



SHIP

State Health Insurance
Assistance Program

2022

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



Presented by the

WYOMING DEPARTMENT OF INSURANCE

<http://doi.wyo.gov>

and the

WYOMING STATE HEALTH INSURANCE INFORMATION PROGRAM

Under contract to

WYOMING SENIOR CITIZENS, INC.

www.wyomingseniors.com



Mark Gordon
Governor

THE STATE OF WYOMING
Department of Insurance
106 E. 6th Ave. • Cheyenne, Wyoming 82002

Jeffrey P. Rude
Commissioner

Dear Fellow Citizens of Wyoming:

I am pleased to provide you the *2022 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 over 3,000 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 Jeffrey P. Rude, written in a cursive style.

Jeff Rude
Insurance Commissioner

Wyoming State Health Insurance Information Program (WSHIIP)

The Wyoming State Health Insurance Information Program (WSHIIP) is a federally funded grant program to provide unbiased assistance to Medicare beneficiaries **FREE OF CHARGE**. Wyoming Senior Citizens, Inc. has held this grant for over 25 years.

WSHIIP counselors help Medicare beneficiaries, their families or other representatives by providing information and answers to questions related to Medicare, Medicare supplement, prescription drug plan or other health insurance products. WSHIIP counselors have no connection with any insurance company or product.

WSHIIP counselors receive extensive initial and ongoing training in Medicare, Medicare supplement and prescription drug plans. Statewide counselors are available for individual appointments by calling 1-800-856-4398.

WSHIIP program staff is available to offer public presentations to groups, businesses and organizations. To schedule a presentation or to locate the WSHIIP coordinator or volunteer nearest you, contact Wyoming Senior Citizens, Inc. by calling 1-800-856-4398 or emailing wshiipmgr@wyoming.com.



YOU COULD HELP OTHERS- BECOME A VOLUNTEER!

Have you ever thought you might want to help others with Medicare choices? WSHIIP invites you to consider becoming a trained volunteer.

Volunteers can assist others in Wyoming with simple or complex questions on Medicare. The WSHIIP staff provides thorough training and support to all volunteers to make sure they are kept updated on any changes to Medicare or Medicare Supplement policies.

For more information on becoming a volunteer, call Wyoming Senior Citizens, Inc. WSHIIP at 1-800-856-4398.

Understanding Medicare

What is Medicare?

Medicare is a national, tax supported, health insurance program for people 65 and over and for some persons with disabilities. If you or your spouse have worked for 10 or more years over a lifetime, you are probably eligible to receive Medicare Part A (hospital insurance) free of charge. Medicare Part B (medical insurance) is available at a monthly rate. If you have a lower income and limited assets you may qualify to receive Part B free by submitting an application for the Medicare Savings Program.

How does Original Medicare work?

Medicare is two separate types of insurance: Part A covers hospital inpatient status, hospice, home health and limited skilled nursing. Part B covers part of doctor bills, outpatient care, medical equipment, lab and diagnostic tests.

How do I get Original Medicare?

- Enroll by calling Social Security or online at www.ssa.gov
- Enrolled automatically if receiving Social Security Retirement benefits prior
- Enrolled automatically (after 2 years) if receiving Social Security Disability Income (SSDI)
- Enrolled automatically if receiving Railroad Retirement Benefits

Initial enrollment period begins 3 months before age 65 and up to 3 months after.

What if I am still working?

- Have employer insurance coverage? YES=enroll in Part A only.
- On spouse's employer coverage? YES=enroll in Part A only.
- Have up to 8 months to enroll Part B once employer plan ends
- No penalty for late Part B enrollment if on employer plan
- **ALWAYS** verify with employer how Medicare works with the employer plan. Medicare (part A & B) is primary for employers with fewer than 20 employees.

Veterans may be eligible for special medical program

Eligibility and benefits are very restrictive and are subject to change. The Department of Veterans Affairs advises veterans to apply for both Part A and B of Medicare to ensure adequate medical coverage.

What about costs Medicare does not cover?

Medicare pays for only a portion of hospital and medical bills. Beneficiaries will pay a share of their bills. Medicare Parts A and B both have deductibles and coinsurance requirements. Private insurance is available to cover all or some of these out-of-pocket costs. These insurance plans are called Medicare supplement (also called Med Sup or Medigap plans).

