRx Rewards Standard 136	\$49.30	\$310		\$14.50	Fred Meyer, RiteAid, Walmart
United American Ins. Co. — S5755 877-577-3874	United American - Enhanced 033	\$67.40	\$50		\$32.60	Fred Meyer, Walmart
	United American - Select 101	\$34.10	\$310		\$0	
UnitedHealthcare — S5820 800-547-5514	AARP MedicareRx Preferred 029	\$47.70	None		\$12.90	Fred Meyer, Safeway, Target, Walgreens, Walmart
UnitedHealthcare — S5921 800-547-5514	AARP MedicareRx Enhanced 023	\$105.30	None	Some generics, some brands	\$70.50	
	AARP MedicareRx Saver Plus 374	\$29.50	\$310		\$0	
WellCare — S5967 866-765-4390	WellCare Classic 167	\$21.90	None		\$0	Walgreens, WalMart
	WellCare Extra 201	\$57.70	None		\$33.60	
Windsor Rx — S4802 866-438-4991	Windsor Rx 020	\$34.00	\$310		\$0	No

About Medigap plans

What is Medigap?

With original Medicare, Medicare beneficiaries must pay some of the costs (deductibles and co-insurance) of their medical care. Because of these “gaps” in Parts A and B coverage, private insurance companies sell Medicare supplement insurance policies, also known as Medigap plans. **You must have Medicare Parts A and B to purchase Medigap plans.**

If you are in Original Medicare (Parts A and B) and buy a Medigap policy, Medicare will pay its portion of your medical costs first, then your Medigap policy will pay its portion.

The Medigap plans are named by letter, Plan A through Plan N. (These are not to be confused with Medicare Parts A, B, and D; they are different.) **A Medigap policy cannot pay if you enroll in a Medicare Advantage plan.**

What do Medicare Supplement SELECT plans offer?

These are essentially limited versions of standardized Medigap insurance that cost less.

SELECT plans are almost identical to regular Medigap policies, but they limit which clinics, doctors, and hospitals are covered for nonemergency and nonurgent care.

If you use only the in-network providers, a SELECT plan can give you Medigap coverage at a lower cost. If you need an out-of-network specialist, Medicare will still pay for 80 percent of its pre-determined amount, but your SELECT plan may not pay for any of the remaining 20 percent.

Plan costs differ

The monthly premium for the same policy varies by insurance company. Factors that affect premium cost include age, gender, health history, tobacco use, direct bill as in electronic funds transfer (EFT), ZIP code, and, most importantly, the number of members in the insurance policy “pool.”

When a company states that its rates vary by ZIP code, the pool of members with that policy is divided into smaller sizes. Smaller membership groups may have more volatile premium increases because plans are allowed to increase rates once a year based on the cost of medical payments. Smaller pools may equal higher medical cost premium increases. Medigap companies may offer a lower initial rate for the first 12 months and then rates can increase significantly. Plans may increase premiums only once in a 12-month period for medical costs.

The majority of Medigap plans available in Oregon are “attained age” rated. This means your plan premium may also increase each year because you are a year older.

About Medigap plans, continued

There is one “community rated” plan and three “issue age rated” plans available. The “community rated” plan quits increasing premium cost due to age at 75 years old. The “issue age rated” never increases due to aging. However, it does increase each year based on medical cost payments. Issue age rated plans tend to start out with a higher premium in the beginning, but you are rated at your age when it was purchased for however long you hold the policy.

When can I buy a Medigap policy?

You can apply for a Medigap policy at any time, but, sometimes, insurance companies may consider your medical history (underwrite) and may refuse your application. However, the companies must sell you a Medigap policy during your *Medigap open enrollment period and Guaranteed Issue periods*.

- **Medigap open enrollment period:** Your open enrollment period for Medigap plans begins the day your Medicare Part B begins and ends six months later.
- **Guaranteed Issue:** Certain special circumstances trigger Guaranteed Issue (GI) situations. At these times, you are entitled to purchase a Medigap plan with the same rights as during the six-month Medigap open enrollment period. These GI protections last for 63 days.
- **Loss of Medicaid:** If you lose Full Medicaid or Qualified Medicare Beneficiary (QMB) Medicaid eligibility,

you have 63 days to buy a Medigap policy. You might want to do this to afford expensive medical treatments such as dialysis, chemo treatments, MS medications or immunosuppressants, etc.

- **Your birthday:** You have a 30-day shopping period beginning on your birthday if you want to compare different companies' prices for the same (or lesser) Medigap benefits.

Medigap for enrollees younger than age 65

People younger than 65 who receive Medicare due to a disability and those with ESRD (permanent kidney failure) have three opportunities for GI open enrollment rights for Medigap insurance:

1. During the six months after their Medicare Part B begins.
2. Again when they turn 65, for six months.
3. During the six-month period after a person receives notice of retroactive enrollment into Medicare. If a person younger than 65 applies for enrollment in Medicare Part B due to a disability – and is awarded Medicare retroactively – the initial six-month open enrollment period to elect a Medicare supplement without underwriting begins on the first day of the first month after receiving notice of retroactive enrollment. This change is effective Jan. 1, 2013.

About Medigap plans, continued

Will I have to wait to use my Medigap?

Medigap policies can have pre-existing conditions look-back/waiting period of up to six months before the policy will pay certain benefits or before previously diagnosed conditions are covered by the policy. On the pages listing plan rates, this is what a 0/0, 6/6, or 2/6 refers to: how many months back the company looks for pre-existing conditions and how many months you must wait before the Medigap policy will cover those pre-existing conditions. Not all companies' policies have waiting periods.

Medigap waiting periods

- **Can I get credit for my prior coverage?**

If you apply for a Medigap policy during your open enrollment period or replace a Medigap policy with a new policy that has a waiting period for pre-existing conditions, your previous insurance may qualify for credit for pre-existing conditions.

The new Medicare supplement plan will accept month-for-month prior coverage as your waiting period if you submit written verification from your prior insurer that you have not had a break in coverage of more than 63 days.

Qualifying coverage must be from one of the following:

- Group or individual health care program, including an employer plan or COBRA policy
- Medicare or Medicaid
- Military-sponsored health care program
- Indian Health Service or tribal health care program
- Certain public health plans
- Federal Employees Health Benefits Program (FEHB)
- Peace Corps health benefit plan

Medigap changes effective June 1, 2010

- All Medigap plans (A-N) now being sold contain changes that were made to standardized benefits effective June 1, 2010. These changes involved adding a hospice benefit to all plans and eliminating some other benefits that became obsolete because of Medicare improvements.
- All "1990" plans sold before June 1, 2010, retain their benefits just as they were when they were first purchased. If you have one of these plans, you can keep it, but no new members will be enrolled.

About Medigap plans, continued

Medigap coverage outside the United States

Except in limited situations, Medicare does not pay for health care services you get outside the U.S. However, Medigap plans C, D, F, F High Deductible, G, M, and N will cover emergency care outside the U.S. in certain circumstances.

Medically necessary emergency care in a foreign country must meet criteria of occurring within the first 60 consecutive days of travel, medical care that would have

been covered by Medicare if provided in the United States, subject to an annual deductible of \$250 and a lifetime maximum benefit of \$50,000. For purposes of this benefit, “emergency care” means care needed immediately because of an injury or illness of sudden and unexpected onset.

The intent of this benefit is not to provide robust coverage. Anyone planning on extensive traveling should research traveler’s insurance. Remember, when traveling on a cruise ship, you are in a foreign country. Cruise ships sail under foreign flags.

Ask questions – ask your provider or plan*:

WHEN you don’t understand the charges billed

WHEN you don’t think you received the service

WHEN you feel the service was unnecessary

*If your provider or plan do not help you, contact your local Senior Medicare Patrol at 855-673-2372 (toll-free).

Elder financial abuse is estimated at \$2.8 billion a year.
Be aware of fraud scams!

About Medigap plans, continued

Guaranteed Issue	Medigap plan choices
You joined a Medicare Advantage plan or PACE program when you were first enrolled in Medicare, but within the first 12 months of joining the plan , you want to leave. (N)	ALL PLANS
You are awarded retroactive Medicare enrollment due to disability. The six-month open enrollment period begins on the first day of the first month after you receive written notice of retroactive enrollment. (OR)	ALL PLANS
You terminated a Medigap policy to enroll in a Medicare Advantage (MA) plan, Medicare Select policy, or PACE program for the first time and now you want to terminate the MA plan after no more than 12 months of enrollment . (N)	Original plan. If not available then A, B, C, F, F High, K, or L
Your Medicare Advantage plan or PACE program coverage ends because the plan is leaving the Medicare program or stops giving care in your area.* (N)	A, B, C, F, F High, K, or L
Your employer group health plan coverage (N), Medicaid (OR), or your Medigap (N) coverage ends through no fault of your own.*	A, B, C, F, F High, K, or L
Your employer group health plan, Medicare Advantage plan, PACE, Medigap, or Medicare Select health coverage ends because you move out of the plan's service area.* (N)	A, B, C, F, F High, K, or L
You leave any plan — Medicare Advantage plan, PACE, Medicare Select, or Medigap — because the plan committed fraud. For example, marketing materials were misleading or quality standards were not met.* (N)	A, B, C, F, F High, K, or L
Your Medicare Select insurer had its certification terminated, stopped offering the plan in your area, substantially violated a material provision of the organization's contract in relation to the individual, or misrepresented the plan's provisions.* (N)	A, B, C, F, F High, K, or L
You are a current Medigap policyholder wanting to change to a different Medigap insurance company within 30 days following your birthday. (OR) insurance.oregon.gov/consumer/health-insurance/MedigapGIBirthdayRule.pdf	Same plan as current policy or one with less benefits

*63-day deadline (N) National rule (OR) Oregon-only rule

What do Medigaps cover?

Medigap plans help pay the deductibles, co-payments, and co-insurance in Medicare Parts A and B. These standardized plans offer the same benefits from company to company. **Costs may vary by ZIP code; call for a rate quote. Rate comparisons begin on page 29.**

Original Medicare Gaps	A	B	C	D	F ^①	G	K	L	M	N
Hospital co-insurance Co-insurance for days 61-90 and days 91-150 in hospital; payment in full for 365 additional lifetime days.	X	X	X	X	X	X	X	X	X	X
Part B co-insurance Co-insurance for Part B services, such as doctors' services, laboratory and X-ray services, durable medical equipment, hospital outpatient services, and Medicare-covered preventive services.	X	X	X	X	X	X	50%	75%	X	X ^②
First three pints of blood , per calendar year.	X	X	X	X	X	X	50%	75%	X	X
Hospice care — Co-insurance for respite care and other Part A-covered services.	X	X	X	X	X	X	50%	75%	X	X
Hospital (Part A) deductible — Covers deductible in each benefit period.		X	X	X	X	X	50%	75%	50%	X
Skilled Nursing Facility (SNF) daily co-insurance — Covers co-insurance for days 21-100 each benefit period.			X	X	X	X	50%	75%	X	X
Part B deductible — Covers the annual deductible.			X		X					
Part B excess charges — Covers the 15% excess charge when a physician or hospital does not accept Medicare's full charge as payment in full.					X	X				
Emergency care outside the United States — 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.			X	X	X	X			X	X
Out-of-pocket maximum Pays 100% of Parts A and B co-insurance after annual maximum out-of-pocket has been spent.							\$4,800 (2013)	\$2,400 (2013)		

- ① Offers a high-deductible option; once you have paid \$2,110 (2013) in cost sharing, the coverage will begin.
 ② Pays the Part B co-insurance, except you pay up to a \$20 co-pay per physician visit and a \$50 co-pay per emergency room visit.

CONTENTS

Medicare Supplement policies by plan type

Insurer	Phone	A	B	C	D	F	F High	G	K	L	M	N
Aetna Life Ins Co	888-624-6290	X	X			X		X				X
American Republic Corp Ins Co	866-705-9100	X				X	X		X	X		
American Republic Ins Co	800-247-2190	X		X								
Central States Indemnity Co of Omaha	866-644-3988	X	X	X		X		X				X
Colonial Penn Life Ins Co.	800-800-2254	X	X			X	X	X	X	X	X	X
Columbian Mutual Life Ins Co	866-297-2372	X				X		X				
Combined Ins Co of America	800-544-5531	X				X						X
Continental General Ins Co	877-293-8499	X				X		X				X
Continental Life Ins. Co. of Brentwood, Tennessee	800-264-4000	X	X			X	X	X				X
Equitable Life Ins Co.	877-358-4060	X				X						X
Everence Association, Inc.	800-348-7468	X		X		X				X		X
Family Life Ins Co	800-877-7703	X	X	X	X	X		X			X	X
Gerber Life Ins Co	877-778-0839	X				X		X				
Globe Life and Accident Ins Co	800-801-6831	X	X	X		X						
Government Personnel Mutual Life Ins Co	866-865-7631	X		X		X		X				X
Health Net Health Plan of Oregon	877-846-0774	X				X	X		X		X	
Humana Healthy Living	800-866-0581	X ^I				X ^I	X ^I		X ^I			X ^I
Humana Ins Co	800-866-0581	X	X	X		X	X		X	X		X
Liberty National Life Ins Co	800-331-2512	X	X			X	X					X
LifeWise Health Plan of Oregon Inc	800-290-1278	X				X	X					X
Loyal American Life Ins Co	866-459-4272	X	X	X	X	X		X				X
The Manhattan Life Ins. Co.	800-877-7703	X		X		X						X
Marquette National Life Ins Co	800-934-8203	X			X	X		X				X
Medico Ins Co	800-228-6080	X			X	X						
Moda Health Plan, Inc.	877-277-7073	X				X	X					X
Regence BlueCross BlueShield of Oregon	888-734-3623	X		X		X			X			
Sentinel Security Life Ins Co	800-247-1423	X	X	X	X	X						X
Standard Life and Accident Ins Co	888-350-1488	X	X	X	X	X	X ^I	X				X
State Farm Mutual Automobile Ins Co	866-855-1212	X		X		X						
State Mutual Ins Co	888-764-1936	X	X	X	X	X	X	X			X	X
Sterling Investors Life Ins Co	877-896-6434	X	X	X	X	X	X	X			X	X
Sterling Life Ins Co	800-688-0010	X ^S	X ^S	X ^S		X ^{I/S/IS}		X ^S	X ^S			X ^S
Stonebridge Life Ins Co	888-272-9272	X				X		X				X
Thrivent Financial for Lutherans	800-847-4836	X	X	X	X	X	X	X		X	X	
United American Ins Co	800-331-2512	X	X	X	X	X	X	X	X	X		X
United Commercial Travelers of America (The Order of)	800-848-0123 x304	X				X		X				X
United of Omaha Life Ins Co	800-667-2937	X				X		X			X	
UnitedHealthcare Ins Co (AARP)	800-523-5800	X	X	X ^S		X ^S			X	X		X
UnitedHealthcare Ins. Co. (SecureHorizons)	800-768-1479	X				X	X	X	X	X		X
USAA Life Ins Co	800-515-8687	X				X						X
Woodmen of the World Life Ins. Co.	877-223-3666	X	X	X	X	X		X				X
World Corp Ins Co	866-891-9365	X				X	X					

Key: I - Innovative S - SELECT IS - Innovative SELECT

Medigap policies: Plan A

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” which means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 888-624-6290 Website: aetnaseniorproducts.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$90	\$107	\$123	\$132	\$139	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Female nonsmoker rate, direct bill						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: americanenterprise.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$107	\$119	\$142	\$160	\$177	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
American Republic Ins. Co. Phone: 800-247-2190 Website: americanenterprise.com Home state: Iowa	Age	0-65	70	75	80	85	
	Cost	\$101	\$113	\$135	\$152	\$168	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$84	\$96	\$114	\$129	\$141	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Female nonsmoker rate						

Medigap policies: Plan A, continued

Note: Rates vary per individual factors.

Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$103	\$126	\$154	\$179	\$203	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Columbian Mutual Life Ins. Co. Phone: 866-297-2372 Home state: New York	Age	18-65	70	75	80	85	
	Cost	\$103	\$119	\$136	\$149	\$158	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate						
Combined Ins. Co. of America Phone: 800-544-5531 Website: combinedinsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$99	\$129	\$157	\$178	\$187	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Female nonsmoker rate, direct bill						
Continental General Ins. Co. Phone: 877-293-8499 Website: continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$91	\$102	\$113	\$119	\$119	
	Participates in crossover: Yes Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2)						
Continental Life Ins. Co. of Brentwood, Tennessee Phone: 800-264-4000 Website: cont-life.com Home state: Tennessee	Age	0-65	70	75	80	85	
	Cost	\$80	\$91	\$106	\$117	\$125	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Equitable Life & Casualty Ins. Co. Phone: 877-358-4060 Website: equilife.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$79	\$96	\$110	\$121	\$130	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$20 Female nonsmoker rate						

Medigap policies: Plan A, continued

Note: Rates vary per individual factors.

Everence Association, Inc. Phone: 800-348-7468 Website: everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	\$101	\$109	\$114	\$121	\$126	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Issue age Membership requirements: Includes a membership to a Christian fraternal organization Female rate						
Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$98	\$117	\$139	\$158	\$171	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) Preferred female rate						
Gerber Life Ins. Co. Phone: 877-778-0839 Home state: New York	Age	0-65	70	75	80	85	
	Cost	\$102	\$121	\$137	\$154	\$167	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (3) Female nonsmoker rate						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$70	\$95	\$100	\$102	\$102	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: gpmlife.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$102	\$111	\$132	\$152	\$169	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2)						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$78	\$95	\$110	\$132	\$156	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4) Region 1 rate						

Medigap policies: Plan A, continued

Note: Rates vary per individual factors.

Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$115	\$135	\$157	\$178	\$196	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						
Humana Healthy Living Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$133	\$155	\$177	\$199	\$218	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age Preferred female rate, direct bill						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$109	\$132	\$140	\$140	\$140	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: lifewisemedsupor.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$161	\$204	\$238	\$238	\$238	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Agent sold rate						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$81	\$92	\$110	\$125	\$135	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						
The Manhattan Life Ins. Co. Phone: 800-877-7703 Website: manhattanlife.com/Individuals/Policies/MedicareSupplement.aspx Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$89	\$100	\$119	\$137	\$152	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Preferred female rate						
Marquette National Life Ins. Co. Phone: 800-934-8203 Website: universalamericannsurancenplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$98	\$123	\$135	\$137	\$137	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3) Preferred female rate						

Medigap policies: Plan A, continued

Note: Rates vary per individual factors.

Medico Ins. Co. Phone: 800-228-6080 Website: gomedico.com/OR.htm Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$93	\$105	\$122	\$131	\$140	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female nonsmoker rate, direct bill						
Moda Health Plan Inc. Phone: 877-277-7073 or 503-243-3973 Website: modahealth.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$103	\$118	\$134	\$135	\$135	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$119	\$145	\$166	\$175	\$178	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Direct bill rate						
Sentinel Security Life Ins. Co. Phone: 800-247-1423 Website: sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$96	\$110	\$123	\$134	\$143	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: \$25 enrollment fee Female nonsmoker rate						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$184	\$189	\$202	\$240	\$306	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
State Farm Mutual Automobile Ins. Co. Phone: 866-855-1212* Website: statefarm.com/insurance/health/medsupp.asp Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$86	\$108	\$126	\$141	\$147	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Territory 1 rate *Phone number to find a local agent to sell you a policy						

Medigap policies: Plan A, continued

Note: Rates vary per individual factors.

State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$74	\$88	\$104	\$118	\$129	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$83	\$98	\$117	\$133	\$144	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$110	\$125	\$139	\$146	\$151	
	Cost	\$101	\$115	\$127	\$133	\$136	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Rates are female, area 1						
Stonebridge Life Ins. Co. Phone: 888-272-9272 Website: transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	\$62	\$70	\$81	\$90	\$104	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$85	\$97	\$111	\$123	\$133	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Nonsmoker rate, direct bill Membership requirements: *			*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 			
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$94	\$113	\$120	\$120	\$120	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age • Preferred female rate						

Medigap policies: Plan A, continued

Note: Rates vary per individual factors.

United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$142	\$178	\$208	\$229	\$244	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are \$2.50 per month.
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$63	\$76	\$112	\$112	\$112	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50. Nonsmoker rate						
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$103	\$120	\$134	\$136	\$142	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age • Nonsmoker rate						
United of Omaha Life Ins. Co. Phone: 800-667-2937 Website: mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$87	\$101	\$121	\$139	\$163	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
USAA Life Ins. Co. Phone: 800-515-8687 Website: usaa.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$148	\$173	\$207	\$241	\$266	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age • Nonsmoker rate, direct bill						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$110	\$130	\$145	\$154	\$160	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 • Female nonsmoker rate						
World Corp Ins. Co. Phone: 866-891-9365 Website: completeplus.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$101	\$113	\$135	\$152	\$168	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) • Preferred single rate, direct bill						

Medigap policies: Plan B

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 888-624-6290 Website: aetnaseniorproducts.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$99	\$120	\$143	\$162	\$185	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age • Female nonsmoker rate, direct bill						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$99	\$112	\$133	\$151	\$164	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$25 policy fee Rates vary by ZIP code (2) • Female nonsmoker rate						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$131	\$159	\$192	\$224	\$256	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age • Preferred female rate, direct bill						
Continental Life Ins. Co. of Brentwood, Tennessee Phone: 800-264-4000 Website: cont-life.com Home state: Tennessee	Age	0-65	70	75	80	85	
	Cost	\$101	\$115	\$134	\$148	\$157	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$20 policy fee Rates vary by ZIP code (2) • Preferred female rate						
Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$119	\$142	\$169	\$192	\$208	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) • Preferred female rate						

Medigap policies: Plan B, continued

Note: Rates vary per individual factors.

Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$104	\$137	\$152	\$155	\$155	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$125	\$147	\$170	\$193	\$213	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$152	\$189	\$208	\$211	\$211	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$95	\$108	\$128	\$145	\$158	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						
Sentinel Security Life Ins. Co. Phone: 800-247-1423 Website: sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$106	\$121	\$138	\$153	\$165	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: \$25 enrollment fee Female nonsmoker rate						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$210	\$215	\$230	\$273	\$349	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$86	\$102	\$122	\$138	\$150	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) • Preferred female rate						

Medigap policies: Plan B, continued

Note: Rates vary per individual factors.

Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$97	\$115	\$136	\$155	\$169	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) • Preferred female rate						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$124	\$144	\$163	\$176	\$187	
	Cost	\$105	\$120	\$132	\$139	\$143	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) • Rates are female, area 1						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$100	\$115	\$131	\$145	\$157	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Nonsmoker rate, direct bill Membership requirements: *			*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 			
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) • Rates are female, area 1						
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$131	\$163	\$178	\$181	\$181	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age • Preferred female rate						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$104	\$126	\$186	\$186	\$186	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50. Nonsmoker rate						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$120	\$141	\$159	\$171	\$181	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 • Female nonsmoker rate						

Medigap policies: Plan C

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 800-529-5586 Website: aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$99	\$120	\$143	\$162	\$185	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Female nonsmoker rate, direct bill						
American Republic Ins. Co. Phone: 800-247-2190 Website: americanenterprise.com Home state: Iowa	Age	0-65	70	75	80	85	
	Cost	\$131	\$147	\$175	\$197	\$218	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$118	\$134	\$161	\$183	\$200	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Female nonsmoker rate						
Everence Association, Inc. Phone: 800-348-7468 Website: everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	\$142	\$168	\$188	\$203	\$216	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: Includes a membership to a Christian fraternal organization Female rate						

Medigap policies: Plan C, continued

Note: Rates vary per individual factors.

Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$137	\$163	\$197	\$223	\$244	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) Preferred female rate						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$120	\$154	\$176	\$186	\$186	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: gpmlife.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$135	\$148	\$179	\$210	\$239	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2)						
Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$155	\$183	\$212	\$241	\$266	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$114	\$129	\$155	\$176	\$192	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						
The Manhattan Life Ins. Co. Phone: 800-877-7703 Website: manhattanlife.com/Individuals/Policies/MedicareSupplement.aspx Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$119	\$134	\$159	\$184	\$203	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Preferred female rate						

Medigap policies: Plan C, continued

Note: Rates vary per individual factors.

Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$145	\$183	\$218	\$245	\$265	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Direct bill rate						
Sentinel Security Life Ins. Co. Phone: 800-247-1423 Website: sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$130	\$149	\$170	\$190	\$207	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: \$25 enrollment fee Female nonsmoker rate						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$239	\$245	\$262	\$311	\$396	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
State Farm Mutual Automobile Ins. Co. Phone: 866-855-1212* Website: statefarm.com/insurance/health/medsupp.asp Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$130	\$163	\$189	\$213	\$222	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Territory 1 rate *Phone number to find a local agent to sell you a policy						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$103	\$123	\$148	\$168	\$183	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) • Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$116	\$138	\$166	\$188	\$205	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						

Medigap policies: Plan C, continued

Note: Rates vary per individual factors.

Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$128	\$148	\$167	\$180	\$191	
	Cost	\$111	\$126	\$139	\$147	\$152	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Rates are female, area 1						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$137	\$157	\$179	\$198	\$215	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2)			*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 			
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2)						
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$148	\$186	\$209	\$229	\$229	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$120	\$146	\$214	\$214	\$214	
	Cost	\$93	\$113	\$166	\$166	\$166	SELECT
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50. Nonsmoker rate						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$149	\$176	\$198	\$214	\$227	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						

Medigap policies: Plan D

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company	Age	0-65	70	75	80	85	
Aetna Life Ins. Co. Phone: 800-529-5586 Website: aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$113	\$139	\$167	\$191	\$224	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Female nonsmoker rate, direct bill						
Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$125	\$149	\$177	\$201	\$219	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) Preferred female rate						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$100	\$113	\$134	\$152	\$166	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						
Marquette National Life Ins. Co. Phone: 800-934-8203 Website: universalamericannsuranceplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$110	\$141	\$166	\$186	\$200	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3) Preferred female rate						

Medigap policies: Plan D, continued

Note: Rates vary per individual factors.

Medico Ins. Co. Phone: 800-228-6080 Website: gomedico.com/OR.htm Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$125	\$143	\$172	\$194	\$215	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female nonsmoker rate, direct bill						
Sentinel Security Life Ins. Co. Phone: 800-247-1423 Website: sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$110	\$126	\$144	\$161	\$176	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: \$25 enrollment fee Female nonsmoker rate						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$144	\$147	\$158	\$187	\$239	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$90	\$107	\$127	\$145	\$157	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$101	\$121	\$143	\$163	\$177	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$118	\$135	\$154	\$171	\$185	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2)				*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 		

Medigap policies: Plan D, continued

Note: Rates vary per individual factors.

United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$137	\$174	\$198	\$218	\$218	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$127	\$151	\$170	\$185	\$198	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						

Look for three things on your billing statement:

1. Charges for something you didn't get
2. Billing for the same thing twice
3. Services that were not ordered by your doctor

Always review your Medicare Summary Notice (MSN) and Part D Explanation of Benefits (EOB) for mistakes. Access to your current Medicare account is available 24 hours a day.

Visit www.MyMedicare.gov.

Medigap policies: Plan F

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 800-529-5586 Website: aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$113	\$139	\$167	\$191	\$224	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Female nonsmoker rate, direct bill						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: americanenterprise.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$144	\$162	\$193	\$216	\$240	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$122	\$137	\$165	\$186	\$201	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Female nonsmoker rate						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$155	\$187	\$227	\$270	\$318	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						

Medigap policies: Plan F, continued

Note: Rates vary per individual factors.

