

Consumer Guide to Medicare Supplement Insurance (Medigap) 2024



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Introduction

Welcome to Alaska’s 2024 Guide to Medicare Supplement Insurance for policies which were effective June 1, 2010, and later. It was developed collaboratively by the Department of Health and the Alaska Division of Insurance to assist Medicare beneficiaries, their caregivers, and families.

Within the Guide you will find:

- **MEDICARE an overview**
- **MEDICARE SUPPLEMENT INSURANCE an overview**
- **SHOPPING GUIDE**
- **ALASKAN RATE CHARTS**



The **Medicare Information Office** provides unbiased authoritative counseling and outreach on the Medicare program, Medicare Supplement Plans, and Prescription Drug Plans and is the State Health Insurance Program (SHIP). It is located within Senior

and Disabilities Services of the Alaska Department of Health and is available by telephone and in-person to assist Medicare recipients, family, or providers with questions about Medicare. The toll-free helpline is **1-800-478-6065** or in Anchorage (907) 269-3680. The Medicare Information Office also includes the Senior Medicare Patrol (SMP) which empowers seniors to prevent healthcare fraud.

To obtain a paper copy of this guide contact the Division of Insurance consumer services section toll free at 1-800-INSUR AK (1-800-467-8725) or in Anchorage at (907) 269-7900.

This guide is intended for use as a reference with, and in addition to, the publication “**2024 Guide to Choosing a Medigap Policy**” which can be found online at <http://www.medicare.gov> and is available by contacting Medicare at 1-800-MEDICARE (1-800-633-4227).

The Centers for Medicare and Medicaid Services (CMS) is the federal agency within the U.S. Department of Health and Human Services which administers Medicare. See <http://www.medicare.gov> for valuable information on Medicare and the handbook “**Medicare & You**” that gives detailed information on Medicare benefits, rights, and obligations.”

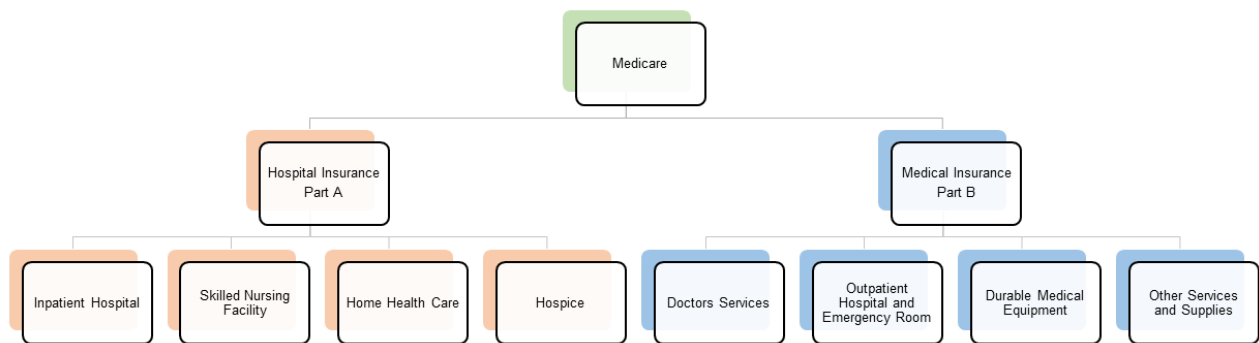
MEDICARE

Medicare Basics

Medicare is a federal health insurance program available to the following specific groups:

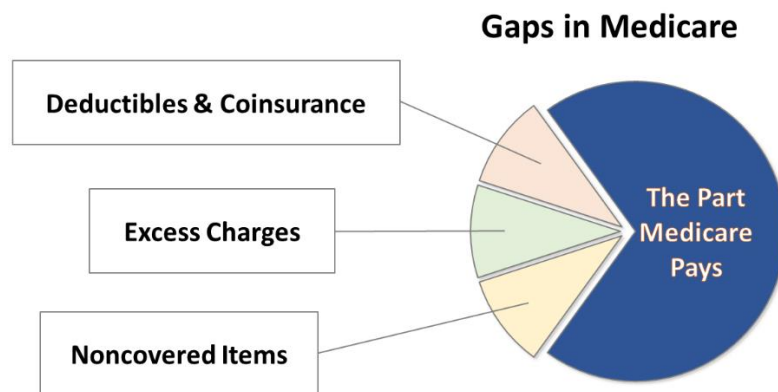
- ◆ People who are age 65 and older
- ◆ Those under age 65 who have been on Social Security disability for 24 months (no wait is required if diagnosed with ALS or Lou Gehrig's disease).
- ◆ Those who have end-stage renal disease (permanent kidney failure).

As shown below, Medicare is made up of Part A and Part B. Most people get Medicare Part A free. Everyone pays a monthly premium for Medicare Part B (see page 6).



Approval of covered services for Medicare benefits is usually based on what is **medically necessary**. The amounts paid for covered services are based on payment schedules set by Medicare. Under Part A, the health care providers are not allowed to charge more than what Medicare approves. Part B does allow “excess charges” for some services. The maximum excess charge allowed for most services is 15% more than Medicare's approved amount.

Medicare pays most of the health care costs, but significant gaps can leave large bills to pay.



The Medicare Benefit Chart on the next page shows Medicare's benefits and the amounts for which you are responsible.

Medicare Benefit Chart 2024

Part A Hospital Insurance - Covered Services

Hospital deductibles and coinsurance amounts change each year.

*Part A Deductible amount is **\$1,632 for 2024** per benefit period

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Hospitalization Semiprivate room, general nursing, mental health inpatient stay, misc. services	First 60 days	All but \$1,632*	\$1,632*
	61st to 90th day	All but \$408 per day	\$408 per day
	91st to 150th day (Lifetime Reserve Days)	All but \$816 per day	\$816 per day
	Beyond 150 days	Nothing	All-charges
Skilled Nursing Facility Care	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$204 per day	\$204 per day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Hospice Care for the terminally ill	As long as doctor certifies need	All but limited costs for drugs and respite care	Limited costs for drugs and respite care
Blood	Blood	All but first 3 pints	First 3 pints

Part B - Medical Insurance - Covered Services

Part B Deductible is **\$240 for 2024. This single deductible covers all Part B Services.

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Medical Expense Physician services and medical supplies	Medical services in and out of the hospital	80% of approved (after \$240 deductible**)	20% of approved (after \$240 deductible**) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after \$240 deductible**)	Coinsurance or copayment amount varies according to the service (after \$240 deductible**)
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Durable Medical Equipment (DME)	Prescribed by Dr. for use in home	80% of approved (after \$240 deductible**)	20% of approved (after \$240 deductible**) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

Your 2024 Part B Monthly Premium

If Your Yearly Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$103,000 or less	\$206,000 or less	\$174.70
\$103,001 - \$129,000	\$206,001 - \$258,000	\$244.60
\$129,001 - \$161,000	\$258,001 - \$322,000	\$349.40
\$161,001 - \$193,000	\$322,001 - \$386,000	\$454.20
\$193,001 - \$499,999	\$386,001 - \$749,999	\$559.00
\$500,000+	\$750,000+	\$594.00

MEDICARE SUPPLEMENT (MEDIGAP) INSURANCE

Supplementing Medicare

Medicare supplement insurance is also called “Medigap” or “MedSupp.” It is private insurance designed to fill gaps in Medicare coverage and is sold by several companies. This insurance is not sold by the government. People that are eligible for employer-provided insurance or Medicaid assisted programs usually do not need Medicare supplement insurance.

If you are enrolled in a Medicare Advantage plan, Medicare supplement policies do not pay benefits and are not needed. If you moved to Alaska with a Medicare Advantage plan, be sure to contact the plan about your benefits in Alaska and your rights to switch plans.

Only ONE Medicare supplement policy is needed!

