



2019
WYOMING BUYER'S GUIDE
TO
MEDICARE SUPPLEMENT “MEDIGAP” INSURANCE



Presented by
The Wyoming Department of Insurance
in Partnership with the
Wyoming State Health Insurance Information Program
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Wyoming Senior Citizens, Inc.
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THE STATE



OF WYOMING

Mark Gordon
Governor

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106 East 6th Avenue ♦ Cheyenne, Wyoming 82002

February 21, 2019

Dear Fellow Citizens of Wyoming:

I am pleased to provide you the *2019 Wyoming Buyer's Guide to Medicare Supplement Insurance*. The Buyer's Guide is a part of my commitment to keep Wyoming insurance consumers aware of the latest changes in Medicare offerings and Medicare Supplement insurance.

This Buyer's Guide was developed with financial assistance through a grant from the U.S. Department of Health and Human Services, Administration for Community Living. It was prepared with the cooperation of the Wyoming Insurance Department and Wyoming Senior Citizens, Inc., the Wyoming State Health Insurance Information Program (WSHIIP) contractor, based in Riverton, Wyoming.

The Wyoming State Health Insurance Information Program (WSHIIP) is federally grant funded to assist Medicare beneficiaries across Wyoming to enroll in and understand their benefits, determine eligibility and apply for low-income assistance programs, and assist in filing Medicare appeals, all at no cost to the Wyoming consumer. The program provides numerous presentations, distributes educational materials, and attends health and senior fairs across Wyoming. During Open Enrollment alone, the program served 3,257 Medicare beneficiaries.

It is important that you possess the necessary tools to be an informed purchaser. The Buyer's Guide, used in conjunction with the *Guide to Health Insurance for People with Medicare* and the *Medicare & You* handbook from CMS, provides a great deal of information about the Medicare program and the modernized Medicare Supplement benefit plans. It includes charts that illustrate what Medicare pays for and what you are responsible for paying. It also includes a comparison of Medicare Supplement benefit plans, premiums, and consumer protections brought about by federal laws. Please be aware that the companies that choose to be listed in this guide do so voluntarily, and the guide may not be inclusive of all companies offering Medicare Supplement insurance in Wyoming. Also, the rates listed in the guide are subject to change at any time, and may be different at the time you purchase your policy.

I am confident that you will find this Buyer's Guide invaluable as you consider your available options. Should you have questions or require further assistance, please contact the Wyoming State Health Insurance Information Program (WSHIIP) toll-free at 1-800-856-4398, or the Wyoming Insurance Department at 1-800-438-5768.

Best Regards,

A blue ink signature of Tom Glause, consisting of a stylized 'T' followed by a cursive 'G' and 'L'.

Tom Glause
Insurance Commissioner

2019 Wyoming Buyer's Guide
to
Medicare Supplement "Medigap" Insurance

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Introduction

The 2019 Wyoming Buyer's Guide to Medicare Supplement Insurance is provided by the Wyoming Insurance Department and The Wyoming State Health Insurance Information Program (WSHIIP), administered by Wyoming Senior Citizens, Inc., to assist Wyoming consumers in selecting an insurance plan to supplement Medicare.

This comparison guide should be used in conjunction with the *Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare* prepared by the National Association of Insurance Commissioners (NAIC) and the Centers for Medicare and Medicaid Services (CMS). You can obtain the guide prepared by the NAIC and CMS from the Wyoming Insurance Department and Wyoming Senior Citizens, Inc. The *Choosing a Medigap Policy: Guide to Health Insurance for People With Medicare* provides an explanation of what Medicare covers, the gaps in Medicare, the standardized and modernized plans, including the new increased cost-sharing plans, K, L, M and N, that are available. The primary purpose of this comparison is to show companies that offer Medigap plans in Wyoming, which plans are offered, and sample rates for individuals for ages 65 and 75.

Wyoming State Health Insurance Information Program (WSHIIP)

The Wyoming State Health Insurance Information Program, or WSHIIP, is a federally funded program. Since 1992, this program has recruited and trained volunteer counselors across the State of Wyoming to assist Medicare beneficiaries who have problems or questions with their health insurance. Along with Medicare Supplement Insurance, these volunteer counselors can answer questions about Medicaid, Social Security, Long-Term Care Insurance, and Medicare. This program is free to the citizens of Wyoming. Counseling services are performed on a one-on-one basis, and the information is kept strictly confidential. Counselors are able to assist beneficiaries with questions about different insurance products, assist with the submission of insurance and Medicare claims, and may act as an advocate for the client in matters with the insurance company. You can get more information about WSHIIP by contacting your local senior center or WSHIIP facility, or by calling Wyoming Senior Citizens, Inc., at 1-800-856-4398 or at (307) 856-6880.

Medicare

Medicare is the federal health insurance program for persons age 65, certain disabled persons under age 65, and persons with end-stage renal disease. There are four parts of Medicare: Parts A, B, C and D.

Part A of Medicare can be thought of as hospital insurance. Part A provides benefits for medically necessary services furnished by Medicare-approved hospitals, skilled nursing facilities, home health agencies and hospices.

Part B helps pay for physician services and other medical services and supplies that are not covered by Part A. Parts A and B are often referred to as “Original Medicare.”

Part C is Medicare Advantage (MA) plans. Medicare Advantage plans cover all of the same services that Original Medicare covers, however the MA plans are offered by private insurance companies that contract with Medicare. MA plans may require the beneficiary to use network physicians and hospitals in order to receive benefits. MA plans may also offer extra benefits that Medicare does not cover, such as vision and dental services. See your Medicare & You booklet for plans available in your area.

Part D is the Medicare prescription drug benefit. The prescription drug benefit is obtained from private companies who contract with Medicare. See your Medicare & You booklet for plans available in your area.

The chart on pages 17 through 18 shows services covered by Medicare, what Original Medicare pays and what you are responsible for paying.

Medicare Supplement Insurance Policies are also called Medigap policies. These plans are designed to help relieve some of the financial burden remaining after Medicare has paid its portion of your claim. These Medigap plans help with the amounts that you are responsible for, called the "gaps" in Medicare. There are four types of gaps in Medicare: 1) deductibles for both Part A and B, 2) the copayments or coinsurance, 3) charges exceeding the Medicare allowable charge, and 4) expenses not covered by Medicare. The chart on page 18 illustrates how the different Medicare supplement plans fill the gaps left by Medicare.