Only one Medicare Supplement plan is necessary. You can only buy one Medicare supplement (Medigap) plan. No one should try to sell you an additional Medigap plan unless you decide you need to switch policies.

The best time to buy a Medicare Supplement policy is during the initial enrollment period. This period lasts for 6 months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B. During this period, an insurance company can't use medical underwriting to decide whether to accept your application. This means the insurance company can't refuse to sell you a policy or charge you more for a policy because of any health problems you may have. After this limited initial enrollment period, companies can pick and choose whom they will cover.

Standardization of Medigap Plans

Following the models developed by the National Association of Insurance Commissioners (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 G. There is a high-deductible plan F for those who were Medicare eligible prior to January 1, 2020. 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 side by side.

Medigap insurers do not have to offer all of the plans, but are required to sell Plan A. If they offer any other plans in addition to A, they must also offer either Plan C or Plan F to individuals eligible for Medigap policies prior to 1/01/2020. If you have decided that you wish to purchase Plan G, this guide shows which companies offer it, and allows you to compare the rates.

As of January 1, 2020, insurance companies are no longer able to offer a new Medigap Plan C or F. Congress has passed laws that no longer allow Medicare supplement policies to cover the part B deductible after January 1, 2020. Anyone enrolled in Medigap Plan C or F as of 12/31/2019 was allowed to keep their 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 - 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 beneficiary 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 beneficiary is not required to pay the health care provider the difference between the provider's normal fee and the Medicare-approved charge and the provider should not bill the beneficiary the difference.

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 Part B 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 2022, the Medicare Part A deductible is \$1,556.00 per benefit period. The deductible for Part B is \$233 for the calendar year 2022.**

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 - In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

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).

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. The best time to buy a Medigap policy is during your initial enrollment period when you first become eligible for Medicare.

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., pre existing 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 if the original creditable coverage was in effect for at least 90 days.

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 without incurring a penalty and/or in 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 choose COBRA after your employee coverage ends, don't wait until your COBRA ends to enroll in Part B. If you don't enroll in Part B during the 8 months after the employment ends you may have to pay a penalty for as long as you have Part B.

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.

Under certain circumstances, Medicare beneficiaries who are at least 65 years old are guaranteed issuance of certain Medigap policies if they apply within 63 days of an employer plan termination or cessation of benefits.

Should I Purchase Long Term Care Insurance?

In the past, families often stepped in to help when older family members were no longer able to care for themselves. Today, with people living longer, families living long distances apart and working outside the home, fewer families are able to provide this care. A wide range of long-term care services are available - adult day care, respite care, home care and nursing care. These services are expensive and often exceed a person's ability to pay. Unfortunately, people often mistakenly assume that Medicare will cover their long-term care costs.

MEDICARE ONLY COVERS LONG-TERM CARE IN VERY LIMITED CIRCUMSTANCES.

Many Wyoming residents are eligible for Medicaid payment of their long term care bills. Medicaid is a medical assistance program for people with limited income and assets. Eligibility is determined by the Department of Health in Cheyenne, Wyoming. (Wyoming Department of Health-Medicaid 1-855-294-2127)

Private long-term insurance is an option for people to consider, particularly if they have assets they wish to protect. You should not buy this type of insurance unless you can afford to pay the premiums every year. Remember, long term care insurance premiums can and often do go up, even after you retire. Long-term care plans are not standardized like Medigap plans. Therefore, it is very important to shop around and compare benefit options and cost. Please visit the Wyoming Department of Insurance Consumer webpage (<https://doi.wyo.gov>) for a copy of a 'Long Term Care Shoppers Guide'.

Medicare Prescription Drug (Part D)

Everyone with Medicare is eligible to join a Medicare Prescription Drug Plan. The Medicare drug program is voluntary. Most people with Medicare will have to pay a monthly premium for the benefit as well as deductibles and copayments. In 2022, the national average premium for a Part D prescription drug plan is \$33.37 per month. People with limited income and resources may receive help to reduce premiums, deductibles and copayments. In any case, most people can expect to save money on their medicine if they enroll.

Basic facts about Medicare Part D:

- Medicare prescription drug plans provide insurance coverage for prescription drugs.
- Anyone on Medicare can enroll in a plan.
- You have three months following your 65th birthday to enroll in a plan. After that you may have to pay a penalty.
- There is a monthly premium to join a plan.
- The patient will pay a share of the cost of prescriptions in addition to the monthly premium. The actual amount will vary depending on the drug plan.
- You have 63 days to enroll once the employer coverage ends or if you move out of the service area.
- People with limited income may be eligible for the Extra Help Program that will reduce the premium, deductible and co-payments and cancel late enrollment penalties.
- A late enrollment may incur a penalty if the person does not enroll at the first opportunity.