Additionally, Medicare Supplement policies are **Guaranteed Renewable** if you bought it after December 1, 1990. That means the company cannot terminate your coverage unless you fail to pay the premium.

Plans

Insurance companies selling Medicare supplement policies in Alaska are limited to selling “**Standardized Policies.**” Beginning June 1, 2010, companies can only sell 10 plans identified by the letters A, B, C, D, F, G, K, L, M, and N. A company does not have to sell all 10 plans, but beginning in January 2020, every Medicare supplement company must sell Plan A (Basic Benefits only) along with Plan D or G. **An insurance company usually cannot add to or modify the benefits within these plans in any way.**

Companies must continue to allow people that purchased policies prior to June 1, 2010, to keep those policies. You **DO NOT** have to drop a policy purchased before that date.

High Deductible Plans

High-deductible Plan F has been available for many years, and, as of January 1, 2020, a **high-deductible version of Plan G is also available. For both the high-deductible versions of Plans F and G**, the benefit package is the same as the non-high-deductible versions. However, you pay annual expenses out-of-pocket for covered services up to a deductible amount before the policy pays benefits. The deductible is **\$2,800** for 2024 and will increase each year based on the Consumer Price Index. Also, starting January 1, 2020, Plans C, F, and High deductible F are only available to individuals who were eligible for Medicare before January 1, 2020.

Ten Standard Medicare Supplement Plans

Basic Benefits	Plan A	Plan B	Plan C ¹	Plan D	Plan F ^{1 & 2}	Plan G ²	Plan K	Plan L	Plan M	Plan N
Part A Hospital										
Day 61-90 Coinsurance	X	X	X	X	X	X	X	X	X	X
Day 91-150 Coinsurance (60 lifetime reserve days)	X	X	X	X	X	X	X	X	X	X
365 more days – 100%	X	X	X	X	X	X	X	X	X	X
Part A Hospice Coinsurance	X	X	X	X	X	X	50%	75%	X	X
Part B Coinsurance or Copay	X	X	X	X	X	X	50% ³	75% ³	X	X ⁵
Parts A and B – Blood	X	X	X	X	X	X	50%	75%	X	X
Additional Benefits	A	B	C ¹	D	F ^{1 & 2}	G ²	K	L	M	N
Skilled Nursing Facility Coinsurance Day 21-100			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X		X					
Part B Excess Charges					X	X				
Foreign Travel Emergency			80%	80%	80%	80%			80%	80%
Out-of-Pocket Annual Limit							\$7,060 ⁴	\$3,530 ⁴		

An “X” means that the Supplemental Policy pays 100% after the applicable deductible has been met. Otherwise, the % listed is the amount the Supplemental pays.

¹ Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

² Both Plan F and G have high deductible options. If you choose this option, you must pay for Medicare-covered costs up to the deductible amount of \$2,800 before your Medicare Supplement plan pays anything.

³ Plans K and L pay 100% of the Part B coinsurance for preventive services.

⁴ Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

⁵ Exceptions: You pay up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room copay will be waived if you are admitted to the hospital.

Open Enrollment

Every new Medicare recipient who is age 65 or older has a **guaranteed right to buy** a Medicare supplement policy during a **six-month “open enrollment.”** A company **cannot reject you** for any policy it sells, and it cannot charge you more than anyone else your age.

Your open enrollment period **starts** when you are age 65 or older and enroll in Medicare Part B for the first time. It **ends** six months later. If you apply for a policy after this open enrollment period, companies may refuse to provide you coverage because of health reasons.

If you are under 65 and have Medicare Part B coverage because of **disability per the Social Security Administration or end-stage renal disease**, you will not be eligible for an open enrollment period until **you become 65**.

Pre-Existing Conditions

A **waiting period** can apply before benefits are paid for pre-existing conditions even when you buy a policy during open enrollment. The maximum waiting period a company can require is **six months**.

You may **avoid a waiting period** for pre-existing conditions in these situations:

1. You are in your open enrollment period, and you apply for your Medicare supplement within **63 days** of the end of previous health insurance creditable coverage.
2. You **lose health care benefits** in certain situations, described on page 41, and you apply for the Medicare supplement policy within 63 days of the end of your previous coverage.
3. You apply for a Medicare supplement policy to **replace** one you have had for at least six months, and no gap occurs between the end of the old policy and the beginning of the new policy.

If previous health care coverage was for less than six months, you are given credit for the amount of time covered under the previous health benefit plan. If the new Medicare supplement insurance has benefits not included in the previous coverage, a six-month waiting period may apply for those additional benefits.

Guarantee Issue

Guarantee Issue rights for Medicare supplement insurance means that you have the right to buy a plan without being denied coverage or charged higher premiums due to your health status. These rights are time-limited and only available during specific situations, such as Open Enrollment. Additional circumstances that can trigger Guarantee Issue rights can be found on page 41 **Appendix A Guarantee Issue Without Open Enrollment**, along with a detailed table on these triggers and what specific plans must be made available to you.

STANDARD PLAN BENEFITS

BASIC BENEFITS (All Plans)

Part A Hospital (Per Benefit Period)

Benefit Period

A Benefit Period begins the first day of inpatient hospital care. It ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. **It is possible to have more than one benefit period per year.**

- ◆ **Days 1-60:** Medicare pays the hospital for all covered services except for the Part A Deductible. Basic Benefits **do not pay** the Part A Deductible.
- ◆ **Days 61-90: Basic Benefits** pay the daily coinsurance (see page 5 for the current amount). After 60 days of hospitalization in a “benefit period” (defined above), the policy pays the coinsurance and Medicare pays the rest. The first 90 days of Medicare coverage are available each time you begin a new benefit period.
- ◆ **Days 91-150 (Lifetime Reserve Days): Basic Benefits** pay the daily coinsurance (see page 5 for the current amount). “Lifetime Reserve Days” are available when a hospital stay extends beyond the first 90 days of a benefit period. The policy pays the coinsurance and Medicare pays the rest. Each lifetime reserve day is available only once in your lifetime.
- ◆ **Beyond 150 days: Basic Benefits** provide for 365 additional lifetime days. Each of these days is available only once in your lifetime. After Medicare's benefits are exhausted for one benefit period, the policy will pay 100% of billed charges for Medicare approved type services.

Part A Hospice Coinsurance

Hospice Care: Plans sold after June 1, 2010, now include coverage of coinsurance for all Part A eligible Hospice and respite care expenses. Most Plans pay 100% of these costs. See the above table for Plan K and Plan L variations.

Part B Medical Expenses

(Per Calendar Year)

Part B Medical Expenses coinsurance (or copayment): Basic Benefits pay after the annual Part B deductible has been met. For most Medicare Part B services, payments are based on the amount approved by Medicare. (If charges exceed the approved amount, Basic Benefits will not cover them. See “Part B Excess Charges” on page 13.)

Payments under this benefit:

- ✓ **Most medical services:** Medicare pays 80% of the approved amount.
 - Plans A-D, F, G, and M pay all of the 20% coinsurance.
 - Plan K pays 50% of the 20% coinsurance (all of the 20% coinsurance for preventative services).
 - Plan L pays 75% of the 20% coinsurance (all of the 20% coinsurance for preventative services).
 - Plan N you pay the lesser of \$20 or all of the coinsurance for each office visit (including visits to specialists); and the lesser of \$50 or all of the coinsurance for each emergency room visit. The emergency room copayment will be waived if you are admitted to the hospital.
- ✓ **Mental health outpatient treatment:** Medicare pays 80% of the approved amount.
 - Plans A-D, F, G, M, and N pay all of the 20% coinsurance.
 - Plan K pays 50% of the 20% coinsurance.
 - Plan L pays 75% of the 20% coinsurance.
- ✓ **Hospital Outpatient:**
 - Plans A-D, F, G, M, and N pay the Medicare determined copayment.
 - Plan K pays 50% of the Medicare determined copayment.
 - Plan L pays 75% of the Medicare determined copayment.