Medigap Plans Fill the Gaps in Medicare Coverage

1. Deductibles
 2. Copayments or Coinsurance amounts
 3. Charges in excess of Medicare’s approved amounts or allowable charges
 4. Medical services and supplies that Medicare does not cover
-

Standardization of Medigap Plans

Following the models developed by the NAIC, Wyoming’s regulations regarding Medigap insurance limit the different Medigap policies that can be sold to no more than 10 standard benefit plans plus the high-deductible plan F. The plans are labeled A through N. The benefit for consumers is that upon deciding which plan you want, you can compare different companies’ specific plans so that you are comparing apples to apples.

Each company must offer plan A, which is a basic or core plan and either standardized plan C or F. Medigap insurers do not have to offer all of the other plans. This comparison shows which plans each company offers. If you have decided that you wish to purchase Plan F, this guide shows which companies offer it, and allows you to compare the rates.

Beginning January 1, 2020, insurance companies are no longer able to offer new Medigap Plan C or F. Congress has passed laws that new Medigap plans will no longer be allowed to cover the part B deductible after January 1, 2020. Anyone enrolled in one of these plans as of 12/31/2019 will be grandfathered and be able to continue with their current plan. So, in other words, if you currently have a Medigap Plan C or F, or purchase a Medigap Plan C or F before January 1, 2020, you will be able to keep your plan.

Definitions

To help you understand the benefits provided by Medicare and Medigap policies, we will concentrate on explaining the following terms that are frequently used with Medicare and Medigap policies:

Assignment
Benefit Period
Copayments or Coinsurance
Deductible
DRGs (Diagnostic-Related-Groups)
Exclusions
Free Look
Medicare-Approved Charge
Open Enrollment
Participating Physicians
Preexisting Conditions
SNFs (Skilled Nursing Facility)
Special Enrollment Period- The Working Aged

Assignment - When benefits are assigned to a health care provider, the benefit is paid directly to the provider. A health care provider that accepts assignment for Medicare also agrees to accept Medicare's allowance for covered services. The policyholder would then be responsible for any unmet deductible applied to the charge, for the copayments or coinsurance and for any services which were not covered. The policyholder is not required to pay the health care provider the difference between the provider's normal fee and the Medicare-approved charge.

Benefit Period - Medicare Part A benefits are paid on the basis of benefit periods and apply to hospital and skilled nursing facility (SNF) care. A benefit period begins on the day you are

hospitalized and ends after you have been out of a hospital or SNF for 60 continuous days. A benefit period also ends if you remain in a SNF, but do not receive any skilled care for 60 continuous days. If you enter a hospital again after 60 days, a new benefit period begins.

Copayments or Coinsurance - Medicare generally pays 80% of the approved charge and you are responsible for paying the remaining 20%. The portion of the Medicare approved charge that you pay is called a copayment or coinsurance.

Deductible - The deductible is the amount that you pay for eligible medical expenses before Medicare benefits begin to be paid. In 2019, the Medicare Part A deductible is \$1364 per benefit period. The deductible for Part B is \$185 for the calendar year 2019.

DRGs - DRGs are the initials for Diagnostic-Related-Groups which is a classification and payment system used by Medicare to pay hospitals for different kinds of treatment. The treatment you receive at a hospital falls into one of several hundred DRG classifications. Hospitals are prohibited from charging Medicare patients for any difference between the actual cost of performing a procedure and the amount approved by Medicare.

Exclusions - There are certain conditions, circumstances, or services that are not covered by Medicare. These are referred to as exclusions.

Free Look - Wyoming's law provides you the right to return a Medigap policy within 30 days after you receive it. This is called the Free Look Provision. If you have paid the first premium and decide that you do not want to keep the policy, you are entitled to a full refund as long as you return the policy within 30 days after you receive it. To better assure the premium refund, you should consider returning the policy to the company by certified mail within the 30 days.

Medicare-Approved Charge - Medicare bases benefit payments upon the lower of the health care provider's charge or the prevailing charge in the region for the particular service. In this guide, we will refer to this as the approved charge. It is also referred to as Medicare's approved amount. If a nonparticipating provider's fee is higher than the Medicare-approved charge, you are responsible for payment of the difference, or the excess charge.

Initial Enrollment - Every new Medicare recipient who is age 65 or older has a guaranteed right to buy a Medicare supplement policy during their **initial** enrollment. A company cannot reject you for any policy it sells, and it cannot charge you more than anyone else your age during this initial enrollment period. Your initial enrollment period starts when you are age 65 or older and first enroll in Medicare Part B. It ends six months later. **If you apply for a Medigap policy after your initial enrollment period, companies may refuse coverage because of health reasons.**

You will be eligible for an initial enrollment period when you become 65 if you have had Medicare Part B coverage before age 65 (e.g. Medicare disability or end-stage renal disease).

A new preexisting condition waiting period is not allowed when you replace one Medicare supplement policy with another, and you had the first policy at least 90 days.

Open Enrollment – Medicare Open Enrollment runs every year from October 15th through December 7th. During this period each year, you are able to make changes to your Medicare Part D prescription drug plan, and change from Original Medicare to a Medicare Advantage plan. **This annual open enrollment period does not allow you to switch between Medigap policies.** The best time to buy a Medigap policy is during your initial enrollment period when you first become eligible for Medicare. During that time you can buy any Medigap policy sold in your state, even if you have health problems. If you apply for Medigap coverage after your initial enrollment period, there's no guarantee that an insurance company will sell you a Medigap policy if you don't meet the medical underwriting requirements, unless you're eligible for a special enrollment period.

Participating Physician - Physicians and suppliers who sign Medicare participation agreements accept assignment on all Medicare claims. Even if the health care provider does not participate in Medicare, he or she may accept assignment of your Medicare claim. Many physicians or suppliers accept assignment on a case-by-case basis. You should ask before you receive any services whether or not assignment will be accepted. Health care providers who take assignment on a Medicare claim agree to accept the Medicare-approved charge. You are not responsible for paying more than the 20% of the Medicare-approved charge.

Physicians who do not accept assignment of Medicare claims are limited as to the amount they can charge a Medicare beneficiary for covered services. In 2019 the most these physicians could charge for services covered by Medicare was 115% of the fee schedule amount for nonparticipating physicians.

Pre-Existing Conditions - Wyoming law restricts the limitations Medigap insurance policies can specify regarding conditions that existed prior to the policy's effective date, i.e., preexisting conditions. **(Note: The Affordable Care Act does not affect Medigap policies, and pre-existing condition exclusions may apply)**

- A preexisting condition cannot be defined as being more restrictive than a condition for which medical advice or treatment was received within 90 days prior to the policy's effective date.
- A Medigap policy cannot deny a claim for treatment pertaining to a preexisting condition when treatment is received more than 90 days after the policy's effective date.