Contact WSHIIP for assistance in determining the best plan for you. You can also review plan information and do a plan comparison at www.medicare.gov.

Part D ANNUAL ENROLLMENT PERIOD is October 15- December 7 each year:

- Enroll in a Prescription Drug Plan if not enrolled during the initial enrollment period (65th birthday).
- **Compare current plan each year to ensure best coverage and cost effectiveness.**
- Call WSHIIP for an appointment to evaluate your plan option each year.

Medicare Advantage (Part C)

Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. Medicare Advantage Plans provide all of your Part A and Part B benefits, excluding clinical trials, hospice services, and, for a temporary time, some new benefits that come from legislation or national coverage determinations. Plans must cover all emergency and urgent care, and almost all medically necessary services Original Medicare covers. If you're in a Medicare Advantage Plan, Original Medicare will still help cover the cost for hospice care, some new Medicare benefits, and some costs for clinical research studies. Most Medicare Advantage plans also include drug coverage (Part D).

Things to know about Medicare Advantage:

- Not all plans are available in all areas of the state.
- Providers can be in or out of network, verify with the plan if your provider is in-network.
- Out-of-pocket costs vary depending on the plan and the type of service.
- Plans have a yearly limit on what you pay out of pocket for services.
- You may need to get a referral to see a specialist.
- Any changes to the plan will be communicated in an “Annual Notice of Change” that will be mailed by September 30th each year.
- See pages 71-73 of your “Medicare and You Handbook 2022” for more information about when you can join, switch, drop or make changes to a Medicare Advantage Plan.

Medicare Advantage Plans Offered in Each County		
County	Organization Name	Plan Name
Albany	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Albany	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Albany	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Albany	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Albany	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Big Horn	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Big Horn	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Campbell	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Campbell	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Campbell	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Carbon	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Carbon	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Converse	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Converse	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Crook	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Crook	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Crook	Medica	Medica Prime Solution Core (Cost)
Crook	Medica	Medica Prime Solution Thrift (Cost)
Crook	Medica	Medica Prime Solution Premier (Cost)
Crook	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Crook	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)

Medicare Advantage Plans Offered in Each County Continued...		
Fremont	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Fremont	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Fremont	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Fremont	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Fremont	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Goshen	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Goshen	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Goshen	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Hot Springs	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Hot Springs	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Johnson	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Johnson	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Laramie	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Laramie	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Laramie	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Lincoln	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Lincoln	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Natrona	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Natrona	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Natrona	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Natrona	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Niobrara	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Niobrara	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Niobrara	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Park	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Park	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Platte	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Platte	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Platte	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)

Medicare Advantage Plans Offered in Each County Continued...		
Sheridan	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Sheridan	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Sheridan	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Sheridan	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Sublette	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Sublette	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Sweetwater	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Sweetwater	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Teton	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Teton	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Teton	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Teton	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Teton	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Uinta	Aetna Medicare	Aetna Medicare Advantra Select (HMO-POS)
Uinta	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)
Uinta	Aetna Medicare	Aetna Medicare Value Plan (PPO)
Uinta	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Uinta	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Washakie	Lasso Healthcare	Lasso Healthcare Growth (MSA)
Washakie	Lasso Healthcare	Lasso Healthcare Growth Plus (MSA)
Washakie	UnitedHealthcare	AARP Medicare Advantage Choice (PPO)
Weston	Medica	Medica Prime Solution Core (Cost)
Weston	Medica	Medica Prime Solution Thrift (Cost)
Weston	Medica	Medica Prime Solution Premier (Cost)
Weston	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Weston	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)

Types of Medicare Advantage Plans:

- Private Fee-for-Service (PFFS)
- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Medical Savings Account (MSA)

Medical Savings Account (MSA) plans combine a high-deductible insurance plan with a medical savings account that you can use to pay for your health care costs. These plans are similar to Health Savings Account Plans available outside of Medicare. You can choose your health care services and providers (MSA plans usually don't have a network of doctors, other health care providers, or hospitals). MSA's do NOT include drug coverage (Part D). Medical Savings Accounts have specific guidelines on what the money in your account can be used for and there can be tax consequences if the funds are used incorrectly. Please contact the company directly for more information.