Columbian Mutual Life Ins. Co. Phone: 866-297-2372 Home state: New York	Age	18-65	70	75	80	85	
	Cost	\$144	\$170	\$198	\$226	\$244	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate						
Combined Ins. Co. of America Phone: 800-544-5531 Website: combinedinsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$141	\$185	\$225	\$254	\$267	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Female nonsmoker rate, direct bill						
Continental General Ins. Co. Phone: 877-293-8499 Website: continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$112	\$131	\$148	\$166	\$179	
	Participates in crossover: Yes Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2)						
Continental Life Ins. Co. of Brentwood, Tennessee Phone: 800-264-4000 Website: cont-life.com Home state: Tennessee	Age	0-65	70	75	80	85	
	Cost	\$118	\$132	\$152	\$164	\$174	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Equitable Life & Casualty Ins. Co. Phone: 877-358-4060 Website: equilife.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$111	\$136	\$158	\$174	\$189	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$20 Female nonsmoker rate						
Everence Association, Inc. Phone: 800-348-7468 Website: everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	\$171	\$185	\$196	\$212	\$229	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Issue Membership requirements: Includes a membership to a Christian fraternal organization Female rate						

Medigap policies: Plan F, continued

Note: Rates vary per individual factors.

Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$143	\$168	\$201	\$227	\$245	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) • Preferred female rate						
Gerber Life Ins. Co. Phone: 877-778-0839 Home state: New York	Age	0-65	70	75	80	85	
	Cost	\$142	\$169	\$194	\$223	\$248	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (3) • Female nonsmoker rate						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$121	\$154	\$177	\$187	\$187	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: gpmlife.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$138	\$152	\$183	\$215	\$245	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2) • Female nonsmoker rate						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$111	\$136	\$157	\$188	\$222	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4) Region 1 rate						
Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$159	\$187	\$216	\$246	\$271	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						
Humana Healthy Living Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$173	\$202	\$231	\$261	\$287	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age Preferred female rate, direct bill						

Medigap policies: Plan F, continued

Note: Rates vary per individual factors.

Liberty National Life Ins. Co. Phone: 800-331-2512 Website: libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$172	\$216	\$244	\$268	\$268	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: lifewisemedsupor.com/ Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$211	\$267	\$314	\$314	\$314	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Agent sold rate						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$118	\$132	\$159	\$179	\$194	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						
The Manhattan Life Ins. Co. Phone: 800-877-7703 Website: manhattanlife.com/Individuals/Policies/MedicareSupplement.aspx Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$118	\$134	\$158	\$183	\$202	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Preferred female rate						
Marquette National Life Ins. Co. Phone: 800-934-8203 Website: universalamericannsurancenplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$129	\$161	\$187	\$208	\$222	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3) Preferred female rate						
Medico Ins. Co. Phone: 800-228-6080 Website: gomedico.com/OR.htm Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$137	\$155	\$184	\$206	\$228	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female nonsmoker rate, direct bill						

Medigap policies: Plan F, continued

Note: Rates vary per individual factors.

Moda Health Plan Phone: 877-277-7073 or 503-243-3973 Website: modahealth.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$166	\$189	\$216	\$217	\$217	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$146	\$185	\$219	\$246	\$266	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Direct bill rate						
Sentinel Security Life Ins. Co. Phone: 800-247-1423 Website: sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$133	\$153	\$174	\$195	\$212	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: \$25 enrollment fee Female nonsmoker rate						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$196	\$201	\$215	\$256	\$326	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) • Female nonsmoker rate, direct bill						
State Farm Mutual Automobile Ins. Co. Phone: 866-855-1212* Website: statefarm.com/insurance/health/medsupp.asp Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$131	\$165	\$191	\$215	\$224	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Territory 1 rate *Phone number to find a local agent to sell you a policy						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$107	\$126	\$151	\$170	\$184	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) • Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$120	\$141	\$169	\$191	\$207	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) • Preferred female rate						

Medigap policies: Plan F, continued

Note: Rates vary per individual factors.

Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$123	\$142	\$160	\$173	\$183	
	Cost	\$98	\$111	\$123	\$130	\$134	SELECT
	Cost	\$128	\$148	\$166	\$179	\$189	Innovative
	Cost	\$109	\$123	\$136	\$144	\$148	Innovative SELECT
Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Rates are female, area 1							
Stonebridge Life Ins. Co. Phone: 888-272-9272 Website: transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	\$105	\$118	\$137	\$152	\$176	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$138	\$157	\$179	\$199	\$215	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Membership requirements: *				*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 		
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$154	\$193	\$218	\$238	\$238	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$208	\$254	\$291	\$315	\$335	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2) Female nonsmoker rate, direct bill					*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are \$2.50 per month.	

Medigap policies: Plan F, continued

Note: Rates vary per individual factors.

UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$121	\$147	\$215	\$215	\$215	
	Cost	\$94	\$114	\$167	\$167	\$167	SELECT
Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50. Nonsmoker rate							
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$138	\$166	\$200	\$229	\$258	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Nonsmoker rate						
United of Omaha Life Ins. Co. Phone: 800-667-2937 Website: mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$161	\$187	\$225	\$259	\$303	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
USAA Life Ins. Co. Phone: 800-515-8687 Website: usaa.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$126	\$147	\$175	\$203	\$225	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age • Nonsmoker rate, direct bill						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$157	\$186	\$210	\$226	\$241	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 • Female nonsmoker rate						
World Corp Ins. Co. Phone: 866-891-9365 Website: completeplus.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$131	\$147	\$175	\$197	\$218	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) • Preferred single rate, direct bill						

Medigap policies: Plan F High

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: americanenterprise.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$56	\$62	\$74	\$83	\$92	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$34	\$42	\$50	\$60	\$70	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Continental Life Ins. Co. of Brentwood, Tennessee Phone: 800-264-4000 Website: cont-life.com Home state: Tennessee	Age	0-65	70	75	80	85	
	Cost	\$46	\$52	\$60	\$65	\$69	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$46	\$56	\$59	\$78	\$92	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4) Region 1 rate						

Medigap policies: Plan F High, continued

Note: Rates vary per individual factors.

Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$53	\$62	\$71	\$81	\$89	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						
Humana Healthy Living Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$69	\$79	\$90	\$100	\$109	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age Preferred female rate, direct bill						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$32	\$42	\$52	\$58	\$58	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: lifewisemedsupor.com/ Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$83	\$104	\$122	\$122	\$122	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Agent sold rate						
Moda Health Plan Phone: 877-277-7073 or 503-243-3973 Website: modahealth.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$38	\$43	\$49	\$49	\$49	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$29	\$29	\$31	\$37	\$47	
	Cost	\$43	\$52	\$53	\$57	\$68	Innovative
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						

Medigap policies: Plan F High, continued

Note: Rates vary per individual factors.

State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$42	\$50	\$59	\$67	\$73	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$47	\$56	\$67	\$75	\$81	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$43	\$49	\$56	\$62	\$67	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Membership requirements: *		*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 				
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$30	\$40	\$50	\$54	\$54	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$45	\$57	\$72	\$87	\$101	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Nonsmoker rate						
World Corp Ins. Co. Phone: 866-891-9365 Website: completeplus.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$52	\$58	\$69	\$78	\$86	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single rate, direct bill						

Medigap policies: Plan G

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors,” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by ().

Company	Age	0-65	70	75	80	85	
Aetna Life Ins. Co. Phone: 888-624-6290 Website: aetnaseniorproducts.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$103	\$127	\$153	\$177	\$211	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Female nonsmoker rate, direct bill						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$104	\$117	\$140	\$158	\$171	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Female nonsmoker rate						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$126	\$155	\$191	\$231	\$274	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Columbian Mutual Life Ins. Co. Phone: 866-297-2372 Home state: New York	Age	18-65	70	75	80	85	
	Cost	\$118	\$138	\$160	\$179	\$195	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate						

Medigap policies: Plan G, continued

Note: Rates vary per individual factors.

Continental General Ins. Co. Phone: 877-293-8499 Website: continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$97	\$115	\$132	\$149	\$162	
	Participates in crossover: Yes Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2)						
Continental Life Ins. Co. of Brentwood, Tennessee Phone: 800-264-4000 Website: cont-life.com Home state: Tennessee	Age	0-65	70	75	80	85	
	Cost	\$98	\$110	\$126	\$136	\$145	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$126	\$150	\$178	\$202	\$220	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) Preferred female rate						
Gerber Life Ins. Co. Phone: 877-778-0839 Home state: New York	Age	0-65	70	75	80	85	
	Cost	\$120	\$143	\$165	\$190	\$211	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (3) Female nonsmoker rate						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: gpmlife.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$105	\$115	\$139	\$164	\$187	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2) Female nonsmoker rate						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$102	\$116	\$137	\$156	\$170	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						

Medigap policies: Plan G, continued

Note: Rates vary per individual factors.

Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$145	\$149	\$159	\$189	\$241	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$91	\$108	\$128	\$146	\$158	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$102	\$121	\$144	\$163	\$178	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$111	\$128	\$145	\$157	\$167	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female rate, area 1						
Stonebridge Life Ins. Co. Phone: 888-272-9272 Website: transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	\$97	\$109	\$126	\$140	\$162	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$121	\$139	\$158	\$175	\$190	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Membership requirements: * Rates vary by ZIP code (2) Nonsmoker rate, direct bill				*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> You profess to be Lutheran and are a current or former member of a Lutheran congregation. You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 		

Medigap policies: Plan G, continued

Note: Rates vary per individual factors.

United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$142	\$181	\$206	\$227	\$227	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$173	\$217	\$254	\$279	\$298	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2) Female nonsmoker rate, direct bill					*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are \$2.50 per month.	
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$125	\$152	\$185	\$213	\$240	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age • Nonsmoker rate						
United of Omaha Life Ins. Co. Phone: 800-667-2937 Website: mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$118	\$137	\$150	\$173	\$222	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$129	\$152	\$172	\$187	\$200	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						

Medigap policies: Plan K

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: americanenterprise.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$71	\$80	\$95	\$107	\$118	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$54	\$65	\$81	\$98	\$118	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$94	\$114	\$132	\$158	\$187	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4) Region 1 rate						
Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$68	\$80	\$93	\$105	\$116	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						

Medigap policies: Plan K, continued

Note: Rates vary per individual factors.

Humana Healthy Living Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$86	\$99	\$112	\$126	\$137	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age Preferred female rate, direct bill						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$80	\$100	\$119	\$133	\$145	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Direct bill rate						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$54	\$62	\$71	\$77	\$82	
	Cost	\$41	\$46	\$51	\$54	\$56	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) • Female rate, area 1						
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$82	\$109	\$121	\$127	\$127	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age • Preferred female rate						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$39	\$47	\$70	\$70	\$70	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50. Nonsmoker rate						
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$65	\$77	\$90	\$94	\$113	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Nonsmoker rate						

Medigap policies: Plan L

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: americanenterprise.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$98	\$110	\$131	\$147	\$163	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7) Preferred single female rate, direct bill						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$93	\$111	\$135	\$161	\$189	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Everence Association, Inc. Phone: 800-348-7468 Website: everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	\$96	\$105	\$112	\$122	\$131	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Issue age Membership requirements: Includes a membership to a Christian fraternal organization Female rate						
Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$96	\$113	\$131	\$148	\$164	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						

Medigap policies: Plan L, continued

Note: Rates vary per individual factors.

Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$80	\$92	\$105	\$116	\$126	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Nonsmoker rate, direct bill Membership requirements: *			*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 			
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$115	\$153	\$170	\$179	\$179	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age • Preferred female rate						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$66	\$80	\$117	\$117	\$117	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50. Nonsmoker rate						
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$90	\$109	\$131	\$151	\$171	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Nonsmoker rate						

Keep records of your health care visits, services and equipment provided, significant lab results, etc. The Senior Medicare Patrol (SMP) personal health care journal or a pocket calendar is a good place to make notes.

Medigap policies: Plan M

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$114	\$142	\$176	\$210	\$245	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$113	\$134	\$159	\$181	\$197	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) Preferred female rate						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$59	\$72	\$83	\$100	\$118	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4) Region 1 rate						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$81	\$97	\$115	\$130	\$142	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						

Medigap policies: Plan M, continued

Note: Rates vary per individual factors.

Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$91	\$109	\$129	\$146	\$159	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$102	\$116	\$132	\$147	\$159	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Nonsmoker rate, direct bill Membership requirements: *		*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: <ul style="list-style-type: none"> • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission. 				
United of Omaha Life Ins. Co. Phone: 800-667-2937 Website: mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$118	\$137	\$164	\$189	\$221	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						

Don't carry your Medicare or Medicaid card unless you will need it. Only take it to doctors' appointments, visits to your hospital or clinic, or trips to the pharmacy.

If you rent medical equipment, such as a walker, return the item to the medical equipment dealer when you are finished. Always get a dated receipt for the return.

Medigap policies: Plan N

Note: Rates vary per individual factors.

Important Information to Know

Plans have “rated types,” meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policyholders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in “crossover,” unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply “area factors” to rates. Area factors limit the size of the “pool” of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP		See UnitedHealthcare Ins. Co. (AARP)					
Aetna Life Ins. Co. Phone: 888-624-6290 Website: aetnaseniorproducts.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$83	\$102	\$123	\$144	\$174	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Female nonsmoker rate, direct bill						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$86	\$96	\$115	\$130	\$141	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Female nonsmoker rate						
Colonial Penn Life Ins. Co. Phone: 800-800-2254 Website: colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	\$83	\$108	\$138	\$172	\$209	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Preferred female rate, direct bill						
Combined Ins. Co. of America Phone: 800-544-5531 Website: combinedinsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$99	\$129	\$157	\$178	\$187	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Female nonsmoker rate, direct bill						

Medigap policies: Plan N, continued

Note: Rates vary per individual factors.