- If the Medigap policy was purchased to replace another Medigap policy or during the open-enrollment period, the new policy cannot apply any limitations on preexisting conditions.

SNF – Skilled Nursing Facility - Medicare Part A can help pay for up to 100 days of extended care services in a skilled nursing facility (SNF) during a benefit period.

Special Enrollment Period for the Working Aged – If you are covered by a group health plan when you are first eligible for Medicare, you may be able to delay enrollment in Part B or Premium Part A without a premium surcharge and without waiting for a general enrollment period. **The group plan must be based upon current employment. It cannot be a retiree plan.**

If you have chosen to delay enrolling in Part B or premium Part A because you don't need Medicare coverage while you are covered under a group health plan, you may enroll during a special eight-month period subsequent to when your coverage under the group health plan ends. You should contact your local Social Security District Office as soon as employment ends or the plan coverage ends or changes.

Federal Laws Which Affect Medigap Plans

Balanced Budget Act (BBA) OF 1997

Changes in the Medigap Program

The BBA was signed by President Clinton on August 5, 1997. It contained provisions that allowed buyers to be assured issuance of certain Medigap policies under certain conditions, regardless of health status. It eliminated the application of preexisting condition exclusions during the initial six month open enrollment period and added two new high-deductible Medigap policies: high-deductible Plan F and high-deductible Plan J.

Medigap Protections:

Guaranteed Issue

The BBA guarantees issuance of Medigap Plans A, B, C or F for an individual enrolled under an employee welfare benefit plan that provides benefits supplementing Medicare, if the plan terminates or ceases to provide such benefits. The individual must enroll in one of the above-mentioned Medigap plans within ninety (90) days of the employer plan termination or cessation of benefits. (Wyoming Insurance Department Regulations, Chapter 35, Section 12 (c))

There are a number of other conditions under which guarantee issues applies. However, they involve individuals in Medicare managed care [HMO, PPO] and Private Fee-For-Service (PFFS) plans.

Limitation on Preexisting Condition Exclusion

This provision of the BBA limits the application of a preexisting condition exclusion period during the initial six month open enrollment period for Medicare individuals age 65 or over. A preexisting condition exclusion period cannot be imposed upon an individual who, on the date of application, had a continuous period of at least ninety (90) days creditable health insurance coverage.

Creditable coverage is defined as:

- | | | |
|----------------------------|-----------------------------------|--------------------------------|
| • group health plan | • public health plan | • Federal |
| • state high risk pool | • Medicare Part A or Part B | Employees Health Plan |
| • Medicaid | • TRICARE for Life | • Indian Health |
| • private health insurance | • a plan under the Peace Corp Act | Service or tribal organization |

High-Deductible Medigap Plans

Changes in law created the addition of a new high-deductible plan, Plan F. The benefits of this plan are identical to the standard Plan F. The only difference is that the individual has a high-level deductible (which may be changed annually) which the policyholder must satisfy before any plan benefits are available. Once the deductible has been met, the plan pays 100% of covered out-of-pocket expenses. For 2019, this deductible is \$2300

Out-of-pocket expenses are those that would ordinarily be paid by a Medigap plan. These expenses include the Medicare deductibles for Part A and Part B and coinsurances, but *do not include in Plans F and J, the plan's separate foreign travel emergency deductible of \$250.*

Insurance companies are not required to offer high-deductible plans.

The Balanced Budget Refinement Act (BBRA) of 1999

Changes in the Medigap Program

This legislation puts in place the hospital outpatient department prospective payment system that was effective August 1, 2000. A beneficiary's Part B coinsurance amount for most hospital outpatient services is now calculated using either a set copayment amount for services, 20% of the national median amount for a particular outpatient payment category grouping, or a hospital-elected reduced copayment amount. Medigap policies reimburse this new copayment amount for the affected outpatient services. Not all hospital outpatient services are reimbursed on a prospective payment basis.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA)

Effective January 1, 2006, everyone with Medicare is eligible for prescription drug coverage. Medicare has contracted with private entities to provide this coverage. In 2019 in Wyoming, there is 1 Medicare health plan (Medicare Advantage), and 28 Prescription Drug Plans (PDPs). For more information on these PDPs, please see your *Medicare & You 2019*

handbook. You may also visit www.medicare.gov on the Internet or call 1-800-MEDICARE (1-800-633-4227).

The MMA also extends guarantee issue rights, for qualifying individuals, to standardized plans A, B, C, F, (including high-deductible F), K and L.

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008

MIPPA encompassed significant changes to the standardized Medicare supplement plans (also called modernized plans, with effective dates beginning June 1, 2010). This Act introduced two new standardized plans M and N, broadened opportunities for low income Medicare beneficiaries, required Medicare Advantage plans to include the type of plan using standard abbreviations (e.g. HMO, PPO, PFFS), and increased Medicare coverage of psychiatric services from 50% to 55%. The Act extended the timeframe for the Welcome to Medicare Physical to 12 months after your Part B enrollment and eliminated the application of the Part B deductible. It expanded the types of services included in the physical to include a discussion of end-of-life planning and body mass index assessments. Among other things, it placed prohibitions and limitations on certain sales and marketing activities under Medicare Advantage (MA) and Prescription Drug Plans (PDPs).

The Patient Protection and Affordable Care Act (PPACA) of 2010

PPACA made many improvements to Medicare, while helping to ensure that the Medicare program remains strong. Among the improvements are the reduction and eventual elimination of the coverage gap, or donut hole in Medicare Part D prescription drug coverage, the addition of annual wellness exam coverage, and the elimination of copayment or coinsurance on most preventive services. PPACA also made changes to Medicare Advantage Plans, preventing those plans from charging more than Original Medicare for cancer treatment and certain other services.

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 (“Doc Fix” bill)

The House-passed legislation to repeal the Medicare Sustainable Growth Rate (SGR) includes a provision that would prohibit Medicare supplemental insurance (Medigap) policies from covering the Part B deductible for people who become eligible for Medicare beginning in 2020. Anyone enrolled in one of these plans as of 12/31/2019 will be grandfathered and be able to continue with their current plan. So, in other words, if you currently have a Medigap Plan C or F, or purchase a Medigap Plan C or F before January 1, 2020, you will be able to keep your plan.