Compare Medicare Advantage Plans side-by-side

The chart below shows basic information about each type of Medicare Advantage Plan.

	HMO	PPO	PFFS	SNP	MSA
Premium Do I have to pay a monthly premium?	Yes May charge a premium in addition to Part B premium.	Yes May charge a premium in addition to Part B premium.	Yes May charge a premium in addition to Part B premium.	Yes May charge a premium in addition to Part B premium.	No You won't have to pay a monthly premium, but you'll continue to pay the monthly Part B premium.
Drugs Does the plan offer Medicare prescription drug coverage?	Usually If you join a HMO that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	Usually If you join a PPO plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	Usually If you join a PFFS plan that doesn't offer drug coverage, you can get a Medicare drug plan.	Yes All SNPs must provide Medicare prescription drug coverage.	No You'll have to join a Medicare drug plan. If you already have a Medigap policy with drug coverage, you can continue to use this coverage.
Providers Can I use any doctor or hospital that accepts Medicare for covered services?	Sometimes You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care or out-of-area dialysis). In an HMOPOS you may be able to get some services out of network for a higher copayment or coinsurance.	Yes Each plan has a network of doctors, hospitals, and other providers that you may go to. You may also go out of the plan's provider network, but your costs may be higher.	Yes You can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. If the plan has a network, you can use any of the network providers (if you go to an out-of-network provider that accepts the plan's terms, you may pay more).	Sometimes Generally, you must get your care and services from doctors or hospitals in the SNP's network (except emergency care or if you need out-of-area dialysis). However, if your SNP is a PPO you can get Medicare covered services out of network.	Yes MSA plans generally don't have network providers. You may go to any Medicare-approved providers for services Original Medicare covers.
Referral Do I need a referral from my doctor to see a specialist?	Yes	No	Maybe Plans may vary.	Maybe	No

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans available after January 1, 2020. Some plans may not be available.

Medicare Supplement Insurance (Medigap) Plans								
Benefits	A	B	D	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%
Medicare B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%
Part B deductible								
Part B excess charges				100%				
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%
	Out-of-pocket limit in 2022				\$6,620	\$3,310		

* Plan G also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plan G counts your payment of the Medicare Part B deductible toward meeting the plan deductible.

** Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

*** Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

Benefit Chart of Medicare Supplement Plans Sold to those eligible for Medicare before January 1, 2020.

This chart and the previous chart on page 8 shows the benefits included in the standard Medicare supplement plans available before January 1, 2020. These plans (C & F) are listed separately as they are not available to beneficiaries eligible for Medicare after January 1, 2020.

Medicare Supplement Insurance (Medigap) Plans <u>Only applicants first eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.</u>		
Benefits	C	F*
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%
Medicare B coinsurance or copayment	100%	100%
Blood (first 3 pints)	100%	100%
Part A hospice care coinsurance or copayment	100%	100%
Skilled nursing facility care coinsurance	100%	100%
Part A deductible	100%	100%
Part B deductible	100%	100%
Part B excess charges		100%
Foreign travel emergency (up to plan limits)	80%	80%

* Plan F also has a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plan F counts your payment of the Medicare Part B deductible toward meeting the plan deductible.

2022 Medicare Cost Guide

Medicare Part A (Hospital Insurance) Costs

Part A monthly premium

Most people don't pay a Part A premium because they paid Medicare taxes while working. If you don't get premium-free Part A, you pay up to \$499 each month.

If you don't buy Part A when you're first eligible for Medicare (usually when you turn 65), you might pay a penalty.

Hospital stay

In 2022, you pay

- \$1,556 deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$389 per day for days 61–90 of each benefit period
- \$778 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

Skilled Nursing Facility stay

In 2022, you pay

- \$0 for the first 20 days of each benefit period
- \$194.50 per day for days 21–100 of each benefit period
- All costs for each day after day 100 of the benefit period

Medicare Part B (Medical Insurance) Costs

Part B monthly premium

Most people pay the standard Part B monthly premium amount (\$170.10 in 2022). Social Security will tell you the exact amount you'll pay for Part B in 2022.

You pay the standard premium amount if:

- You enroll in Part B for the first time in 2022.
- You don't get Social Security benefits.
- You're directly billed for your Part B premiums.
- You have Medicare and Medicaid, and Medicaid pays your premiums. (Your state will pay the standard premium amount of \$170.10 in 2022.)
-

Here's what you'll pay:

If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard Part B premium and an income-related monthly adjustment amount.