Continental General Ins. Co. Phone: 877-293-8499 Website: continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$91	\$106	\$120	\$137	\$151	
	Participates in crossover: Yes Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2)						
Continental Life Ins. Co. of Brentwood, Tennessee Phone: 800-264-4000 Website: cont-life.com Home state: Tennessee	Age	0-65	70	75	80	85	
	Cost	\$82	\$93	\$108	\$119	\$127	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Equitable Life & Casualty Ins. Co. Phone: 877-358-4060 Website: equilife.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$78	\$96	\$111	\$123	\$133	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$20 Female nonsmoker rate						
Everence Association, Inc. Phone: 800-348-7468 Website: everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	\$86	\$103	\$116	\$127	\$136	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: Includes a membership to a Christian fraternal organization Female rate						
Family Life Ins. Co. Phone: 800-877-7703 Website: familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$100	\$117	\$140	\$159	\$172	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (3) Preferred female rate						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: gpmlife.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$92	\$102	\$123	\$146	\$167	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Rates vary by ZIP code (2) Female nonsmoker rate						

Medigap policies: Plan N, continued

Note: Rates vary per individual factors.

Humana Ins. Co. Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$99	\$116	\$134	\$152	\$168	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age Preferred female rate, direct bill						
Humana Healthy Living Phone: 800-866-0581 Website: humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	\$117	\$135	\$155	\$174	\$190	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age Preferred female rate, direct bill						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$132	\$168	\$193	\$216	\$216	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age Preferred female rate						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: lifewisemedsupor.com/ Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$158	\$199	\$236	\$236	\$236	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Agent sold rate						
Loyal American Life Ins. Co. Phone: 866-459-4272 Website: loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$82	\$93	\$111	\$125	\$136	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2) Preferred female rate						
The Manhattan Life Ins. Co. Phone: 800-877-7703 Website: manhattanlife.com/Individuals/Policies/MedicareSupplement.aspx Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$78	\$90	\$109	\$129	\$144	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: One-time \$25 policy fee Rates vary by ZIP code (2) Preferred female rate						
Marquette National Life Ins. Co. Phone: 800-934-8203 Website: universalnamericannsurancenplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$87	\$114	\$137	\$159	\$175	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3) Preferred female rate						

Medigap policies: Plan N, continued

Note: Rates vary per individual factors.

Moda Health Plan Phone: 877-277-7073 or 503-243-3973 Website: modahealth.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	\$116	\$132	\$151	\$152	\$152	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Sentinel Security Life Ins. Co. Phone: 800-247-1423 Website: sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	\$89	\$102	\$117	\$132	\$144	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: \$25 enrollment fee Female nonsmoker rate						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$95	\$97	\$104	\$123	\$157	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						
State Mutual Ins. Co. Phone: 888-764-1936 Website: statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$75	\$88	\$105	\$119	\$129	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	\$84	\$99	\$118	\$134	\$145	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time \$20 policy fee Rates vary by ZIP code (2) Preferred female rate						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	\$92	\$107	\$121	\$132	\$141	
	Cost	\$71	\$81	\$89	\$95	\$98	SELECT
	Pre-existing look-back / waiting period: 0/0 Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2) Female rate, area 1						

Medigap policies: Plan N, continued

Note: Rates vary per individual factors.

Stonebridge Life Ins. Co. Phone: 888-272-9272 Website: transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	\$81	\$91	\$105	\$117	\$136	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						
United American Ins. Co. Phone: 800-331-2512 Website: unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	\$125	\$159	\$183	\$204	\$204	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age • Preferred female rate						
United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	\$146	\$177	\$204	\$221	\$234	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2) Female nonsmoker rate, direct bill						*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are \$2.50 per month.
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	\$76	\$92	\$135	\$135	\$135	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community Rating Membership requirements: Must be a member of AARP; minimum age is 50 Nonsmoker rate						
UnitedHealthcare Ins. Co. (SecureHorizons) Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	\$93	\$117	\$145	\$169	\$193	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age • Nonsmoker rate						
USAA Life Ins. Co. Phone: 800-515-8687 Website: usaa.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	\$84	\$98	\$117	\$136	\$150	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Nonsmoker rate, direct bill						
Woodmen of the World Life Ins. Co. Phone: 877-223-3666 Website: woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	\$106	\$126	\$142	\$155	\$165	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Application fee: \$25 Female nonsmoker rate						

Medigap vs. Medicare Advantage comparison chart

Original “Fee-for-Service” Medicare with a Medigap (Example: Plan F)	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS (Private Medicare Plans)
Must have Parts A and B. Usually companies may deny, but must accept all applicants, all ages, during Medigap Open Enrollment and Guaranteed Issue periods.	Eligibility	Must have Parts A and B and live in service area. Takes all applicants except those with End Stage Renal Disease.
Premium varies with gender and health and goes up with age. Companies may underwrite (add to premium). No co-pay costs, with some exceptions, at time of service. No out-of-pocket maximum.	Costs: Premiums, co-pay, co-insurance, and out-of-pocket max	All plan members pay same premium, regardless of age, gender, or health. Cost sharing (co-pays) must be paid for most medical services. Many plans have an out-of-pocket annual maximum.
<p>No network: Go to any provider that accepts Medicare. No referrals required for specialist visits.</p> <p>May be hard to find providers accepting Original Medicare in some areas.</p> <p>May be used for treatments at specialty medical facilities, such as Mayo Clinics, OHSU, etc.</p>	<p>Provider choice and availability</p> <p>Always ask your providers what insurance they accept</p>	<p>HMOs, PPOs, and PFFSs: Maintain provider networks; they must have available providers in order to accept new members.</p> <p>HMOs: Generally cover in-network only. Referrals may be required for specialist visits.</p> <p>PPOs: Cover out of network, but then costs may be higher. No referrals required.</p> <p>PFFSs: Set their own reimbursement rates with contracted doctors.</p>
Not included. If you want Rx coverage, you may enroll in any stand-alone Medicare prescription drug plan available.	<p>Prescription drug coverage</p> <p>To make sure your plan covers your Rx, use medicare.gov</p>	<p>If you want Rx coverage, you must enroll in the included Rx coverage if choosing an HMO or PPO (VA-eligible excepted).</p> <p>With PFFS, you may choose the plan's Rx coverage, if offered, or a stand-alone PDP.</p>
Yes, guaranteed renewable as long as you pay the premium and the application was correct. Benefits never change. No election season for Medigaps. May change company each year on birthday with Guaranteed Issue.	Is it renewable?	No, benefits may change yearly. However, you usually remain in a plan unless you disenroll at election times or your plan terminates in your area.
Covers only same as Original Medicare. No routine dental, vision, except “innovative” plans; no alternative medicine.	Extras	Some plans include routine dental, hearing, or vision. Some offer additional alternative medicine package.
Good for travelers or “snow birds.” May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture – choose doctors and drug plan.	For whom it may be best	<p>Network plans may be good for people who otherwise can't find a Medicare provider. May save money unless you need frequent appointments or treatments.</p> <p>Having a packaged plan may simplify choices.</p>
Because Medigaps are standardized, price and customer service are the only difference. Try calling a few competitively priced plans. Regulated by Oregon Insurance Division. Use oregonhealthrates.org to view rate increase histories of companies.	<p>How to comparison shop</p> <p>Who regulates it?</p>	Plans are not standardized. To compare, use the online Medicare Guide at oregon.gov/DCBS/SHIBA/pages/index.aspx or medicare.gov . Plans are regulated by Medicare/CMS; sales agents are licensed by the Oregon Insurance Division.

About Medicare Advantage plans

Medicare Advantage

Private insurance companies contract with Medicare to offer coordinated care and private fee-for-service health insurance plans. Medicare pays these plans to provide all your Medicare-approved services. When you join a Medicare Advantage (MA) plan, you agree to that plan's terms and conditions.

- You will receive the same benefits as in Original Medicare, but not at the same payment rates.
- You will still pay the Part B premium, plus a premium to the plan (unless the plan has a \$0 premium) and co-payments or co-insurance for certain services.
- Medicare Advantage plans may offer additional coverage, such as routine preventive vision or dental.

Medicare Advantage plans renew their contracts annually with the Centers for Medicare and Medicaid Services (CMS). This means the policies are not guaranteed renewable. However, if you join a plan and that plan decides to not renew its contract with CMS, you have protection under the law that enables you to join another plan or purchase a Medigap policy.

Where you live (based on your ZIP code) often determines which Medicare Advantage plans are available to you.

You can find out if a plan covers your area by calling the company or by reviewing the plan on Medicare's website, medicare.gov, or the chart on pages 76-100.

Who can join a Medicare Advantage plan?

Most people who have both Medicare Part A and Part B and live in the plan's service area can join a plan.

Beneficiaries with end-stage renal disease (ESRD) are not eligible to join a plan. However, if you are already in a plan and develop ESRD, you may stay in the plan. If you've had a successful kidney transplant, you may be able to join a plan. For more information on what is offered to beneficiaries with ESRD, see Medicare publication 10128, *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*.

Medicare Advantage enrollment and election periods are changing

You may join, leave, or switch Medicare Advantage plans during:

- Initial Enrollment Period (IEP) when you are new to Medicare
- Annual Enrollment Period (AEP), Oct. 15 to Dec. 7, also referred to as "Fall Open Enrollment."

About Medicare Advantage plans, continued

Important note about the disenrollment period:

The **Medicare Advantage Disenrollment Period (MADP)** happens from Jan. 1 to Feb. 14 every year. See more on page 74.

Special Enrollment Periods (SEP)

Special enrollment periods are opportunities to make plan changes outside of the standard enrollment periods.

- Moving permanently outside your plan's service area grants an SEP.
- Qualifying for any limited-income assistance creates a continuous SEP.

SEPs are generally 60 days, but may vary. At these times, you may use your SEP to:

- Join a different Medicare Advantage plan.
- Switch to using only Original Medicare.
- Switch to Original Medicare and purchase a Medigap. Insurance companies may require that you undergo underwriting unless you have Guaranteed Issue.

Help comparing plans

A SHIBA volunteer can help you understand plan options and plan rules, such as how and when you may disenroll.

For a SHIBA contact in your area:

- Call 800-722-4134
- Visit oregonshiba.org
- Call 800-MEDICARE (800-633-4227)

Enrollment actions during election periods

If you want to switch from one Medicare Advantage plan to another Medicare Advantage plan, simply enroll in your new plan during the AEP, Oct. 15 to Dec. 7. You will be automatically disenrolled from your old plan. Before taking any disenrollment action, we recommend you contact SHIBA for assistance in reviewing your options.

If you want to drop your Medicare Advantage plan and switch to Original Medicare, you may do so during these periods:

- Oct. 15 – Dec. 7
- Jan. 1 – Feb. 14

Medicare Advantage plan types:

HMO: Health Maintenance Organization

HMO-POS: HMO with Point-of-Service option

PFFS: Private Fee-for-Service plan

PPO: Preferred Provider Organization

SNP: Special Needs Plan

(See Glossary for definitions)

Choosing a Medicare Advantage plan

How do I select a plan?

- **What plans are offered in my area?**

Refer to the by-county charts on pages 76-100 to see which plans are available to you.

- **Will your doctor and hospital accept the plan?**

Ask the business offices of your doctors and hospital if they are in the network for a plan you are considering. Even though a plan may be offered in your area, providers **do not** have to participate. In some plans, if your doctor is not part of the preferred network, you will have to pay more to see that doctor. It is **very important** to know if the plan you are considering includes your doctors and hospital of choice.

Call for the above information for yourself. Webpages and printed materials can be incorrect and an agent wanting to sell you a plan may be misinformed.

- **Can I afford the plan?**

Make sure you understand the coverage, including premiums and co-pays. The plan description pages list your share of the costs. Here are some of the words you'll want to understand:

– **Premiums:** The amount you pay monthly for a plan. In a few cases there is a \$0 premium.

– **Maximum out-of-pocket costs:** This is the most you would have to pay in a year for covered services, **excluding Part D drugs**, before the plan starts paying 100 percent.

Caution: Not all covered services may count toward the out-of-pocket maximum.

– **Co-pays:** A fixed amount you pay for a service.

– **Co-insurance:** A percentage of the cost of a service.

Prescription drug coverage

- **Do I want prescription drug coverage with my Medicare Advantage plan?**

Most HMO/PPO plans include integrated prescription drug coverage (MAPD). Your drug coverage **must** be this “bundled” package.

Exception: If you have VA drug coverage available, you can use it with the health-only MA plan, if the plan allows.

PFFS plans allow you to choose a stand-alone prescription drug plan or enroll in their bundled package.

About Medicare Advantage dental coverage

Original Medicare **does not** cover routine dental care. There are very limited dental services you may get when you are in the hospital, but these are rare.

Some Medicare Advantage plans may cover dental care included in the plan or

as an additional rider. Other MA plans choose to cover preventive care, such as cleanings and X-rays, up to a capped limit.

For more information, contact the plan. Contact SHIBA for a list of stand-alone dental plans and other community resources.

Medicare Advantage Disenrollment Period: Jan. 1 - Feb. 14

During the **Medicare Advantage Disenrollment Period (MADP)**, from Jan. 1 to Feb. 14, you may disenroll from a Medicare Advantage plan and switch to Original Medicare.

The key to using this period is that you must enter January enrolled in a Medicare Advantage plan.

You may disenroll from a Medicare Advantage plan and switch to Original Medicare.

Note: This disenrollment will not, by itself, qualify you for Guaranteed Issue to purchase a Medigap supplement.

Note: If you did not have prior creditable drug coverage, you may incur a late-enrollment penalty.

- This period allows one election only:
 - May enroll into a stand-alone prescription drug plan (PDP), which automatically disenrolls member from MA/MAPD –or –
 - May disenroll in writing from MA/ MAPD or by calling 1-800-MEDICARE (1-800-633-4227, toll-free)
- You **may not** use this period to enroll in or switch Medicare Advantage plans.
- You **may not** use this period to enroll in a Part D plan if you enter the period already in Original Medicare only.