Tips for Buying a Medicare Supplement Policy

Assess your needs: Before comparing different plans available to supplement Medicare, you should consider whether or not you need to have a supplement. If you are uncertain about

whether or not you need to purchase a Medigap policy, you may want to discuss your situation with someone who understands Medicare and Medigap options. It would be best to do so before you reach age 65. For assistance, contact the Wyoming State Health Insurance Information Program, administered by Wyoming Senior Citizens, Inc. at 1-800-856-4398 or (307) 856-6880. You may also contact the Wyoming Insurance Department at 1-800-438-5768 or (307) 777-7401

You do not need more than one policy. If you already have a Medicare supplement policy and want better benefits, you can replace it with a new one. Once you receive the new policy you should drop the old one. Duplicating coverage is costly, and benefits received may be coordinated so that the total benefit from several policies may be the same as the benefit from one policy.

Take the time you need to decide: Do not be pressured into buying a policy that you do not understand. Ask questions, ask the agent to explain the policy to someone you trust, or contact WSHIIP.

Do not immediately cancel a current policy if you're thinking about switching. It takes time to be approved under the new policy, and all Medigap policies have a 30 day free-look period. Read the materials and make sure the new policy is what you expected. And remember, if you apply for a different Medigap policy after your initial enrollment period, insurance companies may underwrite your policy based on your health conditions, and some companies may refuse coverage because of health reasons.

Other points to consider:

Employer Sponsored Insurance - If your employer provides group insurance, you may be able to continue coverage through that plan. Employer-provided group plans may not be the same as the Medigap plans. Ask for an explanation of how benefits are paid. Employer-provided group plans may provide different, but better benefits than any of the Medigap plans. For example, employer provided group plans may cover private duty nurses or provide benefits for out-patient prescriptions that are better than the benefits provided under the Medicare standard prescription drug benefit.

Medicare Savings Programs - If your income is low, you may qualify for a government program which will fill in the gaps in your Medicare coverage. Contact Wyoming Medicaid at 1-855-294-2127 to find out if you qualify for Medicaid or if you are eligible for a Medicare savings program that can provide assistance for premiums, coinsurance or deductibles. Persons who qualify for Medicaid or the QMB program should not purchase a Medigap policy. If you qualify as a SLMB, QI or QDWI (see below), the state will pay your Medicare Part A or Part B premium. Qualification as a SLMB, QI or QDWI would not change your need for a Medigap plan, but would provide you more spendable income that could be used to purchase a Medigap plan. Income and resource limits are listed below. Please note that these limits are

subject to change, and you should always verify eligibility, even if your income or resources are slightly higher than the amounts listed.

You must be:

- A U.S. Citizen or a lawful permanent resident who has lived in the U.S. for at least five years;
- A Wyoming resident, and;
- Entitled to Medicare Part A and Part B
- Income eligible – Monthly Limits below are for 2019
 - Qualified Medicare Beneficiary (QMB) – *helps pay for Part A and Part B premiums, coinsurance and deductible.*
 - Household of 1: \$1,061
 - Household of 2: \$1,430
 - Resource eligible – limits are:
 - Individual: \$7,730
 - Couple: \$11,600
 - Specified Low Income Medicare Beneficiary (SLMB) – *helps pay for Part B premiums only.*
 - Household of 1: \$1,269
 - Household of 2: \$1,711
 - Resource eligible – limits are:
 - Individual: \$7,730
 - Couple: \$11,600

- Qualifying Individual (QI) Program – *helps pay for Part B premiums only.*
 - Household of 1: \$1,426
 - Household of 2: \$1,923
 - Resource eligible – limits are:
 - Individual: \$7,730
 - Couple: \$11,600
- Qualified Disabled and Working Individuals (QDWI) Program – *helps pay for Part A premiums only.*
 - Household of 1: \$4,249
 - Household of 2: \$5,722
 - Resource eligible – limits are:
 - Individual: \$4,000
 - Couple: \$6,000

Benefits Under Medigap Coverage

Core Benefits: All Medigap plans cover a basic set of benefits, called Core Benefits. This set includes:

- Part A inpatient hospital coinsurance (for 61-90 days and days 91-150),
- Part A inpatient hospital costs up to an additional 365 days after Medicare benefits are exhausted,
- 20% Part B coinsurance (including DME for Home Health Care),
- Copayments and coinsurance for Hospice/respite care,
- The first three (3) pints of blood.

Medigap Plan A consists of these Core Benefits alone, and Medigap Plans K and L include beneficiary cost-sharing on these benefits until the annual out-of-pocket limit is reached. Medigap Plans B through N also offer coverage in addition to the Core Benefits, to varying degrees.

Part A Deductible: Except for Plan A, all of the standardized Medigap policies will pay the deductible you are liable for under Part A. During 2019 the Part A deductible is \$1364. The Part A deductible is based upon what the typical cost is for one day in the hospital. You can therefore anticipate the Part A deductible to increase each year. Keep in mind that it is possible to have more than one Part A deductible per calendar year.

Part B Deductible: With the exception of many preventive services, for Part B benefits, you will be liable for a separate deductible. The 2019 Part B deductible is \$185. The Part B

deductible is for a calendar year; you only need to satisfy it once within a year before Medicare benefits begin. Of the standardized plans, C and F pay the Part B deductible. (You should keep in mind that you are essentially trading dollars for those plans. In other words, the potential cost to the insurance company is \$185 to pay the deductible; chances are the premium includes most, if not all, of that cost.)

Part B "Excess": Another variable that alters the cost of Medigap insurance pertains to what is paid after the deductible. Plans A, B, C, D, and M, will only pay 20% of the Medicare-approved charge. These plans do not pay any charges that are in excess of the Medicare-approved charge. Plans F and G pay 100% of the excess. To determine which type of plan you need, you should find out if your normal medical care provider is a participating physician, and if he or she accepts assignment for Medicare. If your normal physician is a participating physician or accepts assignment, you would only be responsible for payment of 20% of the Medicare-approved charge after the Part B deductible has been satisfied.

Even if the physician you normally see is a participating physician, there may be times that you need to see a physician who is neither a participating physician nor willing to accept Medicare assignment. If you have purchased a Medigap policy that only pays 20% of the Medicare-approved charge, you would then be responsible for the difference between the actual fee and the Medicare-approved charge.

Comparison Shopping

When you shop for Medigap insurance, it is good to call several companies. With the standardization of Medigap plans, each company's products are alike. They are competing solely on service, reliability, and price. It is also important to have an agent available when you have questions about benefit payments, rate changes or new options that may become available. Working with an agent that you have confidence in may be as important as the company you select.