If your yearly income in 2020 was			
File individual tax return	File joint tax return	File married & separate tax return	You pay (in 2022)
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10
above \$91,000 up to \$114,000	above \$182,000 up to \$228,000	not applicable	\$238.10
above \$114,000 up to \$142,000	above \$228,000 up to \$284,000	not applicable	\$340.20
above \$142,000 up to \$170,000	above \$284,000 up to \$340,000	not applicable	\$442.30
above \$170,000 and less than \$500,000	above \$340,000 and less than \$750,000	above \$91,000 and less than \$409,000	\$544.30
\$500,000 or above	\$750,000 or above	\$409,000 or above	\$578.30

Visit [Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance) to find the information in this chart. If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. If you pay a late enrollment penalty, these amounts may be higher.

Part B deductible—\$233 per year

Part D monthly premium

The chart below shows your estimated drug plan monthly premium based on your income. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

If your yearly income in 2020 was			
File individual tax return	File joint tax return	File married & separate tax return	You pay (in 2022)
\$91,000 or less	\$182,000 or less	\$91,000 or less	Your plan premium
above \$91,000 up to \$114,000	above \$182,000 up to \$228,000	not applicable	\$12.40 + your plan premium
above \$114,000 up to \$142,000	above \$228,000 up to \$284,000	not applicable	\$32.10 + your plan premium
above \$142,000 up to \$170,000	above \$284,000 up to \$340,000	not applicable	\$51.70 + your plan premium
above \$170,000 and less than \$500,000	above \$340,000 and less than \$750,000	above \$91,000 and less than \$409,000	\$71.30 + your plan premium
\$500,000 or above	\$750,000 or above	\$409,000 or above	\$77.90 + your plan premium

2022 Part D national base beneficiary premium — \$33.37

This amount is used to estimate the Part D late enrollment penalty and the income-related monthly adjustment amounts listed in the table above. The national base beneficiary premium amount can change each year. If you pay a late enrollment penalty, these amounts may be higher. See your Medicare & You handbook or visit [Medicare.gov](https://www.Medicare.gov) for more information.

2022 Medicare hospital insurance (Part A) covered services

Services	Benefit	Medicare pays	You pay
Hospitalization Semi-private room and board, general nursing and other hospital services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 60 days	All but \$1,556	\$1,556 (Deductible per benefit period - <i>see comment 2</i>)
	61st to 90th day	All but \$389/day	\$389/day
	91st to 150th day <i>(60 reserve days may be used only once)</i>	All but \$778/day	\$778/day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but \$194.50/day	up to \$194.50/day
	Beyond 100 days	Nothing	All costs
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited 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 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♦ When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited during a benefit period if medically necessary	All but first 3 pints per calendar year	For first 3 pints

1 - Neither Medicare nor Medigap insurance pay for most nursing home care (See *Medicare & You* booklet, page 55).

2 - A benefit period starts the first day you receive a Medicare-covered service in a qualified hospital. It ends when you've been out of a hospital (or other facility that provides skilled nursing or rehab services) for 60 days in a row. It also ends if you stay in a facility (other than a hospital) that provides skilled nursing or rehab services, but do not receive any skilled care there for 60 days in a row. If you enter a hospital again after 60 days, a new benefit period starts. This also applies to mental health in-patient stays. (See *Medicare & You* booklet, pages 27-29 and 121.)

♦ If the hospital gets blood from a blood bank at no charge, you won't pay for replacing it. If the hospital buys blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. (See *Medicare & You* booklet, page 26.)

Premium for Part A: Most people don't pay a premium, because they (or their spouse) worked for over 40 quarters. If you have fewer than 30 quarters of coverage, you pay \$499/mo. For 30-39 quarters of coverage, you pay \$274/month (Note: These numbers were not available at the time of printing for the 2022 Medicare & You book.)