Parts A & B: Blood

Blood: Basic Benefits Most Plans combine with Medicare to cover blood expenses (except the \$240 Part B deductible) both in and out of the hospital. See the above table for Plan K and Plan L variations.

ADDITIONAL BENEFITS

(See table on page 8)

Skilled Nursing Facility Coinsurance

Plans C, D, F, G, K (50%), L (75%), M, & N

Medicare pays only when you are receiving **Medicare-approved skilled nursing care** in a **Medicare-approved facility**. The facility may be a nursing home, hospital area, or hospital “swing bed.”

Qualifying Requirements:

- ◆ A three-day prior inpatient hospital stay.
- ◆ Care in a Medicare-certified skilled nursing facility.
- ◆ Need for physician-certified **daily skilled care**, such as wound dressing, physical therapy, or tube feeding.

Medicare pays all eligible costs for the first 20 days. For days 21 through 100 Medicare pays all but a daily coinsurance (see page 5 for the current amount). The **Skilled Nursing Coinsurance Benefit** pays some or all of the coinsurance amount.

Medicare does not provide coverage beyond 100 days. Standardized Plans do not pay benefits beyond 100 days. Medicare only pays as long as you need daily skilled services. The average stay in skilled care is less than 30 days. This benefit pays only if you qualify for Medicare coverage. Most nursing home care in Alaska is intermediate or custodial, and neither Medicare nor standard Medicare supplement policies pay for these levels of care.

Part A Deductible

Plans B, C, D, F, G, K (50%), L (75%), M (50%), & N

Medicare requires that you pay a **deductible** when hospitalized (see page 5 for the current amount). The deductible amount can change each year. It is charged whenever you begin a new benefit period, which may occur more than once a year. Plans that include the **Part A Deductible Benefit** pay the **full or a percentage of the deductible amount** each time it is charged.

Part B Deductible

Plans C & F

Medicare has a \$240 (per calendar year) deductible for Part B covered services. The first \$240 of Medicare **approved** Part B charges each year is your responsibility. The **Part B Deductible Benefit** pays the **\$240 deductible**.

Part B Excess Charges

Plans F & G

The **Excess Charge Benefit** pays 100% of allowed excess charges. Most doctors and other health care providers accept Medicare assignment. That means they accept Medicare's approved amount as full payment. Some providers charge more than Medicare approves.

Excess Charges Have Limits:

Excess charges are the difference between what Medicare approves and any limits under the law. The maximum **limiting charge** for most Medicare Part B services is **15%** over the Medicare-approved amount. A few charges such as for durable medical equipment are NOT limited to 15%.

EXAMPLE

Limiting Charge	\$115*
Medicare Approved Amount	<u>\$100</u>
Excess Charges	\$ 15

*15% over the approved amount

Medicare pays \$80, the plan pays \$20.

The remaining \$15 is your responsibility unless your plan covers Excess Charges.

One way to control medical costs is to use doctors who **accept assignment**, meaning they only will bill the Medicare approved amount. If most of your doctors accept assignment, you may prefer to pay for excess charges yourself instead of paying additional insurance premiums for this benefit.

Foreign Travel Emergency

Plans C, D, F, G, M, & N

Medicare does NOT cover care received outside the U.S.

Plans include a **Foreign Travel Emergency Benefit** pay as follows:

- ◆ Only for **emergency** care that begins within 60 days of leaving the U.S.
- ◆ \$250 calendar year **deductible**
- ◆ 80% of billed charges will be paid for Medicare eligible expenses for medically necessary emergency hospital, physician, and medical care received in a foreign country
- ◆ \$50,000 **lifetime maximum**

Buying additional health travel insurance may be unnecessary when the “Foreign Travel Emergency” benefit is a part of your Medicare supplement policy.



**Out-of-Pocket
Annual Limit**

Plans K & L

The **Out-Of-Pocket Annual Limit Benefit** is an annual cap on out-of-pocket expenditures for Medicare Part A and B. These plans will provide full coverage of all Medicare Parts A and B deductibles, copayments, and coinsurance amounts after the beneficiary has paid out-of-pocket expenses of \$7,060 (Plan K) or \$3,530 (Plan L). Out-of-pocket expenses include Medicare Part A and Part B deductibles, copayment, and coinsurance amounts.

SHOPPING GUIDE

FIRST- PICK THE PLAN THAT SUITS YOU

Assess your needs. Review your own health profile and decide what benefits and services you are most likely to need. Determine which standard plan could be best for you. Then shop for the company from which to buy the plan. Make a careful comparison to avoid mistakes. If a poor decision is made, you may have more limited choices in the future.

Price Comparison

- ◆ **What are the premium differences between plans?**
In deciding which standard plan to choose, you will find tradeoffs of different benefits for different premium. Which balance best suits **your** needs and **your** budget?
- ◆ **What are the premium differences for the same plan?**
Premium amounts between different companies for the same plan can vary significantly.
- ◆ **Does the premium increase because of age?**
Normal increases occur because of claims paid and changes in Medicare deductibles and coinsurance. Most companies also increase premiums based on age. Check to see if the premium is based on age only at the time the policy is issued (issue age) or if it goes up as you get older (attained age). Compare premiums for your current age and for at least the next 10-15 years. A bargain today may be a burden later.
- ◆ **Are discounts available?**
Some companies charge different rates based on several factors such as gender, nonsmoker status, or your zip code. They may also give a discount if both you and your spouse buy a policy or if you pay through your bank automatically.

Service

- ◆ **Does the company sell through an agent in-person?**
An agent can help you when completing your application and with problems later. If you have a few companies with which you prefer to do business, check for local agents who represent those companies or call the company directly to ask about agents.
- ◆ **What kind of letter grade does the company have from a financial rating service?**
Several rating services such as A. M. Best, Moody, and Standard and Poor evaluate the financial stability of insurance companies. Ratings do not tell how good a policy is or what kind of service the company provides, they reflect only the financial stability of the company.
- ◆ **Is a waiting period required for pre-existing conditions?**
If you have not had health insurance before buying Medicare supplement insurance, the policy may have a waiting period for

pre-existing conditions. This means benefits may not be paid when health care services are received for a pre-existing condition for a period of time. (See page 9 about pre-existing conditions.)

◆ **Is Automatic Filing available?**

Many companies have “crossover” contracts with Medicare which means that after paying its share of the bill, Medicare will send claims **directly** to the insurance company for you.

If the company does not have a crossover contract, automatic filing is still available if:

- your **doctor always accepts Medicare assignment** and
- you give the doctor information on your insurance card.

Availability

◆ **What plans are available to YOU?**

What plans does the company offer? There are times when you may not be turned down for a policy because of existing health conditions. (See page 9 and Appendix A about guarantee issue rights.)

(If you are UNDER 65 and on Medicare due to disability)

Most companies selling Medicare supplement policies in Alaska do not sell such policies to Medicare beneficiaries who are younger than 65 and on Medicare due to disability. Contact the Alaska Medicare Information Office for assistance to find a company for you. The Alaska Comprehensive Health Insurance Association (ACHIA) may be a good fit for you. See page 19.

**Important
Tips**

◆ **Buy just ONE.** You only need one Medicare supplement policy. You are paying for unnecessary duplication if you own more than one.

◆ **Take your time. DO NOT BE PRESSURED** into buying. If you have questions or concerns, ask the agent to explain the policy to a friend or relative whose judgment you trust, or **call 1-800-478-6065 the Alaska Medicare Information Office for assistance.** If you need more time, tell the agent to return later. Do not fall for the age-old excuse, “I’m only going to be in town today, so you’d better buy now.” Show the agent to the door!