Insurance Company Ratings

Financial strength ratings of companies are available. The A.M. Best Company, Inc., provides in-depth reports on many insurance companies. The ratings are a basis for comparing an insurance company's ability to meet its financial liabilities. The rating is based upon the risk involved with the financial commitments of a company due to the types of insurance sold, the quality of a company's investments, and other factors that may affect the financial standing of a company. A.M. Best Company, Inc. does not rate all companies. If a company does not have a rating, you shouldn't assume that the company is financially unstable. However, whenever you are shopping for insurance, whether it is for your home, car, or health care, many insurance professionals recommend using the rating organizations such as A.M. Best Company, Inc., as one area for comparison. Since 1992, the ratings have ranged from "A++" and "A+" (Superior) to "F" (In Liquidation). You may contact the Wyoming

Insurance Department at 1-800-438-5768 to acquire ratings of specific companies not shown in this Guide.

Best's Credit Ratings™ are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings™ and *Best's Credit Reports* (which include Best's Credit Ratings™), visit the A.M. Best website at <http://www.ambest.com>. See Guide to Best's Credit Ratings™ for explanation of use and charges.

Premiums

The premiums that are charged for a Medigap policy are based upon either "Issue Age" or "Attained Age." You can anticipate the rates to increase each year with either system. Rates increase due to increases in the Part A deductible, the cost of health care, and the utilization of health care. With the Issue Age method, your rates are always based upon the rate for the age when you purchased the plan. With Attained Age rates, your rates increase periodically because of your age. With some companies, your rates could increase each year.

With most companies the initial rates are the same for all policyowners ages 65-69, but are higher for policyowners ages 70-74, and higher yet for policyowners ages 75-89, etc. With companies using the Issue Age method, your rates are always based upon the age when you purchased the plan. If you were age 65 when you purchased the policy, your rates are based upon that age. If you purchase a plan from a company using the Attained Age method, the age that your rates are based upon changes as you grow older. At age 65, companies using the attained age system may offer lower rates, but the cost of insurance will increase as you grow older regardless of changes in the Part A deductible or the cost and utilization of health care.

Comparison With Existing Coverage

If you already have a Medigap policy, the benefits or rates may not be the same as shown in this guide. Wyoming adopted new regulations on Medigap insurance in July 1992, and again in June 2009. Policies that were sold prior to the adoption of those regulations can no longer be sold in the state. For a policy purchased prior to 1992, and further for plans purchased prior to June 1, 2010, it is likely that the rates and benefits differ somewhat from the modernized plans that insurance companies now sell in Wyoming. You may also have a Medigap policy with a company that is not listed in this guide. Some companies elected to not be included in this guide. There are also some companies that previously sold Medigap insurance that no longer do so, although they continue to renew and service existing policies. Also, if you purchased a policy in another state, it could be that the company does not do business in Wyoming, but the company continues to renew your policy.

If you purchased a plan before 1992, you do not have to switch to a standardized plan. Some plans that were offered before 1992 have advantages over any of the standardized plans, or offer comparable benefits. Just because your plan is not a standardized plan does not mean you should replace it. If an agent tells you so, we urge that you call the Wyoming

Insurance Department at 1-800-438-5768 or (307) 777-7402. You may also contact Wyoming Senior Citizens, Inc., 1-800-856-4398 or (307) 856-6880, to discuss the advantages and disadvantages of doing so.

Beginning January 1, 2020, insurance companies are no longer able to offer new Medigap Plan C or F. Congress has passed laws that new Medigap plans will no longer be allowed to cover the part B deductible after January 1, 2020. Anyone enrolled in one of these plans as of 12/31/2019 will be grandfathered and be able to continue with their current plan. So, in other words, if you currently have a Medigap Plan C or F, or purchase a Medigap Plan C or F before January 1, 2020, you will be able to keep your plan.

Persons with Medicare Due to a Disability

There are some insurance companies that will consider applicants for Medicare Supplement Insurance who are eligible for Medicare *by reason of disability* under age 65. **These companies are able to underwrite (examine the health history and health status) the applicant. The insurance company is not required to issue a policy to these applicants, but may do so if they desire.** The insurance company usually limits the choice of policies that they offer to the under-age 65 applicants, normally Plans A and B. Companies who sell Medicare Supplement policies in Wyoming that will consider new applicants who are eligible for Medicare due to disability under age 65 are:

United American Insurance Co. – Plan B, 800-331-2512

*Wyoming Health Insurance Pool (WHIP), toll free in Wyoming at 800-442-2376 or outside Wyoming at 307-634-1393.

*The Wyoming Health Insurance Pool (WHIP) is a state program to provide supplemental insurance to those citizens of Wyoming who are unable to purchase Medicare supplement insurance primarily due to poor health. Those who are eligible for Medicare due to disability and are under the age of 65 are eligible for WHIP coverage. This is the only program for which individuals cannot be denied coverage. Benefits are paid in accordance with Wyoming Insurance Regulations. For more information on this program, contact the Wyoming Insurance Department at 1-800-438-5768 or the Wyoming State Health Insurance Information Program, administered by Wyoming Senior Citizens, Inc., at 1-800-856-4398 or at (307) 856-6880.

Conclusion

The chart on page 16, along with the *Guide to Health Insurance for People with Medicare* illustrate how each of the standardized plans fill different gaps left by Medicare. Looking at the options that are available, selection of the best plan is still difficult. Although unable to recommend any specific companies or plans, the Wyoming Insurance Department and the Wyoming State Health Insurance Information Program, administered by Wyoming Senior

Citizens, Inc., are available to assist you as you make your comparisons. You can reach the Insurance Department at 1-800-438-5768 or (307) 777-7401. You can reach Wyoming Senior Citizens, Inc. at 1-800-856-4398 or at (307) 856-6880.

Each of the 10 plans has a letter designation ranging from "A" through "N".