2022 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
Medical Expenses Doctor services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, most outpatient mental health services, and other services	Unlimited if medically necessary	80% of approved amount (after \$233 deductible)	\$233 deductible,* plus 20% of approved amount and limited charges above approved amount**
Clinical Laboratory Services Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs	20% of billed amount*
Blood♦	Unlimited during a benefit period if medically necessary	80% of approved amount (after \$233 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints♦*

- * After you pay the yearly deductible of \$233, you typically pay 20% of the Medicare-approved amount for most doctor services, outpatient therapy and durable medical equipment for the rest of the year.
- ** Federal law limits charges for physician services.
- ♦ If the hospital gets blood from a blood bank at no charge, you won't pay for replacing it. If the hospital buys blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

Monthly Part B premium: The standard Part B premium amount in 2022 is \$170.10 (or higher depending on your income). However, a small number of people who get Social Security benefits will pay less due to the "hold harmless" provision. Social Security will tell you the exact amount you'll pay. For more information, go to: <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>.

We attempt to provide the most current information possible. Due to frequent changes, always check with Medicare at www.medicare.gov or at 1-800-MEDICARE (1-800-633-4227) for the latest premiums and deductibles. If you want personalized help, call WSHIP at 1-800-856-4398 and ask to speak with a SHIP counselor in your area.

Medicare Supplement Company Information and Financial Strength Rating

Understanding Best's Financial Strength Ratings

AM 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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A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. View our Important Notice: Best's Credit Ratings for a disclaimer notice and complete details at <http://www.ambest.com/ratings>

Company and Phone Number	AM Best Rating
AARP - United Health Care 800-523-5800	A
American Continental Ins.Co. (Aenta) 800-358-8749	A
American Retirement Life (CIGNA) 855-891-9368	A
Americo Financial Life Ins. Co. 888-220-7074	A
Accendo Insurance Co 800-358-8749	A
Assured Life Association 800-777-9777	NR
Bankers Fidelity Life Ins. Co. 866-458-7504	A-
Blue Cross Blue Shield of Wyoming 800-442-2764	NR
Central States Health & Life Co of Omaha 800-826-6587	A-
Colonial Penn Life Ins. Co. 877-877-8052	A-
Globe Life and Accident Ins. Co. 888-678-3403	A+
GPM Health & Life Insurance Co 866-242-7573	B++
Humana Insurance Company #73288 800-457-4708	A-
Lumico Life Insurance Co 866-440-4047	A
Great Southern Life Ins Co (Americo) 888-220-7074	B+

Company and Phone Number	AM Best Rating
Federal Life Insurance C 800-960-1390	A-
Manhattan Life Assurance Co of America 800-877-7703	B++
Mountain Health Cooperative 855-447-2900	NR
Mutual of Omaha Insurance Company 800-667-2937	A+
Nassau Life Insurance Co 860-403-5000	B++
National Guardian Life Insurance Co 800-548-2962	A-
National Health Ins Co 888-781-0585	A+
Oxford Life Insurance Company 866-641-9999	A-
Puritan Life Ins. Company of America 888-474-9519	B++
Sentinel Security Life Ins. Company 800-247-1423	B++
State Farm Mutual Automobile Ins. Co 800-782-8332	A++
Transamerica Life Insurance Co 800-797-2643	A
United American Insurance Co 800-331-2512	A+
United Insurance Co of America 800-654-9106	A
USAA Life Insurance Co. 800-531-8722	A++
United States Fire Insurance Co 973-490-6600	A