Treat your Medicare, Medicaid, and Social Security numbers like a credit card number. Never give these numbers to a stranger.

Medicare Special Needs Plans (SNPs)

These are specially designed MA plans with membership limited to certain groups of people; those who have both Medicare and Medicaid (dual eligibles), those who reside in institutions such as nursing homes or have chronic and disabling conditions (cardiovascular disorders, chronic heart failure, and diabetes).

Dual eligible (Medicaid*)			
Company/plan	Contact	Type	Available counties
ATRIO Health Plans ATRIO Special Needs Plan (HMO SNP) atriohp.com	877-672-8620; TTY 800-735-2900	HMO	Douglas and Klamath
ATRIO Health Plans ATRIO Special Needs Plan (Willamette) (HMO SNP) atriohp.com	877-672-8620; TTY 800-735-2900	HMO	Marion and Polk
CareOregon Advantage CareOregon Advantage Plus (HMO-POS SNP) careoregonadvantage.org	888-712-3258; TTY 800-735-2900	HMO	Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington
FamilyCare Health Plans, Inc. My Plan C (HMO SNP) familycarehealthplans.org	866-225-2273; TTY 800-735-2900	HMO	Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington
Samaritan Advantage Health Plan Samaritan Advantage Special Needs Plan (HMO SNP) samaritanadvantage.com	800-832-4580; TTY 800-735-2900	HMO	Benton, Lincoln, and Linn
Trillium Advantage Trillium Advantage Dual (HMO SNP) trilliumadvantage.com	800-910-3906; TTY 866-279-9750	HMO	Lane

Institutional (Nursing homes or skilled nursing facilities)			
Trillium Advantage Trillium Advantage TLC ISNP (HMO SNP) trilliumadvantage.com	800-910-3906; TTY 866-279-9750	PPO	Lane
Trillium Advantage Trillium Advantage TLC Community ISNP (HMO SNP) trilliumadvantage.com	800-910-3906; TTY 866-279-9750	HMO	Lane
UnitedHealthcare UnitedHealthcare Nursing Home Plan (PPO SNP) uhcommunityplan.com	800-547-5514; TTY 711	PPO	Clackamas, Lane, Multnomah, and Washington

Chronic or Disabling Condition (Cardiovascular Disorders, Chronic Heart Failure and Diabetes)			
Health Net Health Plan of Oregon, Inc. Health Net Jade (HMO SNP) healthnet.com	800-949-6165, TTY 800-929-9955	HMO	Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill

PACE (Program of All Inclusive Care for the Elderly)			
Providence Health Plans Providence ElderPlace providence.org/elderplace	503-215-6556	HMO	Multnomah (Portland)

Beneficiary must meet eligibility requirements. Premium is \$3,500 unless the beneficiary qualifies for Medicaid and then the premium is paid by the state. Costs do not change if medical/social care needs increase. There are no out-of-pocket costs or deductibles. All necessary medical and social services are covered. Chiropractic, podiatry, prosthetic devices, and acupuncture are covered only if identified as beneficial/necessary.

New enrollees to SNPs have a once-only special enrollment period (SEP) at any time during the year. After the once-only special enrollment, changes must be done during an annual enrollment period (AEP).

CONTENTS

Medicare Advantage plans

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Baker, Gilliam, Harney, Union, and Wallowa counties									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Benton and Linn counties									
Health Net Health Plan of Oregon, Inc. 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Ruby	H6815-001	HMO	\$0.00	N/A	\$2,500	\$0	\$0	\$0.00
	Health Net Jade (HMO SNP)	H6815-002	SNP	\$0.00	N/A	\$3,200	\$0	\$0	\$0
	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option ¹ North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option ² North (PPO)	H5520-012-002	PPO	\$0.00	N/A	\$6,000	\$345	\$0	\$0.00
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-070 (PPO)	H6609-070	PPO	N/A	\$0.00	\$4,000	\$0	N/A	N/A
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20
Kaiser Permanente 877-408-3496; TTY 711 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)*	H9003-001	HMO	\$109.00	N/A	\$2,500	\$0	\$0 ¹	\$81.80
	Kaiser Permanente Senior Advantage Basic (HMO)*	H9003-006	HMO	\$39.00	N/A	\$4,900	\$0	\$0 ¹	\$39.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Benton and Linn counties, continued									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
Samaritan Advantage Health Plan 800-832-4580 samhealt.org/SHPlans	Samaritan Advantage Conventional Plan (HMO)	H3811-001	HMO	N/A	\$72.00	\$3,400	\$0	N/A	N/A
	Samaritan Advantage Premier Plan (HMO)	H3811-002	HMO	\$105.00	N/A	\$3,400	\$0	\$0	\$70.20
	Samaritan Advantage Premier Plan Plus (HMO)	H3811-009	HMO	\$135.00	N/A	\$3,400	\$0	\$0	\$100.20
UnitedHealth Group 800-547-5514 AARPMedicarePlans.com	AARP MedicareComplete Plan 1 (HMO)	H3805-007	HMO	\$49.00	N/A	\$3,750	\$0	\$0	\$33.40
	AARP MedicareComplete Plan 2 (HMO)	H3805-013	HMO	\$0.00	\$0.00	\$4,500	\$0	\$0	\$0.00

*Available only in the following ZIP codes: Benton - 97330, 97331, 97333, 97339, 97370; Linn - 97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Clackamas, Multnomah, and Washington counties									
CareOregon Advantage 888-712-3258; TTY 800-735-2900 careoregonadvantage.org	CareOregon Advantage Star HMO-POS	H5859-003	HMO-POS	\$34.80	N/A	\$6,700	\$100 Inpatient Hospital only	\$310 Tier 3 Brand Name only	\$0.00
FamilyCare Health Plans, Inc. 866-225-2273; TTY 800-735-2900 familycareinc.org	FamilyCare MyPlan A (HMO)	H3818-003	HMO	\$80.00	N/A	\$3,400	\$50	\$200 except tier 1	\$46.00
	FamilyCare MyPlan E (HMO)	H3818-014	HMO	\$143.00	N/A	\$3,400	\$50	\$100 except tier 1	\$108.20
	FamilyCare MyPlan R (HMO)	H3818-004	HMO	N/A	\$60.00	\$3,400	\$50	N/A	N/A
	FamilyCare MyPlan S (HMO)	H0840-002	PPO	N/A	\$20.00	\$3,400	\$300	N/A	N/A
	FamilyCare MyPlan S + Rx (HMO)	H0840-001	PPO	\$59.00	N/A	\$3,400	\$320	\$100 except tier 1	\$25.00
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Ruby	H6815-001	HMO	\$0.00	N/A	\$2,500	\$0	\$0	\$0.00
	Health Net Jade (HMO SNP)	H6815-002	SNP	\$0.00	N/A	\$3,200	\$0	\$0	\$0
	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option 1 North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option 2 North (PPO)	H5520-012-001	PPO	\$0.00	N/A	\$3,400	\$345	\$0	\$0.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Clackamas, Multnomah, and Washington counties, continued									
Humana Ins. Co. 800-833-2364 humana-medicare.com	Humana Gold Plus H1036-153 (HMO)	H1036-153	HMO	\$0.00	N/A	\$4,200	\$0	\$0	\$0.00
	Humana Gold Plus H1036-220 (HMO-POS)	H1036-220	HMO-POS	\$49.00	N/A	\$4,200	\$0	\$0	\$49.00
	HumanaChoice H6609-070 (PPO)	H6609-070	PPO	N/A	\$0.00	\$4,000	\$0	N/A	N/A
	Humana Gold Choice H8145-093 (PFFS)	H8145-093	PFFS	\$73.00	N/A	\$3,400	\$0	\$0	\$57.30
	Humana Gold Choice H8145-097 (PFFS)	H8145-097	PFFS	N/A	\$0.00	\$5,600	\$0	N/A	N/A
Kaiser Permanente 877-408-3496; TTY 711 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	H9003-001	HMO	\$109.00	N/A	\$2,500	\$0	\$0 ¹	\$81.80
	Kaiser Permanente Senior Advantage Basic (HMO)	H9003-006	HMO	\$39.00	N/A	\$4,900	\$0	\$0 ¹	\$39.00
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Legacy Health Medicare, powered by Moda Health (PPO)	H3813-005	PPO	\$75.00	\$0.00	\$2,500	\$0	\$0	\$40.20
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Providence Health Plan 800-457-6064; TTY 771 providencehealthplan.com	Providence Medicare Choice	H9047-035	HMO-POS	N/A	\$28.00	\$3,000	\$0	N/A	N/A
	Providence Medicare Choice + Rx	H9047-024	HMO-POS	\$61.00	N/A	\$3,000	\$0	\$0	\$26.50
	Providence Medicare Extra	H9047-033	HMO	N/A	\$92.00	\$2,500	\$0	N/A	N/A
	Providence Medicare Extra + Rx	H9047-001	HMO	\$137.00	N/A	\$2,500	\$0	\$0	\$102.20

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Clackamas, Multnomah, and Washington counties, continued									
Regency BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence BlueAdvantage HMO (HMO)	H6237-002	HMO	\$19.00	N/A	\$3,400	\$0	\$200 ²	\$0.00
	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
UnitedHealth Group 800-547-5514 AARPMedicarePlans.com	AARP MedicareComplete Plan 1 (HMO)	H3805-001	HMO	\$55.00	N/A	\$3,500	\$0	\$0	\$42.60
	AARP MedicareComplete Plan 2 (HMO)	H3805-012	HMO	\$0.00	\$0.00	\$4,500	\$0	\$0	\$0.00
	AARP MedicareComplete Choice (PPO)	H3812-001	PPO	\$0.00	\$0.00	\$4,900	\$0	\$0	\$0.00

Save Medicare Summary Notices and Part D Explanations of Benefits. Shred the documents when they are no longer useful.

Avoid telephone or email offers of “free” medical tests or supplies in exchange for a “peek” at your Medicare or Medicaid card.

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Clatsop County									
CareOregon Advantage 888-712-3258; TTY 800-735-2900 careoregonadvantage.org	CareOregon Advantage Star HMO-POS	H5859-003	HMO-POS	\$34.80	N/A	\$6,700	\$100 Inpatient Hospital only	\$310 Tier 3 Brand Name only	\$0.00
FamilyCare Health Plans, Inc. 866-225-2273; TTY 800-735-2900 familycareinc.org	FamilyCare MyPlan A (HMO)	H3818-003	HMO	\$80.00	N/A	\$3,400	\$50	\$200 except tier 1	\$46.00
	FamilyCare MyPlan E (HMO)	H3818-014	HMO	\$143.00	N/A	\$3,400	\$50	\$100 except tier 1	\$108.20
	FamilyCare MyPlan R (HMO)	H3818-004	HMO	N/A	\$60.00	\$3,400	\$50	N/A	N/A
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Columbia County									
CareOregon Advantage 888-712-3258; TTY 800-735-2900 careoregonadvantage.org	CareOregon Advantage Star HMO-POS	H5859-003	HMO-POS	\$34.80	N/A	\$6,700	\$100 Inpatient Hospital only	\$310 Tier 3 Brand Name only	\$0.00
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option 1 North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option 2 North (PPO)	H5520-012-001	PPO	\$0.00	N/A	\$3,400	\$345	\$0	\$0.00
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-070 (PPO)	H6609-070	PPO	N/A	\$0.00	\$4,000	\$0	N/A	N/A
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20
Kaiser Permanente 877-408-3496; TTY 711 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	H9003-001	HMO	\$109.00	N/A	\$2,500	\$0	\$0 ¹	\$81.80
	Kaiser Permanente Senior Advantage Basic (HMO)	H9003-006	HMO	\$39.00	N/A	\$4,900	\$0	\$0 ¹	\$39.00
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Columbia County, continued									
Providence Health Plan 800-457-6064; TTY 771 providencehealthplan.com	Providence Medicare Choice	H9047-035	HMO-POS	N/A	\$28.00	\$3,000	\$0	N/A	N/A
	Providence Medicare Choice + Rx	H9047-024	HMO-POS	\$61.00	N/A	\$3,000	\$0	\$0	\$26.50
	Providence Medicare Extra	H9047-033	HMO	N/A	\$92.00	\$2,500	\$0	N/A	N/A
	Providence Medicare Extra + Rx	H9047-001	HMO	\$137.00	N/A	\$2,500	\$0	\$0	\$102.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
Coos and Curry counties									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials Rx 19 (HMO)	H3864-019	HMO	\$63.00	N/A	\$3,000	\$0	\$0	\$29.70
	PacificSource Medicare Explorer Rx 7 (PPO)	H4754-007	PPO	\$88.00	N/A	\$3,000	\$0	\$0	\$54.70
	PacificSource Medicare Explorer 8 (PPO)	H4754-008	PPO	N/A	\$45.00	\$3,000	\$0	N/A	N/A
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Crook and Jefferson counties									
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-076 (PPO)	H6609-076	PPO	\$72.00	N/A	\$5,000	\$0	\$0.00	\$45.00
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	N/A	\$25.00	\$3,400	\$0	N/A	N/A
	PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	\$126.00	N/A	\$3,400	\$0	\$0	\$91.20
	PacificSource Medicare Essentials Rx 14 (HMO)	H3864-014	HMO	\$88.00	N/A	\$3,400	\$0	\$0	\$53.20
	PacificSource Medicare Explorer Rx 1 (PPO)	H4754-001	PPO	\$103.00	N/A	\$3,400	\$0	\$0	\$68.20

Keep and file copies of any bills or notices from insurance companies, doctors, hospitals, pharmacies, etc., as well as cancelled checks.

Compare your Medicare Summary Notice (MSN) and Explanation of Benefits (EOB) to your personal health care journal and prescription drug receipts to make sure they are correct.