- Insurance companies are not permitted to change these designations or to substitute other names or titles. They may, however, add names or titles to these letter designations, or add "innovative benefits" to the existing standardized plan.
 - There may be additional plans available, called Medicare Select Plans, which utilize a network of Hospitals. Beneficiaries should think carefully if considering one of these plans.
 - While companies are not required to offer all of the plans, they must make Plan A available if they sell any of the other 10 plans in Wyoming.
 - The companies that choose to be listed in this guide do so voluntarily, and the guide may not be inclusive of all companies offering Medicare Supplement Insurance in Wyoming.
 - **Rates posted in this guide are as of January 1, however rates are subject to change at any time at the companies' discretion and may be different than the rate listed.**
-

There are some companies that have Medigap plans approved for sale in Wyoming, but are not included in this comparison. For example, some companies do not offer Medigap plans to the general public. Their plans are used in groups or associations. There may also be companies that had their plans approved after this comparison was prepared. Generally, however, we recommend that you contact the Wyoming Insurance Department, if you are approached by a company that is not shown in this comparison to confirm that the company's plan has been approved for sale within Wyoming. You can contact the Insurance Department at 1-800-438-5768 or (307)777-7401.

MEDICARE PART A: HOSPITAL INSURANCE COVERED SERVICES FOR 2019

Services	Benefit	Medicare Pays	You Pay
HOSPITALIZATION			
Semi-private room and board, general nursing and other hospital services and supplies. (Medicare coverage based on benefit periods.)	<u>First 60 days</u> <u>61st to 90th day</u> <u>91st to 150th day*</u>	<u>All but \$1364</u> <u>All but \$341 a day</u> <u>All but \$682 a day</u>	<u>\$1364</u> <u>\$341 a day</u> <u>\$682 a day</u>
SKILLED NURSING FACILITY CARE			
You must have been in a hospital for at least 3 days under in-patient status, enter a Medicare-approved facility generally within 30 days after discharge, and meet other program requirements.** (Medicare coverage based on benefit periods.)	<u>First 20 days</u> <u>Additional 80 days</u> <u>Beyond 100 days</u>	<u>100% of approved amount</u> <u>All but \$170.50 a day</u> <u>Nothing</u>	<u>Nothing</u> <u>Up to \$170.50 a day</u> <u>All costs</u>
HOME HEALTH CARE			
Medically necessary skilled care, home health aide services, medical supplies, etc.	For as long as you meet Medicare requirements for home health care benefits.	100% of approved amount; 80% of approved amount for durable medical equipment.	Nothing for services; 20% of approved amount for durable medical equipment.
HOSPICE CARE			
Pain relief, symptom management and support services for the terminally ill.	For as long as a doctor certifies need.	All but limited costs for outpatient drugs and inpatient respite care.	Limited cost sharing for outpatient drugs and inpatient respite care.***
BLOOD	Unlimited if medically necessary.	All but first 3 pints per calendar year.	For first 3 pints.****

* 60 reserve days may be used only once.

** Neither Medicare nor Medigap insurance will pay for most nursing home care.

*** Neither Medicare nor Medigap cover Hospice room and board.

**** To the extent the three pints of blood are paid for or replaced under one part of Medicare during the calendar year, they do not have to be paid for or replaced under the other part.

MEDICARE PART B: MEDICAL INSURANCE COVERED SERVICES FOR 2019

Services	Benefit	Medicare Pays	You Pay
MEDICAL EXPENSES Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, mental health counseling and other services.	Medicare pays for medical services in or out of the hospital.	80% of the Medicare approved amount (after \$185 deductible)	\$185 annual deductible,* plus 20% of approved amount and limited charges above approved amount.**
CLINICAL LABORATORY SERVICES Blood tests, urinalysis, and more.	Unlimited if medically necessary.	Generally 100% of approved amount.	Nothing for services.
HOME HEALTH CARE Medically necessary skilled care, home health aide services, medical supplies, and other services. (Home health care covered under Part B only if you do not have Part A.)	For as long as you meet Medicare requirements for home health care benefits.	100% of approved amount; and 80% of approved amount for durable medical equipment and supplies.	Nothing for services; 20% of approved amount for durable medical equipment and supplies.
OUTPATIENT HOSPITAL TREATMENT Medically necessary skilled care, home health aide services, medical supplies, etc.	Unlimited if medically necessary.	Medicare payment to hospital based on hospital costs.	20% of Medicare approved amount (after \$185 deductible).*
BLOOD	Unlimited if medically necessary.	80% of Medicare approved amount (after \$185 deductible) and starting with 4th pint.	First 3 pints plus 20% of approved amount for additional pints (after \$185 deductible).***

* Once you have paid \$185 of expense for covered outpatient services, the Part B deductible does not apply to any other covered services you receive for the rest of the year.

** Federal law limits charges for physician services.

*** To the extent any of the three pints of blood are paid for or replaced under one part of Medicare during the calendar year, they do not have to be paid for or replaced under the other part.

Note: In 2019, there may be limits on physical therapy, occupational therapy, and speech language pathology services. If so, there may be exceptions to these limits.

The chart below shows basic information about the different benefits that Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

Medicare Supplement Insurance (Medigap) Plans

Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% **
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2019			
							\$5,560	\$2,780		

* Plan F also offers a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,300 in 2019 before your policy pays anything.

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

AARP – United Health Care #79413 P.O. Box 30607 Salt Lake City, UT 84130 800-523-5800	A	Colonial Penn Life Ins. Co. #62065 11825 North Pennsylvania Street Carmel, IN 46032 800-800-4918	A-
American Continental Ins. Co. (Aetna) #12321 800 Crescent Centre Drive, Suite 200 Franklin, TN 37067 615-807-7626	A	Combined Insurance Co. #62146 Triangle Plaza, 7 th Floor 8750 W. Bryn Mawr Avenue Chicago, IL 60631 1-800-663-2422	A+
American Retirement Life (CIGNA) #88366 11200 Lakeline Blvd., Suite 100 Austin, TX 78727 866-459-4272	A	Gerber Life Insurance Co. #70939 445 Main Street Fremont, MI 49413 800-253-3074	A
Americo Financial Life Ins. Co. #61999 300 West 11 th Street Kansas City, MO 64105 888-220-7074	A	Globe Life and Accident Ins. Co. #91472 100 North Broadway, Oklahoma City, OK 73102 888-678-3403	A+
Assured Life Association #56499 6030 Greenwood Plaza Blvd., Suite 100 Greenwood Village, CO 80111 (303) 792-9777	NR	GPM Health & Life Insurance Company # 67059 211 Northeast Loop 410 San Antonio, TX 78217 (210) 357-2247	B++
Bankers Fidelity Life Ins. Co. #61239 4730 Peachtree Road NE Atlanta, GA 30319 800-241-1439	A-	Humana Insurance Company #73288 P.O. Box 740026 Louisville, KY 40201-7426 800-866-0581	A-
Blue Cross Blue Shield of Wyoming #53767 P.O. Box 2266 Cheyenne, WY 82003 800-442-2764	NR	HumanaDental Insurance Company #70580 P.O. Box 740026 Louisville, KY 40201-7426 (866) 610-8288	A-
Central States Health & Life Co of Omaha #61751 P.O. Box 34350 Omaha, NE 68134 800-826-6587	A-		