◆ **Nothing pays 100%.** Ignore claims that a policy pays 100% of the difference between your medical bills and what Medicare pays. **No Medicare supplement policy does that!**

◆ **Check the agent’s insurance license.** An agent must have a license issued by the State of Alaska Division of Insurance to be authorized to sell insurance in Alaska. This can be verified online through the Division of Insurance “Company and Licensee Search” at:

<https://www.commerce.alaska.gov/web/ins/Consumers/ConsumerTools/ResearchaCompany.aspx>.

Do not buy insurance from a person who cannot show proof of licensing. A business card is not a license. If an agent appears dubious, contact the **Alaska Medicare Information Office 1-800-478-6065** or the Division of Insurance consumer services who track suspicious or aggressive tactics related to the sale of insurance.

- ◆ **Medical questions may be important.** Do not be misled by the phrase “no medical examination required.” You may not have to go to a physician for an exam, but medical statements you make on the application might prevent you from getting coverage if you are outside of your open enrollment period. Also, the policy may require a waiting period before benefits are paid for pre-existing conditions.
- ◆ **Complete the application carefully.** Before you sign an application, read the health information the agent recorded. Be sure **all** health information is complete and accurate. If you leave out requested information, the insurance company could deny coverage for that condition or cancel your policy.
- ◆ **It takes time to be approved.** You are NOT insured by a new Medicare supplement policy on the day you apply for it. Generally, it takes at least 30 days to be approved.
- ◆ **DO NOT pay with cash.** Use a traceable form of payment. Make it payable to the insurance company only, not the agent. Completely fill in a check before presenting it to the agent.
- ◆ **Do not cancel a current policy** until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop one policy and purchase another.
- ◆ **Expect to receive the policy within a reasonable time.** A policy should be delivered within a reasonable time after application (usually 30 days). If you have not received the policy or had your check returned in that time, contact the company, and obtain in writing a reason for delay. **If a problem continues, contact the Division of Insurance Consumer Services.**
- ◆ **Use your 30-day free-look period.** This is the period of time during which you can decide whether to keep the policy or terminate it and still receive a full refund of premiums. The 30 days start when you have a policy in your hand. Review the policy carefully. If you decide not to keep it, return it to the company and **request a premium refund in writing.**

SHOPPING NOTES

Compare Prices

Company Name	Plan _____			Plan _____			Plan _____		
	current age	age in 10 years	age in 15 years	current age	age in 10 years	age in 15 years	current age	age in 10 years	age in 15 years
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$

Compare Companies

COMPANY NAME			
Agent availability	Local	Online/Phone	Local Online/Phone
Company's financial rating			
Offers automatic claims filing			
Waiting period for pre-existing conditions	Yes No # months? _____	Yes No # months? _____	Yes No # months? _____
Discounts			
Premium increase type	Issue age / Attained age / Community rated	Issue age / Attained age / Community rated	Issue age / Attained age / Community rated
Other: _____			

Alternatives To Medicare Supplement Insurance



Employer Health Insurance

The questions to ask and the answers differ depending on your situation, such as how old you are or if you continue to work.

If you or your spouse **continue to work** after your 65th birthday, you may be able to continue under an employer group health insurance plan. In many situations your employer plan will be primary (it will pay first). In that case, you may not need to sign up for Medicare Part B or buy a Medicare supplement. Contact Social Security with any questions regarding enrollment in Medicare Part B.

When you **retire** at age 65 or later and are not covered by an employed spouse's plan, Medicare will become your primary insurance plan. If you want Part B coverage you **must** enroll in Medicare Part B during your initial enrollment period otherwise you will have to pay higher premiums should you enroll later. Your employer may offer a retiree health plan that will be your secondary insurance plan and will pay after Medicare has paid.

Employer group insurance plans **do not** have to comply with the regulations governing Medicare supplement policies. Carefully compare benefits and costs before deciding to keep employer insurance or replace it with a Medicare supplement.



ACHIA

If you apply for a Medicare supplement policy outside of the Open Enrollment Period and do not otherwise meet the requirements for guarantee issue under federal and state law, an insurance company can refuse to sell you a Medicare supplement policy. If you have a pre-existing condition and/or have been denied health coverage by an insurance company, you may be eligible for coverage through the Alaska Comprehensive Health Insurance Association (ACHIA). Additionally, if you are younger than 65 and on Medicare you may be eligible for health insurance through ACHIA.

Detailed information regarding ACHIA, including a description of eligibility, benefits, application forms, and premium rates is available by contacting BMI, the ACHIA plan administrator.

Hours: Monday - Friday 8:00 a.m. to 5:00 p.m. Alaska Time
Telephone 1-888-290-0616 <http://www.achia.com>



Medicare Savings Program

The **Qualified Medicare Beneficiary (QMB)** program is a state assistance program that pays Medicare deductibles, Medicare coinsurance, and Medicare's Part B monthly premium.

The **Special Low-income Medicare Beneficiary (SLMB)** and **Expanded SLMB** programs pay the Medicare Part B monthly premium.

These programs are designed for people with limited income and assets. Contact the Alaska Adult Public Assistance office (1-800-478-7778) or the Medicare Information Office for more information (1-800-478-6065).



Medicaid

You may be eligible for Medicaid assistance if you have limited assets and low monthly income or you have high medical bills. Medicaid pays eligible expenses without deductibles or copays. It also pays for intermediate or custodial care in a nursing home, which is NOT covered by Medicare. For more information, contact your District Adult Public Assistance Office.

Generally, you do not need a Medicare supplement plan while receiving Medicaid assistance. However, if you have a Medicare supplement plan that was issued after November 5, 1991, and you become eligible for Medicaid, you can suspend your policy for up to 24 months. You must make this request within 90 days of Medicaid eligibility. Your policy can be reinstated any time during the 24 months if you no longer qualify for Medicaid.

A Medicare counselor can talk with you about Medicaid assistance programs and your health insurance needs. You also will be able to get the appropriate referral for further help. **To get the name and telephone number of a SHIP counselor near you, call the Medicare Information Office at 1-800-478-6065 or 907-269-3680.**

PREVENTING MEDICARE FRAUD



Protecting Yourself and Your Medicare Benefits

Your best defense against Medicare fraud is to watch for your Medicare Summary Notices (MSN) in the mail or use [medicare.gov](https://www.medicare.gov) to look at your claims and summary notices online. Make sure that all the items in each summary notice are accurately recorded. Watch for mistakes in Medicare payments and report them to prevent higher premiums and benefit cuts in the future.

ALWAYS read your Medicare Summary Notice (MSN) or health care billing statement. Your MSN is the piece of mail stamped, "This is Not a Bill" that comes in the mail after you receive medical care.

Look for three things on your billing statement:

- Charges for something you did not receive
- Billing for the same item twice
- Services that were not ordered by your doctor

Protecting your personal information is important in the fight against healthcare fraud and abuse. Here are some ways to take an active role in protecting your healthcare benefits:

- Treat your Medicare, Medicaid, and Social Security number with care. Never give these numbers to a stranger.
- Record doctor visits, tests, and procedures in your personal health care journal or calendar.
- Save Medicare Summary Notices and Part D Explanations of Benefits. Shred the documents when they are no longer useful.

If you suspect that you have been a target of errors, fraud, or abuse, report it. Call your provider or plan for an explanation. If you are not satisfied with the response you get, call Alaska's Senior Medicare Patrol (SMP) through the Medicare Information Office at 1-800-478-6065.

ALASKAN RATE CHARTS

The rate information in this guide is provided by the private health insurers offering Medicare Supplement Insurance in Alaska and is not warranted for accuracy by the State of Alaska, nor is it intended for use as a commercial marketing guide. The Alaska Division of Insurance does not promote a specific insurance company or insurance producer. The rates listed may differ from the rates currently offered by the insurance company. Be sure to check with a company representative to find out what the current rates are in Alaska.