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Deschutes County									
Humana Medical Plan, Inc. 800-833-2364; TTY 711 humana-medicare.com	Humana Gold Plus H1036-219 (HMO)	H1036-219	HMO	\$49.00	N/A	\$4,900	\$0	\$0	\$49.00
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-076 (PPO)	H6609-076	PPO	\$72.00	N/A	\$5,000	\$0	\$0.00	\$45.00
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	N/A	\$25.00	\$3,400	\$0	N/A	N/A
	PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	\$126.00	N/A	\$3,400	\$0	\$0	\$91.20
	PacificSource Medicare Essentials Rx 14 (HMO)	H3864-014	HMO	\$88.00	N/A	\$3,400	\$0	\$0	\$53.20
	PacificSource Medicare Explorer Rx 1 (PPO)	H4754-001	PPO	\$103.00	N/A	\$3,400	\$0	\$0	\$68.20

Record doctor visits, tests, and procedures in your personal health care journal or calendar.

Never sign a blank form. Always read and keep a copy of any document or agreement you sign.

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Douglas County									
ATRIO Health Plans 877-672-8620; TTY 800-735-2900 atriohp.com	Bronze Rx (Umpqua) (PPO)	H6743-007	PPO	\$0.00	N/A	\$3,400	\$295	\$0	\$0.00
	Bronze (PPO)	H6743-006	PPO	N/A	\$0.00	\$3,400	\$185	N/A	N/A
	Silver	H6743-002	PPO	N/A	\$49.00	\$3,200	\$50	N/A	N/A
	Silver Rx	H6743-003	PPO	\$99.00	N/A	\$3,200	\$50	\$150	\$66.80
	Gold Rx (PPO)	H6743-004	PPO	\$157.00	N/A	\$2,500	\$0	\$0	\$122.20
	Platinum Rx (PPO)	H6743-005	PPO	\$210.00	N/A	\$1,300	\$0	\$0	\$175.20
CareSource 888-460-0185; TTY 800-735-2900 caresourcehealthplan.com	CareSource Silver (HMO)*	H3810-006	HMO	N/A	\$0.00	\$3,400	\$300	N/A	N/A
	CareSource Silver Plus Rx (HMO)*	H3810-007	HMO	\$80.50	N/A	\$3,400	\$300	\$0	\$52.40
	CareSource Gold (HMO)*	H3810-001	HMO	N/A	\$79.00	\$2,000	\$0	N/A	N/A
	CareSource Gold Plus Rx (HMO)*	H3810-003	HMO	\$148.70	N/A	\$2,000	\$0	\$0	\$120.10
	CareSource Bronze Rx (HMO)*	H3810-019	HMO	\$34.80	N/A	\$3,400	OM ded applies	\$310	\$0.00
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Health Net Aqua South (PPO)	H5520-003	PPO	N/A	\$49.00	\$2,500	\$150	N/A	N/A
	Health Net Violet Option 1 South (PPO)	H5520-004	PPO	\$99.00	N/A	\$2,700	\$225	\$0	\$64.20
	Health Net Violet Option 2 South (PPO)	H5520-006	PPO	\$0.00	N/A	\$3,400	\$345	\$0	\$0.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Douglas County, continued									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
*Available only in Glendale and Azalea									
Grant, Lake, Sherman, and Wheeler counties									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials 2 (HMO)*	H3864-002	HMO	N/A	\$25.00	\$3,400	\$0	N/A	N/A
	PacificSource Medicare Essentials Rx 6 (HMO)*	H3864-006	HMO	\$126.00	N/A	\$3,400	\$0	\$0	\$91.20
	PacificSource Medicare Essentials Rx 14 (HMO)*	H3864-014	HMO	\$88.00	N/A	\$3,400	\$0	\$0	\$53.20
	PacificSource Medicare Explorer Rx 1 (PPO)*	H4754-001	PPO	\$103.00	N/A	\$3,400	\$0	\$0	\$68.20
*Available only in the following ZIP codes in Lake County: 97638, 97641, 97735, and 97739									

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Hood River County									
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-070 (PPO)	H6609-070	PPO	N/A	\$0.00	\$4,000	\$0	N/A	N/A
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	N/A	\$25.00	\$3,400	\$0	N/A	N/A
	PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	\$126.00	N/A	\$3,400	\$0	\$0	\$91.20
	PacificSource Medicare Essentials Rx 14 (HMO)	H3864-014	HMO	\$88.00	N/A	\$3,400	\$0	\$0	\$53.20
	PacificSource Medicare Explorer Rx 1 (PPO)	H4754-001	PPO	\$103.00	N/A	\$3,400	\$0	\$0	\$68.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Jackson and Josephine County									
CareOregon Advantage 888-712-3258; TTY 800-735-2900 careoregonadvantage.org	CareOregon Advantage Star HMO-POS	H5859-003	HMO-POS	\$34.80	N/A	\$6,700	\$100 Inpatient Hospital only	\$310 Tier 3 Brand Name only	\$0.00
CareSource 888-460-0185; TTY 800-735-2900 caresourcehealthplan.com	CareSource Silver (HMO)	H3810-006	HMO	N/A	\$0.00	\$3,400	\$300	N/A	N/A
	CareSource Silver Plus Rx (HMO)	H3810-007	HMO	\$80.50	N/A	\$3,400	\$300	\$0	\$52.40
	CareSource Gold (HMO)	H3810-001	HMO	N/A	\$79.00	\$2,000	\$0	N/A	N/A
	CareSource Gold Plus Rx (HMO)	H3810-003	HMO	\$148.70	N/A	\$2,000	\$0	\$0	\$120.10
	CareSource Bronze Rx (HMO)	H3810-019	HMO	\$34.80	N/A	\$3,400	OM ded applies	\$310	\$0.00
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Health Net Aqua South (PPO)	H5520-003	PPO	N/A	\$49.00	\$2,500	\$150	N/A	N/A
	Health Net Violet Option 1 South (PPO)	H5520-004	PPO	\$99.00	N/A	\$2,700	\$225	\$0	\$64.20
	Health Net Violet Option 2 South (PPO)	H5520-006	PPO	\$0.00	N/A	\$3,400	\$345	\$0	\$0.00
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Klamath County									
ATRIO Health Plans 877-672-8620; TTY 800-735-2900 atriohp.com	Bronze Rx (Basin) (PPO)	H6743-001	PPO	\$22.00	N/A	\$3,400	\$185	\$0	\$8.90
	Bronze (PPO)	H6743-006	PPO	N/A	\$0.00	\$3,400	\$185	N/A	N/A
	Silver	H6743-002	PPO	N/A	\$49.00	\$3,200	\$50	N/A	N/A
	Silver Rx	H6743-003	PPO	\$99.00	N/A	\$3,200	\$50	\$150	\$66.80
	Gold Rx (PPO)	H6743-004	PPO	\$157.00	N/A	\$2,500	\$0	\$0	\$122.20
	Platinum Rx (PPO)	H6743-005	PPO	\$210.00	N/A	\$1,300	\$0	\$0	\$175.20
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials 2 (HMO)*	H3864-002	HMO	N/A	\$25.00	\$3,400	\$0	N/A	N/A
	PacificSource Medicare Essentials Rx 6 (HMO)*	H3864-006	HMO	\$126.00	N/A	\$3,400	\$0	\$0	\$91.20
	PacificSource Medicare Essentials Rx 14 (HMO)*	H3864-014	HMO	\$88.00	N/A	\$3,400	\$0	\$0	\$53.20
	PacificSource Medicare Explorer Rx 1 (PPO)*	H4754-001	PPO	\$103.00	N/A	\$3,400	\$0	\$0	\$68.20
*Available only in the following ZIP codes in Klamath County: 97731, 97733, 97737, and 97739									

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Lane County									
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Ruby	H6815-001	HMO	\$0.00	N/A	\$2,500	\$0	\$0	\$0.00
	Health Net Jade (HMO SNP)	H6815-002	SNP	\$0.00	N/A	\$3,200	\$0	\$0	\$0
	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option 1 North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option 2 North (PPO)	H5520-012-001	PPO	\$0.00	N/A	\$3,400	\$345	\$0	\$0.00
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637 TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials Rx 15 (HMO)	H3864-015	HMO	\$0.00	N/A	\$3,000	\$0	\$0	\$0.00
	PacificSource Medicare Explorer Rx 4 (PPO)	H4754-004	PPO	\$106.00	N/A	\$2,500	\$0	\$0	\$71.90
	PacificSource Medicare Explorer 5 (PPO)	H4754-005	PPO	N/A	\$59.00	\$2,500	\$0	N/A	N/A
Providence Health Plan 800-457-6064; TTY 771 providencehealthplan.com	Providence Medicare Choice	H9047-035	HMO-POS	N/A	\$28.00	\$3,000	\$0	N/A	N/A
	Providence Medicare Choice + Rx	H9047-024	HMO-POS	\$61.00	N/A	\$3,000	\$0	\$0	\$26.50
	Providence Medicare Extra	H9047-033	HMO	N/A	\$92.00	\$2,500	\$0	N/A	N/A
	Providence Medicare Extra + Rx	H9047-001	HMO	\$137.00	N/A	\$2,500	\$0	\$0	\$102.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Lane County, continued									
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
Trillium Community Health Plan 800-910-3906; TTY 866-279-9750 trilliumadvantage.com	Trillium Advantage (HMO)	H2174-004	HMO	N/A	\$44.00	\$3,400	\$0	N/A	N/A
	Trillium Advantage Rx Smart (HMO)	H2174-008	HMO	\$58.00	N/A	\$3,400	\$0	\$125 (tier 4 & 5 only)	\$23.20
	Trillium Advantage Pioneer (PPO)	H6951-001	PPO	N/A	\$0.00	\$3,400	\$300	N/A	N/A
	Trillium Advantage Pioneer Rx (PPO)	H6951-002	PPO	\$51.00	N/A	\$3,400	\$300	\$125 (tier 4 & 5 only)	\$16.20
	Trillium Advantage Voyager Rx (PPO)	H6951-003	PPO	\$93.00	N/A	\$2,500	\$0	\$0	\$58.20
UnitedHealth Group 800-547-5514 AARPMedicarePlans.com	AARP MedicareComplete Plan 1 (HMO)	H3805-007	HMO	\$49.00	N/A	\$3,750	\$0	\$0	\$33.40
	AARP MedicareComplete Plan 2 (HMO)	H3805-013	HMO	\$0.00	\$0.00	\$4,500	\$0	\$0	\$0.00
	AARP MedicareComplete Choice (PPO)	H3812-001	PPO	\$0.00	\$0.00	\$4,900	\$0	\$0	\$0.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Lincoln County									
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-070 (PPO)	H6609-070	PPO	N/A	\$0.00	\$4,000	\$0	N/A	N/A
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
Samaritan Advantage Health Plan 800-832-4580 samhealth.org/SHPlans	Samaritan Advantage Conventional Plan (HMO)	H3811-001	HMO	N/A	\$72.00	\$3,400	\$0	N/A	N/A
	Samaritan Advantage Premier Plan (HMO)	H3811-002	HMO	\$105.00	N/A	\$3,400	\$0	\$0	\$70.20
	Samaritan Advantage Premier Plan Plus (HMO)	H3811-009	HMO	\$135.00	N/A	\$3,400	\$0	\$0	\$100.20
Malheur County									
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-009 (PPO)	H6609-009	PPO	\$50.00	N/A	\$4,800	\$0	\$0	\$19.80
	HumanaChoice H6609-012 (PPO)	H6609-012	PPO	N/A	\$0.00	\$3,600	\$0	N/A	N/A
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Marion County									
ATRIO Health Plans 877-672-8620; TTY 800-735-2900 atriohp.com	Bronze (Willamette) (PPO)	H7006-006	PPO	N/A	\$0.00	\$3,400	\$185	N/A	N/A
	Bronze Rx (Willamette) (PPO)	H7006-005	PPO	\$17.00	N/A	\$3,400	\$295	\$0	\$17.00
	Silver (Willamette) (PPO)	H7006-004	PPO	N/A	\$44.00	\$3,400	\$50	N/A	N/A
	Silver Rx (Willamette) (PPO)	H7006-003	PPO	\$81.00	N/A	\$3,400	\$50	\$150	\$46.20
	Gold Rx (Willamette) (PPO)	H7006-001	PPO	\$121.00	N/A	\$2,500	\$0	\$0	\$86.20
CareOregon Advantage 888-712-3258; TTY 800-735-2900 careoregonadvantage.org	CareOregon Advantage Star HMO-POS	H5859-003	HMO-POS	\$34.80	N/A	\$6,700	\$100 Inpatient Hospital only	\$310 Tier 3 Brand Name only	\$0.00
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Ruby	H6815-001	HMO	\$0.00	N/A	\$2,500	\$0	\$0	\$0.00
	Health Net Jade (HMO SNP)	H6815-002	SNP	\$0.00	N/A	\$3,200	\$0	\$0	\$0
	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option 1 North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option 2 North (PPO)	H5520-012-003	PPO	\$19.00	N/A	\$3,400	\$345	\$0	\$0.00
Kaiser Permanente 877-408-3496; TTY 711 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	H9003-001	HMO	\$109.00	N/A	\$2,500	\$0	\$0 ¹	\$81.80
	Kaiser Permanente Senior Advantage Basic (HMO)	H9003-006	HMO	\$39.00	N/A	\$4,900	\$0	\$0 ¹	\$39.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Marion County, continued									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Salem Health Medicare, powered by Moda Health (PPO)	H3813-004	PPO	\$88.00	N/A	\$2,500	\$0	\$0	\$53.20
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Providence Health Plan 800-457-6064; TTY 771 providencehealthplan.com	Providence Medicare Choice	H9047-035	HMO-POS	N/A	\$28.00	\$3,000	\$0	N/A	N/A
	Providence Medicare Choice + Rx	H9047-024	HMO-POS	\$61.00	N/A	\$3,000	\$0	\$0	\$26.50
	Providence Medicare Extra	H9047-033	HMO	N/A	\$92.00	\$2,500	\$0	N/A	N/A
	Providence Medicare Extra + Rx	H9047-001	HMO	\$137.00	N/A	\$2,500	\$0	\$0	\$102.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence BlueAdvantage HMO (HMO)	H6237 - 002	HMO	\$19.00	N/A	\$3,400	\$0	\$200 ²	\$0.00
	Regence MedAdvantage Basic (PPO)	H3817 - 001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817 - 002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817 - 003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
UnitedHealth Group 800-547-5514 AARPMedicarePlans.com	AARP MedicareComplete Plan 1 (HMO)	H3805-001	HMO	\$55.00	N/A	\$3,500	\$0	\$0	\$42.60
	AARP MedicareComplete Plan 2 (HMO)	H3805-012	HMO	\$0.00	\$0.00	\$4,500	\$0	\$0	\$0.00
	AARP MedicareComplete Choice (PPO)	H3812-001	PPO	\$0.00	\$0.00	\$4,900	\$0	\$0	\$0.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Morrow and Umatilla counties									
FamilyCare Health Plans, Inc. 866-225-2273; TTY 800-735-2900 familycareinc.org	FamilyCare MyPlan A (HMO)	H3818-003	HMO	\$80.00	N/A	\$3,400	\$50	\$200 except tier 1	\$46.00
	FamilyCare MyPlan E (HMO)	H3818-014	HMO	\$143.00	N/A	\$3,400	\$50	\$100 except tier 1	\$108.20
	FamilyCare MyPlan R (HMO)	H3818-004	HMO	N/A	\$60.00	\$3,400	\$50	N/A	N/A
	FamilyCare MyPlan S (HMO)	H0840-002	PPO	N/A	\$20.00	\$3,400	\$300	N/A	N/A
	FamilyCare MyPlan S + Rx (HMO)	H0840-001	PPO	\$59.00	N/A	\$3,400	\$320	\$100 except tier 1	\$25.00
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20

Beware of advertising that promises Medicare will pay for certain care or devices.