2022 Plans and Monthly Rates for Persons 65 (Non-Tobacco)*

Company	A	B	D	G	High G	K	L	M	N		C	F	High F
AARP UnitedHealthcare	\$103.07	\$133.52	-	\$136.62	-	\$60.83	\$99.41	-	\$127.16		\$173.98	\$174.74	-
Accendo	\$117.87			\$132.78	-	-	-	-	\$89.21		-	\$148.11	
American Continental (AETNA)	\$141.44	\$178.26	-	\$139.11	-	-	-	-	\$99.79		-	\$228.08	\$81.55
American Retirement Life (CIGNA)	\$195.28	-	-	\$167.37	-	-	-	-	\$134.44		-	\$230.76	-
Assured Life Association	\$132.87	-	-	\$135.45	-	-	-	-	\$90.78		-	\$165.78	-
Atlantic Coast Life	\$121.87			\$114.32		-	-	-	\$90.52		\$150.03	\$126.66	
Bankers Fidelity Life	\$246.82	-	-	\$207.95	-	\$78.58	-	-	\$165.10		-	\$258.31	\$37.52
Blue Cross Blue Shield of WY	\$111.80	-	-	\$151.30	\$64.70	\$82.90	-	-	\$136.70		-	-	-
Central States Health and Life Co of Omaha	\$128.75	-	-	\$124.33	-	-	-	-	\$94.75		\$151.67	\$53.25	-
Colonial Penn Life	\$280.66	\$213.91	\$133.73	\$213.62	\$40.23	\$74.91	\$172.68	\$194.21	\$133.83		-	\$289.28	\$43.76
Federal	\$124.37			\$126.76	-	-	-	-	\$95.22		-	\$156.40	-
Globe Life and Accident	\$107	\$165.50	-	\$162	\$38	-	-	-	\$125		\$181.52	\$82.50	\$38
GPM Health and Life	\$151.27		-	\$158.90	-	-	-	-	\$124.91		-	\$233.66	-
Great Southern Life	\$139.47	-	-	\$136.23	-	-	-	-	\$114.07		-	\$151.43	\$46.16
Humana	\$130.06	\$134.37	-	\$160.88	\$48.68	\$74.83	\$100.94	-	\$105.18		\$172.34	\$175.86	\$48.78
Lumico Life	\$113.25			\$114.42	-	-	-	-	\$93.67		-	\$143.50	-
Manhattan Life Assurance	\$130.42			\$125.08	-	-	-	-	\$96.17		-	\$149	-

***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.** 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.

2022 Plans and Rates for Persons 65 (Non-Tobacco)*

Company	A	B	D	G	High G	K	L	M	N		C	F	High F
Mountain Health CO-OP	\$133.58	-	-	\$119.25	-	-	-	-	\$91.07			\$141.90	-
Mutual of Omaha	\$126.32	-	-	\$128.20	\$40.95	-	-	-	\$107.69		-	\$168.42	-
Nassau Life	\$128.91	-		\$130.21	-	-	-	-	\$95		-	\$136.38	-
National Guardian Life	\$134.75	-	-	\$137.96	-	-	-	-	\$110.57		-	\$166.56	-
National Health (Allstate)	\$137.64	-		\$140.88	-	-	-	-	\$112.90		-	\$174.29	\$52.53
Oxford Life	\$177.72	-	-	\$131.99	-	-	-	-	\$120.73		-	\$234.19	-
Puritan Life	\$170.32	-	-	\$168.89	-	-	-	-	\$110.23		-	\$210.02	-
Sentinel Security Life	\$162.37	\$178.67	\$164.87	-	-	-	-	-	-		\$220.55	\$225.88	-
State Farm Mutual Automobile Ins. Co	\$128.35	-	\$138.04	\$138.38	-	-	-	-	\$106.08		\$193.72	\$195.50	-
Transamerica Life	\$114.75	\$151.50	\$140.78	\$140.71	-	\$62.86	\$93.31	\$114.90	\$108.04		\$179.26	\$180.30	-
United American	\$153	\$226	\$237	\$218	\$34	\$113	\$158	-	-		\$253	\$254	\$34
United Commercial Travelers (UCT)	\$185.06	\$239	\$233.40	\$225.71	-	-	-	-	\$189.76		\$267.99	\$276.23	-
United Ins Co of America	\$122.58	-	\$126.58	\$127.92	\$49.50	-	-	-	\$105.83		-	\$159.67	\$34
United States Fire	\$124.67	\$149.67	-	\$125.17	\$47.92	\$62.58	\$77.17	-	\$93.42		-	\$154.33	-
USAA Life	\$114.75	-	-	\$137.02	-	-	-	-	\$119		-	\$173.91	-