Insurers may offer only the standardized Medicare supplement insurance Plans A through N as defined by federal law. Insurers must attract your business by competing on price, quality of service, handling of claims, and quality/reputation. Based on your needs and wants, you may decide that the service and reputation of a certain insurer are worth paying an additional premium.

Insurers may attract business with a low initial price but could have a steeper price curve as you age. Ask to see the full table of rates or price compare multiple future ages to see how a company has structured their rates for your future.

The insurers presented represent many of the Medicare supplement insurers in Alaska. Participation in this guide is voluntary, so there may be insurers who offer coverage who are not listed in this guide. Other insurers which may not be listed are group insurers that offer the Medicare supplement insurance coverage only to members of a group, such as members of an association or employees of an employer.

After selecting one or more of the standardized Medicare supplement plans, compare the prices and services offered by the different insurers. Call the insurers or producers to discuss the plans and services they provide. Take good shopping notes using the worksheet on page 18. It is a good idea to shop and compare.

Another way to compare plans is by using Medicare's online Medigap plan finder tool:

<https://www.medicare.gov/medigap-supplemental-insurance-plans>

READING THE CHARTS

Sample of the rate charts in this guide:

1 Sample Insurance Company

2 www.Sample.com

3 Rates Became Effective on 1/1/2024

4 Type: Individual Market - Attained Age

5 Policy Fee: \$\$\$

6 Preexisting Condition Period: XX-month look back and XX-month waiting period

7 TOLL FREE: 800-123-4567

8 Marketing Methods: Direct Response and Agent Solicitation; Brokers in Anchorage, Fairbanks, and Juneau

9 Male – Non-Smoker – Preferred

10 Female – Non-Smoker – Preferred

	Male – Non-Smoker – Preferred						Female – Non-Smoker – Preferred					
	<65	65	70	75	80	85	<65	65	70	75	80	85
A	NA	\$	\$	\$	\$	\$	A	NA	\$	\$	\$	\$
C	NA	\$	\$	\$	\$	\$	C	NA	\$	\$	\$	\$
D	NA	\$	\$	\$	\$	\$	D	NA	\$	\$	\$	\$
F	NA	\$	\$	\$	\$	\$	F	NA	\$	\$	\$	\$
G	NA	\$	\$	\$	\$	\$	G	NA	\$	\$	\$	\$
N	NA	\$	\$	\$	\$	\$	N	NA	\$	\$	\$	\$

11 ** The above rates are for the Anchorage Area Only

Look at each of these elements to ensure you are comparing “apples to apples” based on your specifications.

- 1** **Company and Contact**
- 2** **Rate Effective Date** Listed rates may change as soon as one year from the effective date.
- 3** **Individual or Group** If listed as Group you must be part of that group to purchase.
- 4** **Gender** Some companies have different rates based on gender while others rate unisex.
- 5** **Tobacco status** Some companies have different rates for tobacco users.
- 6** **Pricing Method** This affects when your rates can increase.

Issue Age- Premiums are based on your age at the time you purchase the policy. While premiums may periodically increase due to benefit changes, inflation, or increases in medical costs, they will not increase due to advancing age.

Attained Age- Premiums are based on your age on the last policy anniversary date. Premiums are scheduled to increase at predetermined intervals (for example, every year or every five years). These increases are in addition to premium increases because of benefit changes, inflation, or increasing medical costs.

Community Rated- Premiums are not connected to your age. Premiums depend on other factors and may increase because of benefit changes or overall premium adjustments.

7 Risk Tier How a company may categorize you.

Standard- Rate is for those considered by the company to be a higher risk.

Preferred- Rate is for those considered by the company to be a lower risk.

8 Premium Rates Monthly premium rates reported by the company as of the date of this guide's publication.

9 Area Factors Some companies have different rates for certain zip codes.

10 Marketing Method Some companies have Alaskan agents, others do not. Listed are the known agent locations in Alaska.

11 Pre-existing Condition Waiting Periods

Look-back- Number of months the insurer looks back from the effective date of your coverage for a preexisting condition to apply a preexisting condition waiting period. Up to 6 months is allowed.

Waiting period- Number of months after your insurance coverage becomes effective that you may be required to wait before the insurer will pay for a claim resulting from a preexisting condition. Up to 6 months is allowed.

RATE CHARTS

(In Alphabetical Order)

**Alaska Comprehensive Health Insurance
Association (ACHIA)****TOLL FREE: 888-290-0616**www.ACHIA.com

Rates Became Effective on 1/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Marketing Methods: Direct Response

See page 19: Alaska's High-Risk Pool for Alaskans otherwise unable to get insurance.

Unisex

	<65	65	70	75	80
A	359	178	217	253	303
F	556	276	335	392	469
G	409	203	250	297	374

Carve-Out Plans	Age 0-18	\$136	Age 19+	\$385
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ACE Property & Casualty Insurance Company TOLL FREE: 800-601-3372

www.ACEMedicareSupplement.com

Rates Became Effective on 9/1/2024

Type: Individual Market - Attained Age

Policy Fee: \$25

Preexisting Condition Period: None

Marketing Methods: Agent Solicitation
No Resident Agents in Alaska

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	175	186	221	269	335	A	NA	156	165	196	239	298
F	NA	218	238	282	343	428	F	NA	194	211	251	305	380
G	NA	181	192	228	277	345	G	NA	161	170	202	246	307
High G	NA	72	76	90	110	137	High G	NA	64	68	80	98	122
N	NA	131	139	165	200	249	N	NA	116	123	146	178	222

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	202	214	254	309	385	A	NA	179	190	226	275	342
F	NA	251	273	325	395	492	F	NA	223	243	289	351	437
G	NA	208	220	262	318	397	G	NA	185	196	233	283	353
High G	NA	82	87	104	126	157	High G	NA	73	78	92	112	140
N	NA	150	159	189	230	287	N	NA	134	142	168	205	255

Aetna Health and Life Insurance Company**TOLL FREE: 860-273-0123**www.AetnaSeniorProducts.com

Rates Became Effective on 9/1/2024

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: \$20

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	153	162	192	226	263	A	NA	133	141	167	196	229
F	NA	202	214	253	298	347	F	NA	176	186	220	259	302
G	NA	169	179	211	248	289	G	NA	147	155	183	216	251
N	NA	124	139	165	193	225	N	NA	108	121	143	168	196

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	170	180	213	251	292	A	NA	148	157	185	218	254
F	NA	225	238	281	331	385	F	NA	195	207	244	288	335
G	NA	187	198	234	276	321	G	NA	163	173	204	240	279
N	NA	138	154	183	215	250	N	NA	120	134	159	187	217

First Health Life & Health Insurance Company TOLL FREE: 855-422-4359

Website:

Rates Became Effective on 4/1/2024

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Unisex – Non-Smoker – Preferred							Unisex – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	121	138	153	163	169	A	NA	133	152	169	179	186
B	NA	138	161	183	201	217	B	NA	151	177	201	221	238
F	NA	161	189	217	241	263	F	NA	177	208	238	265	290
G	NA	148	174	200	224	247	G	NA	163	191	220	247	271
N	NA	87	103	120	135	150	N	NA	96	114	132	148	165

Globe Life and Accident Insurance Company**TOLL FREE: 800-801-6831**www.GlobecareMedsupp.com

Rates Became Effective on 4/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 6-month look back and 2-month waiting period

Marketing Methods: Direct Response

Unisex – Standard

	<65	65	70	75	80	85
A	NA	110	147	157	157	157
B	NA	161	206	231	233	233
C	NA	186	231	267	281	281
F	NA	187	232	269	283	283
High F	NA	37	49	61	69	69
G	NA	164	210	246	260	260
High G	NA	37	49	61	69	69
N	NA	124	158	188	201	201

Humana Insurance Company**TOLL FREE: 800-310-8482**www.Humana.com

Rates Became Effective on 12/1/2023

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 3-month look back and 3-month waiting period