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Polk County									
ATRIO Health Plans 877-672-8620; TTY 800-735-2900 atriohp.com	Bronze (Willamette) (PPO)	H7006-006	PPO	N/A	\$0.00	\$3,400	\$185	N/A	N/A
	Bronze Rx (Willamette) (PPO)	H7006-005	PPO	\$17.00	N/A	\$3,400	\$295	\$0	\$17.00
	Silver (Willamette) (PPO)	H7006-004	PPO	N/A	\$44.00	\$3,400	\$50	N/A	N/A
	Silver Rx (Willamette) (PPO)	H7006-003	PPO	\$81.00	N/A	\$3,400	\$50	\$150	\$46.20
	Gold Rx (Willamette) (PPO)	H7006-001	PPO	\$121.00	N/A	\$2,500	\$0	\$0	\$86.20
CareOregon Advantage 888-712-3258; TTY 800-735-2900 careoregonadvantage.org	CareOregon Advantage Star HMO-POS	H5859-003	HMO-POS	\$34.80	N/A	\$6,700	\$100 Inpatient Hospital only	\$310 Tier 3 Brand Name only	\$0.00
Health Net. 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Ruby	H6815-001	HMO	\$0.00	N/A	\$2,500	\$0	\$0	\$0.00
	Health Net Jade (HMO SNP)	H6815-002	SNP	\$0.00	N/A	\$3,200	\$0	\$0	\$0
	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option 1 North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option 2 North (PPO)	H5520-012-003	PPO	\$19.00	N/A	\$3,400	\$345	\$0	\$0.00
Humana Ins. Co. 800-833-2364 humana-medicare.com	HumanaChoice H6609-070 (PPO)	H6609-070	PPO	N/A	\$0.00	\$4,000	\$0	N/A	N/A
	HumanaChoice H6609-073 (PPO)	H6609-073	PPO	\$205.00	N/A	\$6,700	\$0	\$310	\$171.20

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Polk County, continued									
Kaiser Permanente 877-408-3496; TTY 711 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	H9003-001	HMO	\$109.00	N/A	\$2,500	\$0	\$0 ¹	\$81.80
	Kaiser Permanente Senior Advantage Basic (HMO)	H9003-006	HMO	\$39.00	N/A	\$4,900	\$0	\$0 ¹	\$39.00
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Salem Health Medicare, powered by Moda Health (PPO)	H3813-004	PPO	\$88.00	N/A	\$2,500	\$0	\$0	\$53.20
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Providence Health Plan 800-457-6064; TTY 771 providencehealthplan.com	Providence Medicare Choice	H9047-035	HMO-POS	N/A	\$28.00	\$3,000	\$0	N/A	N/A
	Providence Medicare Choice + Rx	H9047-024	HMO-POS	\$61.00	N/A	\$3,000	\$0	\$0	\$26.50
	Providence Medicare Extra	H9047-033	HMO	N/A	\$92.00	\$2,500	\$0	N/A	N/A
	Providence Medicare Extra + Rx	H9047-001	HMO	\$137.00	N/A	\$2,500	\$0	\$0	\$102.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence BlueAdvantage HMO (HMO)	H6237-002	HMO	\$19.00	N/A	\$3,400	\$0	\$200 ²	\$0.00
	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
UnitedHealth Group 800-547-5514 AARPMedicarePlans.com	AARP MedicareComplete Plan 1 (HMO)	H3805-001	HMO	\$55.00	N/A	\$3,500	\$0	\$0	\$42.60
	AARP MedicareComplete Plan 2 (HMO)	H3805-012	HMO	\$0.00	\$0.00	\$4,500	\$0	\$0	\$0.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Tillamook County									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
Yamhill County									
Health Net 800-949-6165; TTY 800-929-9955 healthnet.com/medicare	Ruby	H6815-001	HMO	\$0.00	N/A	\$2,500	\$0	\$0	\$0.00
	Health Net Jade (HMO SNP)	H6815-002	SNP	\$0.00	N/A	\$3,200	\$0	\$0	\$0
	Health Net Aqua North (PPO)	H5520-001	PPO	N/A	\$45.00	\$2,500	\$125	\$0	N/A
	Health Net Violet Option 1 North (PPO)	H5520-002	PPO	\$109.00	N/A	\$2,700	\$225	\$0	\$74.20
	Health Net Healthy Heart (PPO)	H5520-009	PPO	\$199.00	N/A	\$2,000	\$175	\$0	\$164.20
	Health Net Violet Option 2 North (PPO)	H5520-012-002	PPO	\$0.00	N/A	\$6,000	\$345	\$0	\$0.00
Kaiser Permanente 877-408-3496; TTY 711 kp.org/medicare	Kaiser Permanente Senior Advantage (HMO)	H9003-001	HMO	\$109.00	N/A	\$2,500	\$0	\$0 ¹	\$81.80
	Kaiser Permanente Senior Advantage Basic (HMO)	H9003-006	HMO	\$39.00	N/A	\$4,900	\$0	\$0 ¹	\$39.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Yamhill County, continued									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
Providence Health Plan 800-457-6064; TTY 771 providencehealthplan.com	Providence Medicare Choice	H9047-035	HMO-POS	N/A	\$28.00	\$3,000	\$0	N/A	N/A
	Providence Medicare Choice + Rx	H9047-024	HMO-POS	\$61.00	N/A	\$3,000	\$0	\$0	\$26.50
	Providence Medicare Extra	H9047-033	HMO	N/A	\$92.00	\$2,500	\$0	N/A	N/A
	Providence Medicare Extra + Rx	H9047-001	HMO	\$137.00	N/A	\$2,500	\$0	\$0	\$102.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20
UnitedHealth Group 800-547-5514 AARPMedicarePlans.com	AARP MedicareComplete Choice (PPO)	H3812-001	PPO	\$0.00	\$0.00	\$4,900	\$0	\$0	\$0.00

CONTENTS

Medicare Advantage plans, continued

* denotes partial county, ¹Generic coverage in the gap, ²Brands only

Company	Plan Name	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	Max out-of-pocket	Health Plan deductible	Part D (drug plan) deductible	Premium with 100% Extra Help
Wasco County									
Moda Health Plan, Inc. 877-299-9062 modahealth.com/medicare	Moda Health PPO	H3813-001	PPO	N/A	\$67.00	\$3,400	\$50	N/A	N/A
	Moda Health PPORX (PPO)	H3813-006	PPO	\$82.00	N/A	\$3,400	\$150	\$120	\$47.20
PacificSource Medicare 888-863-3637; TTY 800-735-2900 medicare.pacificsource.com	PacificSource Medicare Essentials 2 (HMO)	H3864-002	HMO	N/A	\$25.00	\$3,400	\$0	N/A	N/A
	PacificSource Medicare Essentials Rx 6 (HMO)	H3864-006	HMO	\$126.00	N/A	\$3,400	\$0	\$0	\$91.20
	PacificSource Medicare Essentials Rx 14 (HMO)	H3864-014	HMO	\$88.00	N/A	\$3,400	\$0	\$0	\$53.20
	PacificSource Medicare Explorer Rx 1 (PPO)	H4754-001	PPO	\$103.00	N/A	\$3,400	\$0	\$0	\$68.20
Regence BlueCross BlueShield of Oregon 888-734-3623 regence.com/medicare	Regence MedAdvantage Basic (PPO)	H3817-001	PPO	N/A	\$49.00	\$3,400	\$0	N/A	N/A
	Regence MedAdvantage + Rx Classic (PPO)	H3817-002	PPO	\$66.00	N/A	\$3,400	\$50	\$205	\$31.20
	Regence MedAdvantage + Rx Enhanced (PPO)	H3817-003	PPO	\$178.00	N/A	\$2,500	\$0	\$0	\$143.20

Remember, Medicare doesn't call or visit to sell you anything.

Glossary

ABN (Advance Beneficiary Notice) – A notice given to Medicare beneficiaries indicating the cost of an item or service that may not be covered by Medicare.

AEP (annual enrollment period) – A period of time from Oct. 15 to Dec. 7 in which Medicare beneficiaries may join or disenroll from Part D prescription drug coverage or a Medicare Advantage plan. Changes usually become effective Jan. 1. *Also known as Fall Open Enrollment*

Alternative care – A variety of therapeutic or preventive health care practices, such as homeopathy, naturopathy, chiropractic, and herbal medicine, that may not follow generally accepted medical methods and may not have a scientific explanation for their effectiveness.

Assignment – A method of payment under Medicare Part B. The doctor agrees to accept the amount of the Medicare-approved charge as full payment.

Attained age – Insurance policies whose premiums increase based on the age of the insured.

Beneficiary – A person who is receiving payments for medical services through an insurance company.

Benefit period – The period for which benefits are payable. In Original Medicare Part A, for example, the benefit period begins on the first day of hospitalization and ends when the beneficiary has been out of the hospital or associated skilled nursing facility for 60 consecutive days.

Benefits – Covered items under an insurance plan, also referred to as coverage.

Catastrophic coverage – The highest amount of money paid out of pocket before a health plan pays the majority of or all co-payment amounts.

Chronic – Long-lasting and recurrent condition or characterized by long suffering. A chronically ill person is not expected to recover or get much better.

Claim – A request for payment of medical services under the terms of an insurance policy, usually made by either a provider or an insured person.

CMS (Centers for Medicare and Medicaid Services) – The division of the Department of Health and Human Services that administers the Medicare and Medicaid programs.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – A law that mandates an insurance program to provide employees the ability to continue health insurance coverage after employment ends.

Co-insurance – A fixed percentage paid per service received or prescription filled.

Community rating – A rating method that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

Co-payment or co-pay – A fixed dollar amount paid per service received or prescription filled.

Coverage Gap – The stage in Medicare prescription drug coverage when a higher portion of drug costs are paid by the beneficiary. *Also known as the donut hole.*

Creditable coverage – Prescription drug insurance that is determined to be as good as or better than coverage through a Medicare plan.

Crossover claim participant – A Medigap company that has claims electronically submitted to it directly from Medicare. This eliminates the need for the beneficiary to submit claims to a secondary payer.

Deductible – A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services before Medicare or the insurance policy begins paying.

DHS (Department of Human Services) – The state agency that houses Aging and People with Disabilities and other assistance programs.

Diagnostic tests – Tests ordered by a physician to provide information that assists in making a diagnosis when symptoms are present.

Disenrollment – Cancellation of an individual's enrollment in a health plan.

Donut hole – See *Coverage Gap*.

DME (durable medical equipment) – Equipment that is medically necessary and prescribed by a doctor for use in the home, such as oxygen equipment, wheelchairs, and other medically necessary equipment.

DMEPOS (durable medical equipment prosthetics orthotics and supplies) – See *DME*.

Effective date – The date upon which an insurance policy is in effect and coverage begins.

EFT (electronic funds transfer) – The transfer of funds from one account to another by computer. *Also known as AFT (automatic funds transfer).*

EGHP (Employer Group Health Plan) – Health insurance or benefit plan offered through an employer.

Election period – The period during which an eligible person may join or leave Original Medicare, a Medicare Advantage plan, or a Prescription Drug Plan.

Equitable relief – Federal employees are required to give adequate and accurate information. If the inadequate or inaccurate information received caused harm (benefits delayed or penalty incurred), and the client has documented the contact, then the agency is required to make the client whole under the Equitable Relief provision.

Enrollee – A person eligible and receiving benefits from an insurance plan or managed care organization. Also called “member” when referring to Medicare Advantage plans.

EOC (evidence of coverage) – The insurance plan document that gives details about what the plan covers, how much you pay, and more. *Also known as a Certificate of Benefits.*

ESRD (end-stage renal disease) – A medical condition in which a person’s kidneys no longer function, requiring dialysis or a kidney transplant to maintain life.

Excess charge – The difference between the Medicare-approved amount and the limiting charge, which cannot exceed 15 percent more than the Medicare-approved amount. *Also known as a limiting charge.*

Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as

premiums, deductibles, and co-insurance. *Also known as LIS.*

Fall open enrollment period – Another name for annual enrollment period (Oct. 15 – Dec. 7). *See AEP.*

Fee-for-service – Original Medicare is a fee-for-service system of payment for health care providers. An approved amount for each medical service provided is billed for (office visits, tests, or procedures) as the provider deems is medically necessary for the beneficiary.