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2022 Plans and Rates for Persons 70 (Non-Tobacco)*													
Company	A	B	D	G	High G	K	L	M	N		C	F	High F
AARP UnitedHealthcare	\$113.40	\$160.14	-	\$150.25	-	\$67.01	\$109.38	-	\$139.87		\$191.29	\$192.13	-
Accendo	\$125.20	-	-	\$141.11	-	-	-	-	\$99.88		-	\$157.27	
American Continental (AETNA)	\$160.19	\$202	-	\$157.60	-	-	-	-	\$113.12		-	\$255.90	\$91.46
American Retirement Life (CIGNA)	\$231.87	-	-	\$200.65	-	-	-	-	\$160.34		-	\$272.09	-
Assured Life	\$146.80	-	-	\$149.40	-	-	-	-	\$100.37		-	\$183.16	-
Atlantic Coast Life	\$127.50	-	-	\$120.22			-	-	\$94.97		\$156.42	\$132.46	-
Bankers Fidelity Life	\$274.32	-	-	\$235.41	-	\$93.25	-	-	\$186.26		-	\$288.87	\$43.76
Blue Cross Blue Shield of WY	\$131.40	-	-	\$177.70	\$75.80	\$97.20	-	-	\$160.20		-	-	-
Central States Health and Life Co of Omaha	\$138.25	-	-	\$134.17	-	-	-	-	\$102		\$154.33	\$155.92	-
Colonial Penn Life	\$343.09	\$260.29	\$172.65	\$263.23	\$48.54	\$90.71	\$206.14	\$241.21	\$173.12		-	\$350.27	\$52.82
Federal	\$137.41	-	-	\$139.82	-	-	-	-	\$103.85		-	\$166.85	-
Globe Life and Accident	\$143	\$207.50	-	\$203.50	\$51	-	-	-	\$158		\$223	\$224.50	\$51
GPM Health and Life	\$167.13	-	-	\$175.26	-	-	-	-	\$138.12		-	\$258.17	-
Great Southern Life	\$147.47	-	-	\$136.23	-	-	-	-	\$120.90		-	\$162.64	\$43.48
Humana	\$150.22	\$163.50	-	\$195.74	\$59.23	\$86.38	\$122.82	-	\$127.98		\$209.68	\$213.96	\$62.58
*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. 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.													

2022 Plans and Rates for Persons 70 (Non-Tobacco)*
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Company	A	B	D	G	High G	K	L	M	N		C	F	High F
Lumico	\$123.67	-	-	\$125.08	-	-	-	-	\$102.17		-	\$161.58	-
Manhattan Life	\$142.83	-	-	\$133.75	-	-	-	-	\$104.92		-	\$161.92	-
Mountain Health CO-OP	\$143.12	-	-	\$128.98	-	-	-	-	\$97.20		-	\$150.96	-
Mutual of Omaha	\$136.92	-	-	\$142.04	\$46.43	-	-	-	\$119.32		-	\$182.57	-
Nassau Life	\$138.05	-		\$139.44	-	-	-		\$101.62		-	\$147.77	-
National Guardian Life	\$141.78	-	-	\$145.83	-	-	-	-	\$116.62		-	\$174.56	-
National Health (Allstate)	\$146.35	-	-	\$149.73	-	-	-		\$119.99		-	\$185.27	
Oxford Life Insurance Co	\$211.24	-	-	\$143.06	-	-	-	-	\$143.72		-	\$276.66	-
Puritan Life	\$174.47	-	-	\$173.26	-	-	-	-	\$121.39		-	\$214.61	-
Sentinel Security Life	\$185.68	\$204.42	\$208.36	-	-	-	-	-	-		\$253.07	\$259.17	-
State Farm Mutual Automobile	\$161.67	-	\$182.58	\$185.92	-	-	-	-	\$140.42		\$244.04	\$246.59	-
Transamerica Life	\$146.74	\$193.75	\$180.02	\$179.94	-	\$80.38	\$119.32	\$146.93	\$138.16		\$229.24	\$230.56	-
United American	\$185	\$280	\$302	-	\$45	\$149	\$210	-	\$251		\$317	\$317	\$45
United Commercial Travelers (UCT)	\$231.63	\$299.70	\$291.81	\$282.34	-	-	-	-	\$231.06		\$333.93	\$336.34	-
United Insurance	\$133.92	-	\$138.33	\$139.75	\$54.08	-	-	-	\$115.67		-	\$174.50	-
United States Fire	\$136.42	\$163.75	-	\$132.75	\$52.42	\$66.42	\$81.92	-	\$101.92		-	\$169.50	-
USAA Life Insurance Co	\$134.30	-	-	\$148.41	-	-	-	-	\$139.40		-	\$203.49	-

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Questions to consider regarding Medicare Supplement coverage:

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:

Helpful Resources

Wyoming State Health Insurance Information Program (WSHIP)

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

307-777-7401

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)

<https://health.wyo.gov/healthcarefin/medicaid/>



SHIP

State Health Insurance
Assistance Program

Navigating Medicare



Need more help understanding how Medicare works?

Call Wyoming State Health Insurance Information Program (WSHIIP) for free,
unbiased & confidential help at:

1-800-856-4398

wshiipmgr@wyoming.com

This project was supported in part by grant number 90SAPG0063 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C.

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