Individual Assurance Company Life, Health & Accident #81779 P.O. Box 30685 Oklahoma City, OK 73113 488-285-0836	B+	Thrivent Financial for Lutherans #56014 4321 North Ballard Road Appleton, WI 54919 800-847-4836	A++
Oxford Life Insurance Company #76112 2721 North Central Avenue Phoenix, AZ 85004 866-641-9999	A-	Transamerica Life Insurance Co #86231 4333 Edgewood Road NE Cedar Rapids, IA 52499 1-800-797-2643	A+
Physicians Mutual Ins. Co. #80578 2600 Dodge Street Omaha, NE 68131 402-633-1000	A	United American Insurance Co #92916 3700 Stonebridge Drive McKinney, TX 75070 1-800-331-2512	A+
Puritan Life Ins. Company of America #71390 1720 West Rio Salado Parkway, Suite A Tempe, AZ 85281 888-474-9519	B++	United of Omaha Life Ins. Co. #69868 3300 Mutual of Omaha Plaza Omaha, NE 68175 800-667-2937	A+
Reserve National Ins. Co #68462 601 East Britton Road Oklahoma City, OK 73114 800-654-9106	A-	USAA Life Insurance Co. #69663 USAA Building 9800 Fredericksburg Road San Antonio, TX 78288 855-458-7520	A++
Sentinel Security Life Ins. Company #68802 1405 West 2200 South Salt Lake City, UT 84119 801-484-8514	B++	Western United Life Assurance Co. #85189 P.O. Box 2290 Spokane, WA 99210 (509) 835-2500	B+
State Farm Mutual Automobile Ins. Co #25178 One State Farm Plaza Bloomington IL 61710 855-661-1349	A++		

Understanding Best's Financial Strength Ratings

A Best's Financial Strength Rating can be assigned to an insurance company on an interactive or non-interactive basis. In both cases, the rating scale and descriptors are:

Secure	Vulnerable
A++, A+ (Superior)	B, B- (Fair)
A, A- (Excellent)	C++, C+ (Marginal)
B++, B+ (Good)	C, C- (Weak)
	D (Poor)
	E (Under Regulatory Supervision)
	F (In Liquidation)
	S (Suspended)

Not Rated Designation

The Not Rated (NR) designation is assigned to companies that are not rated by A.M. Best. A.M. Best is a voluntary financial rating system and is an independent opinion of A.M. Best. Some insurance companies choose to forgo this voluntary rating system as they are required to comply with the state regulations, guidelines and audits.

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2019 Plans and Rates for Persons Age 65*

Company	A	B	C	D	F	High F	G	K	L	M	N
AARP (United Healthcare)	84.16	121.60	144.80		145.44		114.08	51.52	83.04		105.76
American Continental (AETNA)	130.00	164.00			194.00	75.00	122.00				98.00
American Retirement Life (CIGNA)	149.59				176.77		116.83				103.64
Americo Financial Life and Annuity Insurance Company	116.62				132.32		104.78				89.07
Assured Life Association	96.35				127.24		98.23				81.38
Bankers Fidelity Life Ins Co.	173.33				161.98	40.20	130.40	95.50			106.33
Blue Cross Blue Shield of WY	105.30				157.80	60.90	142.50	78.10			128.70
Central States Health and Life Company of Omaha	112.50		137.33				108.67				91.42
Colonial Penn Life	201.63	169.94			225.50	35.62	160.60	59.63	134.09	154.34	100.70
Combined Insurance Co.	121.58				173.69						133.16
Gerber Life Ins. Co.	127.21				186.00		144.05				
Globe Life and Accident	87.00	134.00	146.50		147.50	35.00					
GPM Health and Life Insurance Company	92.09				133.60		96.74				79.74
Humana Insurance Company	114.38	124.49	152.10		155.21	49.82		65.81	93.54		94.77
HumanaDental Insurance Company	100.18				131.96	43.41	102.44	49.80			88.65

***Rates listed are for informational and illustration use only. Your exact rate may be higher or lower.** Companies may have Preferred, Non-Tobacco and other rate factors that affect monthly premium, including discounts. Standard and Tobacco rates are higher, and some rates differ by gender. Rates listed are subject to change, and may require other service fees. *This list may not be inclusive of all carriers offering coverage in Wyoming. The companies that choose to be listed in this guide do so voluntarily, and the guide may not be inclusive of all companies offering Medicare Supplement Insurance in Wyoming.* Rates posted in this guide are as of January 1, however rates are subject to change at any time at the companies' discretion and may be different than the rate listed in this guide.

2019 Plans and Rates for Persons Age 65*

Company	A	B	C	D	F	High F	G	K	L	M	N
Individual Assurance Life, Health & Accident	131.55				155.13		109.65				92.69
Medico Insurance Company	119.61			160.63	204.61					147.87	118.50
Oxford Life Insurance Company	135.67				173.87		105.75				92.10
Physicians Mutual Ins. Co.	132.52			156.47	234.15	45.09	177.15				144.31
Puritan Life Insurance Company of America	95.70				118.52		94.43				80.15
Reserve National	179.35		252.40		234.55	42.05	156.90				147.25
Sentinel Security Life	113.19	124.56	153.76	126.55	157.47						
State Farm Mutual Automobile Ins. Company	112.62		169.91	136.93	171.61		137.19				106.08
Thrivent Financial for Lutherans	110.47	120.35	142.22	122.38	147.02	33.36	123.18		87.65	115.70	
Transamerica Life Insurance Company	83.87	110.74	131.02	121.12	131.78		121.06	60.34	89.58	110.30	103.72
United American Insurance Company	122.00	168.00	196.00	182.00	190.00	30.00	176.00	92.00	130.00		146.00
United of Omaha Life Insurance Company	112.61				162.71	37.50	121.17				92.98
USAA Life Insurance Company	96.39				148.92		133.45				100.13
Western United Life Assurance Company	123.33		156.83		158.50		118.75				103.50

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2019 Plans and Rates for Persons Age 75*