Marketing Methods: Agent Solicitation
Brokers available in Anchorage, Eagle River, Fairbanks, Kenai, Ketchikan, North Pole, Palmer, Soldotna, Wasilla**Female – Non-Smoker – Preferred**

	<65	65	70	75	80	85
A	NA	131	155	179	204	225
B	NA	143	168	195	221	244
C	NA	182	214	248	282	311
F	NA	185	219	253	287	317
High F	NA	46	54	62	70	77
G	NA	169	199	231	262	289
High G	NA	43	51	59	67	73
K	NA	78	92	106	120	133
L	NA	110	130	150	170	188

Loyal American Life Insurance Company**TOLL FREE: 855-849-2711**www.LoyalAmerican.comMarketing Methods: Direct Response
and Agent Solicitation; No resident
agents in Alaska

Rates Became Effective on 10/1/2024

Type: Individual Market - Attained Age

Policy Fee: \$20

Preexisting Condition Period: 6-month look back and 6-month waiting period

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	210	246	284	319	363	A	NA	182	214	247	277	315
F	NA	269	315	366	425	504	F	NA	234	274	319	369	439
G	NA	208	247	292	341	408	G	NA	181	215	254	297	354
N	NA	141	166	197	231	280	N	NA	122	145	171	201	243

Male – Non-Smoker – Standard							Female – Non-Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	231	271	312	350	399	A	NA	201	236	271	305	347
F	NA	296	346	403	467	555	F	NA	258	301	350	406	482
G	NA	230	272	321	375	448	G	NA	199	237	273	326	390
N	NA	155	183	216	255	308	N	NA	135	159	188	221	268

Moda Health, Inc.**TOLL FREE: 855-718-1767**www.ModaHealth.com/plans/medicare/medicare-supplement/

Rates Became Effective on 1/1/2024

Marketing Methods: Direct Response
and Agent Solicitation Statewide

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: 6-month look back and 6-month waiting period

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85	<65	65	70	75	80	85	
A	NA	121	151	187	205	220	A	NA	113	141	173	187	198
F	NA	182	228	282	309	332	F	NA	170	212	260	283	299
High F	NA	53	67	82	90	97	High F	NA	50	62	76	83	87
G	NA	155	194	240	264	283	G	NA	145	181	222	241	255
High G	NA	46	57	70	77	83	High G	NA	42	53	65	71	75
N	NA	127	159	197	216	232	N	NA	119	148	182	198	209

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85	<65	65	70	75	80	85	
A	NA	139	174	215	236	253	A	NA	130	162	199	215	228
F	NA	209	262	324	355	382	F	NA	196	244	299	325	344
High F	NA	61	77	94	104	112	High F	NA	58	71	87	95	100
G	NA	178	223	276	304	325	G	NA	167	208	255	277	293
High G	NA	53	66	81	89	95	High G	NA	48	61	75	82	86
N	NA	146	183	227	248	267	N	NA	137	170	209	228	240

Monitor Life Insurance Company of New York TOLL FREE: 866-322-2824

Rates Became Effective on 4/1/2024

Marketing Methods: Direct Response

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	140	140	166	203	242	A	NA	122	122	144	177	211
F	NA	203	203	241	298	364	F	NA	177	177	210	259	317
G	NA	164	164	198	248	308	G	NA	142	142	172	216	268
High G	NA	57	57	69	85	104	High G	NA	50	50	60	74	90
N	NA	130	130	162	193	226	N	NA	113	113	141	168	196

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	161	161	191	234	279	A	NA	140	140	166	203	242
F	NA	234	234	277	342	419	F	NA	203	203	241	298	364
G	NA	188	188	228	286	355	G	NA	164	164	198	248	308
High G	NA	66	66	79	98	119	High G	NA	57	57	69	85	104
N	NA	150	150	187	222	259	N	NA	130	130	162	193	226

Mutual of Omaha Insurance Company**TOLL FREE: 800-667-2937**www.MutualofOmaha.com/states

Rates Became Effective on 11/1/2023

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Marketing Methods: Direct Response
and Agent Solicitation; Broker in Palmer

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	98	116	135	155	155	A	NA	85	101	117	135	135
C	NA	195	231	269	310	310	C	NA	170	201	234	270	270
D	NA	203	241	280	322	322	D	NA	177	209	244	281	281
F	NA	252	299	348	401	401	F	NA	220	260	303	349	349
High F	NA	54	59	67	76	85	High F	NA	47	51	59	66	74
G	NA	182	206	245	289	330	G	NA	158	180	213	251	287
High G	NA	42	48	58	66	74	High G	NA	37	42	50	57	64
N	NA	148	163	192	226	267	N	NA	129	142	167	197	232

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	112	133	155	179	179	A	NA	98	116	135	155	155
C	NA	224	266	309	356	356	C	NA	195	231	269	310	310
D	NA	233	277	322	371	371	D	NA	203	241	280	322	322
F	NA	290	344	400	461	461	F	NA	252	299	348	401	401
High F	NA	61	67	77	88	98	High F	NA	54	59	67	76	85
G	NA	209	237	282	332	379	G	NA	182	206	245	289	330
High G	NA	49	55	66	76	85	High G	NA	42	48	58	66	74
N	NA	170	187	220	260	307	N	NA	148	163	192	226	267

**National Health Insurance Company/Allstate
Health Solutions**

TOLL FREE: 888-781-0585

Rates Became Effective on 7/10/2024

Marketing Methods: Agent Solicitation

Type: Individual Market - Attained Age

Policy Fee: \$25

Preexisting Condition Period: None

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	153	179	207	240	277	A	NA	136	158	184	213	245
F	NA	197	229	266	308	355	F	NA	174	203	235	273	315
High F	NA	62	73	84	97	112	High F	NA	55	64	74	86	99
G	NA	163	190	220	255	294	G	NA	144	168	195	226	260
N	NA	120	140	163	189	217	N	NA	107	124	144	167	192

Male – Non-Smoker – Preferred II							Female – Non-Smoker – Preferred II						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	153	165	201	233	269	A	NA	136	146	178	206	238
F	NA	197	211	258	299	345	F	NA	174	187	228	265	305
High F	NA	62	67	81	94	109	High F	NA	55	59	72	84	96
G	NA	163	175	214	248	285	G	NA	144	155	189	219	252
N	NA	120	129	158	183	211	N	NA	107	114	140	162	187

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	184	215	249	288	332	A	NA	163	190	220	255	294
F	NA	236	275	319	370	426	F	NA	209	243	282	327	377
High F	NA	75	87	101	117	135	High F	NA	66	77	89	103	119
G	NA	196	228	264	306	353	G	NA	173	202	234	271	312
N	NA	144	168	195	226	261	N	NA	128	149	173	200	231

Premera Blue Cross Blue Shield of Alaska**TOLL FREE: 800-508-4722**www.Premera.com**Marketing Methods:** Direct Response
and Agent Solicitation Statewide**Rates Became Effective on** 4/1/2024**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** 3-month look back and 3-month waiting period**Unisex – Smoker/Non-Smoker – Standard**

	<65	65	70	75	80	85
A	NA	167	202	250	250	250
F	NA	237	289	358	358	358
G	NA	160	227	301	301	301
N	NA	176	211	264	264	264

State Farm Mutual Automobile Ins. Co.**Contact Local Agent**www.StateFarm.com**Marketing Methods:** Agent Solicitation
- Brokers in Anchorage, Eagle River,
Fairbanks, Juneau, Kenai, Ketchikan,
Kodiak, North Pole, Soldotna,
and Wasilla**Rates Became Effective on** 6/1/2024**Type:** Individual Market - Attained Age**Policy Fee:** None**Preexisting Condition Period:** None**Male – Non-Smoker*****Female – Non-Smoker***