Formulary – A list of prescription drugs covered by an insurance plan.

GEP (general enrollment period) – The period from Jan. 1 through March 31 of each year during which people can enroll in Medicare Part A or Part B, if they did not do so when they were first eligible. They can also re-enroll if they suspended their Part A or Part B benefits. Coverage takes effect July 1.

GI (guaranteed issue) – Rights you have in situations when the law requires insurance companies to sell you a Medigap policy. In these situations, an insurance company cannot deny you a policy for pre-existing conditions, and cannot charge you more for a policy because of past or present health conditions.

HMO (Health Maintenance Organization) – A Medicare Advantage plan where a member must receive care provided through the plan’s network of providers. The member may have to get referrals for specialists through a primary care physician.

IEP (initial enrollment period) – A seven-month period of time that surrounds a Medicare beneficiary’s 65th birthday (qualifying month); three months before, the month of, and three months after.

Inpatient care – Care given an admitted patient while in a hospital, nursing home, or other medical or post acute institution.

Institutional care – Care provided in a hospital, skilled or intermediate nursing home, or other state facility certified or licensed by the state primarily affording diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services.

Issue age – Insurance policies whose premiums are based on your age when purchased. Premiums will not increase due to an increase in age; however, premiums may increase for other reasons.

Late enrollment penalty – An amount added to your monthly premium for Medicare Part B or Part D if beneficiaries do not join when they are first eligible. The penalty remains in place as long as the beneficiary has Medicare, with a few exceptions.

Lifetime reserve days – The beneficiary is entitled to 60 additional reserve days after Medicare provides 90 days of benefits for hospitalization. These days are not renewable.

Limiting charge – See *Excess Charge*.

LIS (Low or Limited Income Subsidy) – The LIS program is operated by the Social Security Administration and provides Extra Help with prescription drug costs for individuals who meet the income and asset requirements. See *Extra Help*.

Lookback – See *Waiting Period*.

LTC (long-term care) – A general term that includes a wide range of services that address the health, medical, personal, and social needs of people with chronic or prolonged illnesses, disabilities, and cognitive disorders (such as Alzheimer's). The delivery of LTC services can include skilled nursing care in a nursing home, in-home health and personal care, assisted living, adult day care facilities, and other options. Medicare does not cover LTC.

MA (Medicare Advantage) – Medicare Advantage plans offer your Medicare benefits through private companies that manage your care. Medicare pays the companies a set amount per person plus you pay a share of the costs through co-pays, co-insurance, deductibles and premiums. *Also known as managed care, Part C or Medicare+Choice.*

MADP (Medicare Advantage Disenrollment Period) – The period from Jan. 1 to Feb. 14 when you have one action to cancel your Medicare Advantage enrollment. If you want prescription drug coverage, that one action would be to enroll in a prescription drug plan (PDP), which would automatically disenroll you from your Medicare Advantage plan and switch you to Original Medicare (Parts A and B only).

MAPD (Medicare Advantage with Prescription Drug Coverage) – Medicare Advantage plan that includes a Part D plan.

Medicaid – A federal-state partnership designed to ensure that America's aged, sick, and impoverished are cared for. This program is a safety net that provides aid in the form of medical services to low income people who fall below the state-established poverty line. There are strict income and asset guidelines used to qualify people for Medicaid. Administered in Oregon by DHS. *Also known as Medicare Savings Program, M.A. (Medical Assistance), or Title 19 (XIX).*

Medically necessary – Services or supplies needed for the diagnosis or treatment of a medical condition and that meet accepted standards of medical practice. *Also known as Reasonable and Necessary.*

MOOP (maximum out of pocket) – The maximum amount of money for medical cost share of deductible, co-pay, and co-insurance the MA plan member would have to pay in a calendar year.

MSP (Medicare Savings Program) – A federal-state partnership program that provides financial assistance to Medicare beneficiaries with the out-of-pocket costs associated with Medicare.

Original Medicare – Part A and Part B of Medicare.

PDP (Prescription Drug Plan) – Prescription drug coverage that adds to Original Medicare, it can be a stand-alone plan or a part of a Medicare Advantage plan. Also known as Part D.

PFFS (private fee for service) – A type of Medicare Health Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and what you will pay for the services you receive. You may pay more or less for Medicare-covered benefits. You may have extra benefits Original Medicare does not cover.

POS (point of service) – An option that is available with some HMO plans that allow the beneficiary to use doctors and hospitals outside the plan for an additional cost.

PPO (Preferred Provider Organization) – A type of Medicare Advantage Plan in which the beneficiaries pay less if they use doctors, hospitals, and providers that belong to the network. If they use doctors, hospitals, and providers outside of the network, there could be higher cost to the beneficiary.

Pre-existing condition – A medical condition diagnosed, treated, or needing treatment before the purchase of an insurance policy.

Preferred drug list – See *Formulary*.

Premium – The monthly charge for insurance plans.

Prescription drug – A drug that must have a health care provider's written order (prescription) in order to be dispensed.

Preventive (preventative) care – Health care that is intended to keep people from becoming ill (e.g., checkups, mammograms, immunizations, and screening tests).

Prior authorization – One of three restrictions allowed on Medicare Part D plans. Prior approval is required from the insurance plan before the prescription can be filled. If a drug has a prior authorization, you will need to work with the plan and the prescribing doctor to obtain approval before the pharmacy can dispense that medication under your plans coverage benefit. Go to the plan's website to identify the specific requirements and forms needed.

Provider – The doctor, hospital, home health agency, hospice, nursing facility, or therapist that delivers health services.

QMB (Qualified Medicare Beneficiary) – A federal-state partnership Medicare Savings Program (MSP) that provides financial assistance with paying the Medicare Part B premium as well as Medicare Parts A & B deductibles and co-insurances. Eligibility is determined by local Aging and Disability offices based on income and assets.

Quantity limits – For safety and cost reasons, plans may limit the quantity of covered drugs over a certain period of time. If the drug has a quantity limit restriction, contact the plan for more details. If you take one pill per day and the drug has a 30-day/month quantity limit, the impact will be minimal (i.e., you may not be able to refill the

prescription until a few days before running out of pills). If you currently take two pills per day and the quantity limit is 30 pills per month, you need to work with the plan to get authorization for the higher quantity.

Referral – A written order from your primary care doctor to see a specialist or get certain medical services. In many HMOs, the beneficiary needs to get a referral before he or she can get medical care from anyone except the primary care physician. If a referral is not obtained before the visit the claim may not be paid for the services.

Reserve days – See *Lifetime Reserve Days*.

Restrictions – Limitations placed on access to drugs on Medicare Part D plans. The three restrictions are prior authorization, step therapy and quantity limits.

Rx – An abbreviation for prescription.

Screening tests – Tests used to try to detect a disease when there is little or no evidence of a suspected disease.

SEP (special enrollment period) – A period of time that provides an opportunity to join or leave a plan outside regular enrollment periods.

Service area – The specified area that an insurance plan has agreed to cover.

SHIBA (Senior Health Insurance Benefits Assistance) – A program that uses a statewide network of trained volunteers who educate, assist, and advocate for Medicare beneficiaries about their rights and options regarding health insurance so they can make informed choices.

SHIP (State Health Insurance Assistance Program) – A nationwide state-based program that offers local one-on-one counseling and assistance to people with Medicare and their families. Through CMS-funded grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. SHIBA is Oregon's SHIP.

Skilled care – Care for an illness or injury that requires the training and skills of a licensed professional nurse, by physician prescription, and is medically necessary for the condition or illness of the patient.

SMB/SMF (Specified Low-Income Beneficiary)

– A federal-state partnership Medicare Savings Program (MSP) that provides financial assistance with paying the Medicare Part B premium. Eligibility is determined by local Aging and People with Disabilities offices based on income and assets.

SMP (Senior Medicare Patrol) – A national volunteer network dedicated to informing seniors about health care fraud, error and abuse, and resolving complaints.

SNF (skilled nursing facility) – A facility at which medically necessary (prescribed) care is provided by licensed health-care professionals.

SNP (special needs plan) – Private insurance plans that provide Medicare benefits, including drug coverage, to people eligible for Medicare and Medicaid, those living in certain LTC facilities, and those with severe chronic or disabling conditions who may qualify to join.

Specialist – The physician who provides expertise and care in a particular area (e.g., surgeon, oncologist, dermatologist, and allergist).

SSI (Supplemental Security Income) – Monthly amount paid by Social Security to people with limited income and resources who have disabilities, are blind, or age 65 or older with little or no income to meet basic needs for food, clothing, and shelter.

SSA (Social Security Administration) – A government agency responsible for the Social Security system.

SSDI (Social Security Disability Insurance) – Determined by Social Security, a monthly benefit for eligible people who are unable to work for a year or more due to a disability.

Stand-alone drug plan – See *PDP*.

Supplement insurance – Private health insurance designed to pay secondary after Medicare. *Also known as Medigap.*

Step therapy – In some cases, plans require you to first try one drug to treat your medical condition before they will cover a more expensive drug for that condition. For example, if Drug A and Drug B both treat your medical condition, a plan may require your doctor to prescribe Drug A first.

If Drug A does not work for you, then the plan will cover Drug B. If a drug has step therapy restrictions, you need to work with the plan and your doctor to obtain an exception.

Tier – Pricing levels associated with prescription drug plans. Each drug is assigned a tier depending on the type and cost of the drug. The lowest co-payment is for generics, followed by formulary brands.

Total drug costs – The total retail value for prescription medicines. It includes what the beneficiary pays and also what the drug plan pays.

TROOP (true out-of-pocket) costs – The total amount a beneficiary pays out-of-pocket plus 50 percent of brand-name drugs in a Part D plan.

TRICARE – A health insurance program offered by the Department of Defense to active duty military personnel.

TRICARE For Life – A health insurance program offered by the Department of Defense to retired military personnel.

TTY: (Teletypewriter) – Telecommunications relay service that provides voice telephone access to people who use TTYs. Specially trained relay agents complete calls and stay online to relay messages by TTY and verbally to hearing parties. This service is available 24 hours a day with no restrictions to the length or number of calls placed. *Also known as TDD (telecommunications for the deaf).*

Underwriting – The process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

Waiting period – The amount of time that must pass before benefits are paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

Resources and publications

You can request a free copy of these and other publications or view them on one of the websites listed.

SHIBA's five favorite CMS publications

1. *Who Pays First (02179)*
2. *Medicare Basics: A Guide for Families and Friends of People With Medicare (11034)*
3. *Choosing a Medigap Policy: A Guide for People with Medicare (02110)*
4. *Medicare Coverage of Kidney Dialysis and Transplant Services (10128)*
5. *Medicare Coverage of Diabetes and Supplies (11022)*

To order Medicare publications:

- Call 1-800-MEDICARE (800-633-4227)
- **Website:** medicare.gov

Oregon Insurance Division publications

- *Insurance Bill of Rights*
- *Consumer Guide to Health Insurance Rate Review in Oregon*

- *Health Insurance in Oregon 2013*
- *Life Insurance Buyer's Guide*
- *Buyer's Guide to Fixed Deferred Annuities*
- *Consumer Guide to Auto Insurance*
- *Consumer Guide to Homeowner and Tenant Insurance*
- *Insurance Advice for Oregon Consumers*
- *Long-Term Care Insurance: What You Should Know*
- *Shopper's Guide to long-term care insurance*
- *Preneed Funeral Plans and So-Called "Funeral Insurance"*
- *Your Rights When Purchasing Insurance and Annuities*
- *Do You Have Insurance Questions or Complaints? We Can Help*

To order insurance publications:

- Call 503-947-7984
Toll-free in Oregon: 888-877-4894
E-mail: dcbs.inmail@state.or.us
- Write to: **Publications**
Oregon Insurance Division
P.O. Box 14480, Salem, OR
97309-0405
- **Website:** oregoninsurance.org



LOCAL HELP FOR PEOPLE WITH MEDICARE



About SHIBA

The Senior Health Insurance Benefits Assistance (SHIBA) program is part of the Oregon Department of Consumer and Business Services (DCBS) Insurance Division. SHIBA is a statewide network of trained volunteers who provide one-on-one assistance to people with Medicare. SHIBA's goal is to help people make better decisions about health insurance by providing confidential and objective counseling.

Contact the Senior Health Insurance Benefits Assistance (SHIBA) program:

- To order free brochures
 - *Are You Ready for Medicare?*
 - *Free Help with Medicare Information and Prescription Drug Plans*
- To get free help filing claims, comparing Medicare Advantage plans, Medigap policies, and Prescription Drug Plans, or understanding long-term care insurance
- To become a SHIBA volunteer

Contact information:

- Toll-free in Oregon: 800-722-4134
Email: shiba.oregon@state.or.us
- **Website:** oregonshiba.org

About the Oregon Insurance Division

The Oregon Insurance Division provides the following services:

- Answers consumer questions about insurance
- Resolves consumer complaints about insurance companies or producers
- Investigates and penalizes companies and producers for violations of insurance law
- Monitors marketplace conduct of insurers
- Educates the public about insurance costs

Contact information:

- Toll-free in Oregon: 888-877-4894 or 503-947-7984
Email: dcbs.insmail@state.or.us
- **Website:** oregoninsurance.org

Extra website resources

Aging and Disability Resource Connection of Oregon (ADRC): adrcforegon.org

Medicare Rights Center: medicarerights.org

Benefits Checkup: benefitscheckup.org

Cover Oregon: coveroregon.com

Oregon Health Connect: 211info.org/HealthConnect



Oregon SHIBA

350 Winter St. NE, Rm. 330

P.O. Box 14480

Salem, Oregon 97309-0405

Website: oregonshiba.org