Company	A	B	C	D	F	High F	G	K	L	M	N
AARP (United Healthcare)	144.65	209.00	248.87		249.97		196.07	88.55	142.72		181.77
American Continental (AETNA)	172.00	217.00			250.00	96.00	161.00				129.00
American Retirement Life (CIGNA)	202.33				240.37		163.75				144.81
Americo Financial Life and Annuity Insurance Company	144.72				165.70		134.13				110.13
Assured Life Association	127.42				168.24		129.68				107.69
Bankers Fidelity Life Ins Co.	217.16				210.97	55.35	174.39	134.83			142.02
Blue Cross Blue Shield of WY	145.20				217.30	83.70	196.40	107.50			177.20
Central States Health & Life Company of Omaha	140.50		172.67				139.92				117.75
Colonial Penn Life	299.82	249.85			331.11	51.90	243.74	90.31	195.00	237.36	166.85
Combined Insurance Co.	193.33				276.19						211.74
Gerber Life Ins. Co.	166.87				248.71		193.12				
Globe Life and Accident	123.00	192.00	211.00		212.50	57.00					
GPM Health and Life Insurance Company	121.77				176.65		127.70				105.51
Humana Insurance Company	131.33				166.58	65.44		82.06			120.98
HumanaDental Insurance Company	156.47	170.59	208.42		212.67	68.26		90.17	128.17		129.86

*Rates listed are for informational and illustration use only. Your exact rate may be higher or lower. Companies may have Preferred, Non-Tobacco and other rate factors that affect monthly premium, including discounts. Standard and Tobacco rates are higher, and some rates differ by gender. Rates listed are subject to change, and may require other service fees. This list may not be inclusive of all carriers offering coverage in Wyoming. The companies that choose to be listed in this guide do so voluntarily, and the guide may not be inclusive of all companies offering Medicare Supplement Insurance in Wyoming. Rates posted in this guide are as of January 1, however rates are subject to change at any time at the companies' discretion and may be different than the rate listed in this guide.

2019 Plans and Rates for Persons Age 75*

Company	A	B	C	D	F	High F	G	K	L	M	N
Individual Assurance Life, Health & Accident	170.25				202.05		146.64				123.80
Medico Insurance Company	154.47			221.57	276.22					204.55	167.10
Oxford Life Insurance Company	191.14				243.35		135.42				131.96
Physicians Mutual Ins. Co.	164.30			232.70	327.15	70.95	247.19				214.47
Puritan Life Insurance Company of America	119.44				148.61		121.85				103.32
Reserve National	250.45		352.55		327.75	58.70	219.15				205.75
Sentinel Security Life	145.01	161.55	200.98	165.81	205.82						
State Farm Mutual Automobile Ins. Co	164.56		247-94	218.45	250.49		218.87				168.47
Thrivent Financial for Lutherans	150.87	170.42	200.07	179.00	206.91	50.73	179.87		128.42	167.52	
Transamerica Life Insurance Company	128.63	169.48	200.51	185.36	201.68		185.27	92.35	137.09	168.80	158.73
United American Insurance Company	156.00	228.00	276.00	262.00	266.00	48.00	252.00	136.00	192.00		214.00
United of Omaha Life Insurance Company	149.86				216.55	49.90	161.26				123.74
USAA Life Insurance Company	134.64				208.59		174.08				140.08
Western United Life Assurance Company	156.33		199.33		201.33		155.50				135.42

*Rates listed are for informational and illustration use only. Your exact rate may be higher or lower. Companies may have Preferred, Non-Tobacco and other rate factors that affect monthly premium, including discounts. Standard and Tobacco rates are higher, and some rates differ by gender. Rates listed are subject to change, and may require other service fees. This list may not be inclusive of all carriers offering coverage in Wyoming. The companies that choose to be listed in this guide do so voluntarily, and the guide may not be inclusive of all companies offering Medicare Supplement Insurance in Wyoming. Rates posted in this guide are as of January 1, however rates are subject to change at any time at the companies' discretion and may be different than the rate listed in this guide.

Helpful Resources

Wyoming State Health Insurance Information Program (WSHIIP)

Wyoming Senior Citizens, Inc.

1-800-856-4398

Offices in Casper, Cheyenne, and Riverton,
volunteers in Senior Centers statewide

Senior Medicare Patrol

Wyoming Senior Citizens, Inc.

1-800-856-4398

Medicare errors, fraud, or abuse

Medicare (1-800-MEDICARE)

1-800- 633-4227

Questions or complaints about Medicare

www.medicare.gov

Wyoming Insurance Department

1-800-438-5768

Questions or complaints about insurance
companies or agents

Social Security Administration

1-800-772-1213

Medicare eligibility and payment of
Medicare premiums, and Extra Help

Offices in Casper, Cheyenne, Cody,
Riverton, Rock Springs, and Sheridan
www.socialsecurity.gov

Wyoming Medicaid

1-855-294-2127 (toll free)

<http://www.health.wyo.gov/healthcarefin/medicaideligibility/index.html>

Wyoming Department of Family Services – Statewide Field Offices

Eligibility or questions about other assistance programs (SNAP, POWER, etc.)

Albany Co – Laramie 307-745-7324	Fremont Co – Lander 307-332-4038	Johnson Co – Buffalo 307-684-5513	Park Co – Powell 307-754-2245
Big Horn Co – Greybull 307-765-9453	Fremont Co – Riverton 307-856-6521	Laramie Co – Cheyenne 307-777-7921	Platte Co – Wheatland 307-322-3790
Campbell Co – Gillette 307-682-7277	Northern Arapahoe – Arapahoe 307-857-1692	Lincoln Co – Kemmerer 307-877-6670	Sheridan Co – Sheridan 307-672-2404
Carbon Co – Rawlins 307-328-0612	Eastern Shoshone- Ft. Washakie 307-332-0207	Lincoln Co – Afton 307-886-9232	Sublette Co – Pinedale 307-367-4124
Converse Co – Douglas 307-358-3138	Goshen Co – Torrington 307-532-2191	Natrona Co – Casper 307-473-3900	Sweetwater Co – Rock Springs 307-362-5630
Converse Co – Glenrock 307-436-9068	Hot Springs Co – Thermopolis 307-864-2158	Niobrara Co – Lusk 307-334-2153	Teton Co – Jackson 307-733-7757
Crook Co – Sundance 307-283-2014		Park Co – Cody 307-587-6246	Uinta Co – Evanston 307-789-2756

Questions to Consider Regarding Medicare Supplements

Can I afford it?

What plan best fits my needs?

Will my premiums increase?

If I change plans, will there be issues due to my health conditions?

Are there factors other than cost that I should consider?

NOTES

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