	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	107	134	156	175	182	A	NA	98	124	144	162	168
C	NA	188	236	274	308	321	C	NA	173	218	253	284	296
D	NA	122	161	194	224	251	D	NA	119	146	172	195	217
F	NA	190	239	277	311	324	F	NA	175	220	255	287	299
G	NA	122	161	195	225	252	G	NA	119	146	172	196	217
N	NA	94	124	150	175	199	N	NA	91	111	131	152	171

*Smoker rate is 10% more than the non-smoker rate

Transamerica Life Insurance Company**TOLL FREE: 800-797-2643****Website:****Rates Became Effective on 6/1/2024****Marketing Methods: Direct Response****Type: Individual Market - Issue Age****Policy Fee: None****Preexisting Condition Period: 6-month look back and 6-month waiting period****Female – Non-Smoker – Standard**

	<65	65	70	75	80	85
A	243	120	150	209	243	243
B	321	158	198	276	321	321
C	380	187	235	326	380	380
D	282	139	174	242	282	282
F	382	188	236	328	382	382
G	283	139	175	243	283	283
K	126	62	78	108	126	126
L	187	92	116	161	187	187
M	231	113	143	198	231	231
N	217	107	134	186	217	217

United American Insurance Company

TOLL FREE: 800-755-2137

www.UnitedAmerican.com

Marketing Methods: Agent Solicitation

Rates Became Effective on 6/1/2024

- Brokers in Anchorage, Chugiak,

Type: Individual Market - Attained Age

Eagle River, Edina, Fairbanks,

Ketchikan, Palmer, Sitka, and Wasilla

Policy Fee: None

Preexisting Condition Period: 6-month look back and 2-month waiting period

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	132	159	169	169	169	A	NA	115	138	147	147	147
B	740	237	293	321	326	326	B	644	206	255	279	284	284
C	NA	249	311	352	388	388	C	NA	217	271	307	338	338
D	NA	234	297	338	375	375	D	NA	203	258	294	326	326
F	NA	231	288	325	359	359	F	NA	201	250	283	312	312
High F	253	40	52	65	73	73	High F	220	35	45	56	64	64
G	NA	232	295	336	371	371	G	NA	202	256	292	323	323
High G	NA	40	52	65	73	73	High G	NA	35	45	56	64	64
K	NA	99	132	147	155	155	K	NA	86	115	128	135	135
L	NA	139	185	206	217	217	L	NA	121	161	180	189	189
N	NA	196	251	288	324	324	N	NA	171	219	251	281	281

Male – Smoker – Standard							Female – Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	152	183	194	195	195	A	NA	132	159	169	169	169
B	852	273	337	369	375	375	B	740	237	293	321	326	326
C	NA	287	358	405	446	446	C	NA	249	311	352	388	388
D	NA	269	342	389	431	431	D	NA	234	297	338	375	375
F	NA	265	331	374	412	412	F	NA	231	288	325	359	359
High F	291	46	60	74	84	84	High F	253	40	52	65	73	73
G	NA	267	339	386	427	427	G	NA	232	295	336	371	371
High G	NA	46	60	74	84	84	High G	NA	40	52	65	73	73
K	NA	114	152	169	178	178	K	NA	99	132	147	155	155
L	NA	160	213	237	250	250	L	NA	139	185	206	217	217
N	NA	226	289	331	372	372	N	NA	196	251	288	324	324

AARP/UnitedHealthcare Insurance Company**TOLL FREE: 800-523-5800**www.AARPMedicareSupplement.com

Rates Became Effective on 6/1/2024

Type: Group Market-Association Plan-Community Rated*

Policy Fee: None

Preexisting Condition Period: 3-month look back and 3-month waiting period

Marketing Methods: Direct Response
& Agent Solicitation- for agent
call 866-387-7550

Male – Non-Smoker – Preferred							Female – Non-Smoker – Preferred						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	133	164	229	229	229	A	NA	118	146	203	203	203
B	NA	185	228	318	318	318	B	NA	164	203	282	282	282
C^d	NA	209	258	359	359	359	C^d	NA	185	229	318	318	318
F^d	NA	209	259	360	360	360	F^d	NA	186	229	319	319	319
G	NA	160	198	275	275	275	G	NA	142	175	244	244	244
K	NA	60	74	103	103	103	K	NA	53	66	92	92	92
L	NA	105	130	181	181	181	L	NA	94	116	161	161	161
N	NA	139	172	239	239	239	N	NA	123	152	212	212	212

Male – Smoker – Preferred							Female – Smoker – Preferred						
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA	146	181	252	252	252	A	NA	130	160	223	223	223
B	NA	203	251	350	350	350	B	NA	181	223	310	310	310
C^d	NA	230	284	395	395	395	C^d	NA	204	252	350	350	350
F^d	NA	230	284	396	396	396	F^d	NA	204	252	351	351	351
G	NA	176	217	303	303	303	G	NA	156	193	268	268	268
K	NA	66	81	113	113	113	K	NA	59	72	101	101	101
L	NA	116	143	199	199	199	L	NA	103	127	177	177	177
N	NA	153	189	263	263	263	N	NA	136	167	233	233	233

* Rates vary according to Medicare enrollment date, discount eligibility, and responses to medical questions. Please call for your exact rate.

^a Rates listed for age 65 include the Enrollment Discount.

^b Rates listed for age 70 include the Enrollment Discount. Eligibility for preferred or standard rates is determined based on responses to health status questions when applying for coverage.

^c Individuals who enroll six months or more after their 65th birthday or Medicare Part B Effective Date, if later, will pay the Preferred Rate or Standard Rate based on their responses to health status questions when they apply for coverage.

^d Individuals with a Medicare eligibility date on or after January 1, 2020 are not eligible to enroll in plans C or F.

AARP/UnitedHealthCare Ins. Co. (continued)

Male – Non-Smoker – Standard						Female – Non-Smoker – Standard							
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA		312	312	312	312	A	NA		277	277	277	277
B	NA		434	434	434	434	B	NA		385	385	385	385
C^d	NA		490	490	490	490	C^d	NA		434	434	434	434
F^d	NA		491	491	491	491	F^d	NA		435	435	435	435
G	NA		455	455	455	455	G	NA		404	404	404	404
K	NA		141	141	141	141	K	NA		125	125	125	125
L	NA		247	247	247	247	L	NA		219	219	219	219
N	NA		441	441	441	441	N	NA		391	391	391	391

Male – Smoker – Standard						Female – Smoker – Standard							
	<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c		<65	65 ^a	70 ^{b/c}	75 ^c	80 ^c	85 ^c
A	NA		343	343	343	343	A	NA		304	304	304	304
B	NA		477	477	477	477	B	NA		423	423	423	423
C^d	NA		539	539	539	539	C^d	NA		478	478	478	478
F^d	NA		540	540	540	540	F^d	NA		479	479	479	479
G	NA		501	501	501	501	G	NA		444	444	444	444
K	NA		155	155	155	155	K	NA		137	137	137	137
L	NA		272	272	272	272	L	NA		241	241	241	241
N	NA		485	485	485	485	N	NA		430	430	430	430

^a Rates listed for age 65 include the Enrollment Discount.

^b Rates listed for age 70 include the Enrollment Discount. Eligibility for preferred or standard rates is determined based on responses to health status questions when applying for coverage.

^c Individuals who enroll six months or more after their 65th birthday or Medicare Part B Effective Date, if later, will pay the Preferred Rate or Standard Rate based on their responses to health status questions when they apply for coverage.

^d Individuals with a Medicare eligibility date on or after January 1, 2020 are not eligible to enroll in plans C or F.

USAA Life Insurance Companywww.USAA.com

Rates Became Effective on 9/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

TOLL FREE: 800-531-8722

Marketing Methods: Agent Solicitation

Unisex – Non-Smoker

	<65	65	70	75	80	85+
A	NA	90	106	126	146	162
F	NA	172	202	241	279	309
G	NA	129	141	171	211	274
N	NA	108	126	151	175	193

Washington National Insurance Company**TOLL FREE: 800-852-6285**Website: WashingtonNational.com

Rates Became Effective on 1/1/2024

Type: Individual Market - Attained Age

Policy Fee: None

Preexisting Condition Period: None

Marketing Methods: Direct Response and Agent Solicitation – No resident Agents in Alaska, but there are Agents in CA, FL, IL, PA, and WA that are licensed to sell in Alaska.

Male – Smoker/Non-Smoker – Preferred							Female – Smoker/Non-Smoker – Preferred						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	131	158	192	229	269	A	NA	118	143	173	206	242
F	NA	238	288	349	417	490	F	NA	214	259	315	375	441
G	NA	163	198	240	286	336	G	NA	147	178	216	257	303
High G	NA	41	50	60	71	84	High G	NA	37	45	54	64	76
N	NA	134	163	197	235	276	N	NA	121	146	177	211	249

Male – Smoker/Non-Smoker – Standard							Female – Smoker/Non-Smoker – Standard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	145	176	213	254	299	A	NA	131	158	192	229	269
F	NA	264	320	388	463	544	F	NA	238	288	349	417	490
G	NA	182	220	266	318	373	G	NA	163	198	240	286	336
High G	NA	46	55	67	79	93	High G	NA	41	50	60	71	84
N	NA	149	181	219	261	307	N	NA	134	163	197	235	276

Male – Smoker/Non-Smoker – Substandard							Female – Smoker/Non-Smoker – Substandard						
	<65	65	70	75	80	85		<65	65	70	75	80	85
A	NA	161	195	237	282	332	A	NA	145	176	213	254	299
F	NA	294	356	431	514	605	F	NA	264	320	388	463	544
G	NA	202	244	296	353	415	G	NA	182	220	266	318	373
High G	NA	51	61	74	88	103	High G	NA	46	55	67	79	93
N	NA	166	200	243	290	341	N	NA	149	181	219	261	307

APPENDIX A:

Guarantee Issue Without Open Enrollment

Guarantee issue means an insurance company does not consider existing health conditions when issuing insurance coverage (also called without underwriting). An insurance company may offer a plan at any time that does not consider pre-existing health conditions when issuing the policy. However, the policy may have a much higher premium and may require a waiting period for pre-existing health conditions.

Certain events trigger **special rules** under which insurance companies must offer Medicare supplement insurance plans without considering pre-existing health conditions. The events and rules are described in the chart below. You must apply for your new Medicare supplement plan within **63 days** of the end of previous coverage. You have these special protections regardless of existing health conditions:

- ◆ Companies **cannot refuse to issue you a Medicare supplement insurance plan**
- ◆ Companies **cannot charge you higher premiums** because of your health condition
- ◆ You **will not have a waiting period** before benefits are paid

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available For 63 Days Only
1.	You are covered by an employer group health benefit plan that pays benefits, and the plan stops providing some or all health benefits to you.	<ul style="list-style-type: none"> ◆ If you were eligible for Medicare before January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, C, F, High Deductible Plan F, High Deductible Plan G, K, L from ANY COMPANY selling those plans. ◆ If you were eligible for Medicare on or after January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, D, G, High Deductible Plan G, K, L from ANY COMPANY selling those plans. ◆ If you are on Medicare under age 65, you can buy only from companies selling to those under age 65. Please see information about ACHIA on page 19 about this alternative.
2.	You are enrolled in a Medicare Advantage plan , and you dis-enroll because <ul style="list-style-type: none"> ◆ you move from the service area or ◆ the plan stops providing Medicare services or ◆ the plan seriously violates the contract or misrepresents the plan during marketing. 	
3.	You are enrolled under a Medicare Supplement policy and it ends because <ul style="list-style-type: none"> ◆ the insurance company is insolvent or bankrupt or ◆ coverage is involuntarily ended or ◆ the plan seriously violates the contract or misrepresents the plan during marketing. 	

	Events Which Trigger A Guarantee Issue Opportunity	Enrollment Options Available For 63 Days Only
4.	<p>You are enrolled in a Medicare supplement policy</p> <ul style="list-style-type: none"> ◆ And you stop the Medicare supplement plan and enroll in a Medicare Advantage plan, then you dis-enroll from the new plan in the first 12 months. 	<p>You must be allowed to Re-enroll in the Medicare supplement you were most recently enrolled in if it is available from the same company, or if not available,</p> <ul style="list-style-type: none"> ◆ If you were eligible for Medicare before January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, C, F, High Deductible Plan F, High Deductible Plan G, K, L from ANY COMPANY selling those plans. ◆ If you were eligible for Medicare on or after January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, D, G, High Deductible Plan G, K, L from ANY COMPANY selling those plans. <p>If you are under age 65, you can buy only from companies selling to those under 65.</p>
5.	<p>You enroll for the first time in Medicare Part B at age 65 or older, and you enroll in a Medicare Advantage plan for the first time. Then you disenroll in your Medicare Advantage plan within 12 months.</p>	<ul style="list-style-type: none"> ◆ If you were eligible for Medicare before January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A through N, offered by ANY COMPANY selling those plans in Alaska. (Includes high deductible choices.) ◆ If you were eligible for Medicare on or after January 1, 2020, you must be allowed to enroll in any Medicare supplement Plan A, B, D, G, High Deductible Plan G, K, L, M or N, offered by ANY COMPANY selling those plans in Alaska.

➤ This option does NOT apply to employer retiree health plans. If you give up your retiree plan to try a Medicare Advantage plan, you may not get your retiree plan back. This is not likely to occur in Alaska due to few Medicare Advantage plans available.

➤ If you bought your Medicare supplement plan before June 1, 2010, it is no longer being sold. You can buy only a 2010 standardized plan.

You Must Be Notified

When you lose coverage under any of the situations described in the above chart, you should receive a notice from the insurance company or organization that issued the health coverage. The notice must explain your right to purchase other coverage and your protection against waiting periods for pre-existing conditions.

If You Need Additional Help or One-on-One Counseling

If you need additional help or have questions about Medicare, one-on-one counselors are available through the Medicare Information Office.

Alaska Department of Health

Alaska Division of Senior and Disabilities Services

Medicare Information Office (SHIP)

1 (800) 478-6065

If you are in Anchorage, call (907) 269-3680

TTY: 800-770-8973

Website: www.Medicare.Alaska.gov

E-mail: HSS.Medicare@Alaska.gov

If You Have a Complaint or Problems with the Insurance Company

If you are not satisfied with the service you receive from an insurance company, contact your producer and/or insurer. If you do not receive satisfactory results from them, call, write, e-mail, or visit the Anchorage office of the Alaska Division of Insurance.

A consumer complaint can be filed on-line through the Division of Insurance Website at: <https://www.commerce.alaska.gov/web/ins/Consumers/Complaints/FileAComplaint.aspx>

Alaska Division of Insurance

Consumer Services Section

Robert B. Atwood Building

550 West 7th Avenue, Suite 1560

Anchorage, AK 99501-3567

1-800-INSURAK (1-800-467-8725) • If you are in Anchorage, call **(907) 269-7900**

Website: www.commerce.alaska.gov/web/ins/

E-mail: Insurance@Alaska.gov

Other Resources & Information

The Division of Insurance publishes several guides like this one and an annual report that you may find helpful. Copies of these guides and the annual report are available on the Division of Insurance website at <https://www.commerce.alaska.gov/web/ins/Home.aspx> or by contacting the Division of Insurance directly.

NOTES:

The State of Alaska, Department of Commerce, Community, and Economic Development, Division of Insurance, complies with Title II of the Americans with Disabilities Act of 1990. This publication is available in alternative communication formats upon request. Please contact the Division of Insurance’s Administrative Officer at (907) 465-2597 or TDD (907) 465-5437 to make any necessary arrangements.