



# SHIP

State Health Insurance  
Assistance Program

## 2024

**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](http://www.wyomingseniors.com)



**Mark Gordon**  
Governor

THE STATE OF WYOMING  
***Department of Insurance***  
106 E. 6<sup>th</sup> Ave. • Cheyenne, Wyoming 82002

**Jeffrey P. Rude**  
Commissioner

Dear Fellow Citizens of Wyoming:

I am pleased to provide you the 2024 *Wyoming Buyer's Guide to Medicare Supplement Insurance*. The Buyer's Guide is 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, Wyoming Senior Citizens, Inc., and 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 2000 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, and consumer protections brought about by federal laws. Please be aware that the companies that chose 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.

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 WSHIIP toll-free at 1-800-856-4398, or the Wyoming Insurance Department at 1-800-438-5768.

Respectfully,

  
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](mailto: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](http://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 the 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 supplements (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 assignments 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 2024, the Medicare Part A deductible is \$1,632.00 per benefit period. The deductible for Part B is \$240 for the calendar year 2024.**

**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 15<sup>th</sup> through December 7<sup>th</sup>. 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 2024, the national average premium for a Part D prescription drug plan is \$34.70 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](http://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 71-72 of your "Medicare and You Handbook 2024" 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	Humana	Humana Gold Choice H8145-089 (PFFS)
Albany	Humana	Humana Honor (PPO)
Albany	Humana	HumanaChoice H5525-052 (PPO)
Albany	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Albany	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Albany	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Albany	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Albany	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Campbell	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Campbell	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Campbell	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Carbon	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Carbon	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Carbon	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Converse	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Converse	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Converse	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Crook	Medica	Medica Prime Solution Core (Cost)
Crook	Medica	Medica Prime Solution Premier (Cost)
Crook	Medica	Medica Prime Solution Thrift (Cost)
Crook	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Crook	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Crook	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Crook	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Fremont	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Fremont	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Fremont	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Fremont	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)

**Medicare Advantage Plans Offered in Each County Continued. . .**

<b>County</b>	<b>Organization Name</b>	<b>Plan Name</b>
Goshen	Humana	Humana Gold Choice H8145-089 (PFFS)
Goshen	Humana	HumanaChoice H5525-052 (PPO)
Goshen	Medica	Medica Prime Solution Core (Cost)
Goshen	Medica	Medica Prime Solution Premier (Cost)

Goshen	Medica	Medica Prime Solution Thrift (Cost)
Goshen	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Goshen	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Goshen	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Hot Springs	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Hot Springs	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Hot Springs	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Johnson	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Johnson	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Johnson	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Laramie	Humana	Humana Gold Choice H8145-089 (PFFS)
Laramie	Humana	Humana Honor (PPO)
Laramie	Humana	Humana Honor (PPO)
Laramie	Humana	HumanaChoice H5525-052 (PPO)
Laramie	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Laramie	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Lincoln	Aetna Medicare	Aetna Medicare Advantra Select (HMO-POS)
Lincoln	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)
Lincoln	Aetna Medicare	Aetna Medicare Value Plan (PPO)
Lincoln	Humana	Humana Gold Choice H8145-089 (PFFS)
Lincoln	Humana	Humana Honor (PPO)
Lincoln	Humana	HumanaChoice H5525-052 (PPO)
Lincoln	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Lincoln	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)

**Medicare Advantage Plans Offered in Each County Continued. . .**

<b>County</b>	<b>Organization Name</b>	<b>Plan Name</b>
Natrona	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Natrona	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Natrona	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Natrona	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Niobrara	Medica	Medica Prime Solution Core (Cost)
Niobrara	Medica	Medica Prime Solution Premier (Cost)
Niobrara	Medica	Medica Prime Solution Thrift (Cost)
Niobrara	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Niobrara	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Niobrara	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Platte	Medica	Medica Prime Solution Core (Cost)
Platte	Medica	Medica Prime Solution Premier (Cost)
Platte	Medica	Medica Prime Solution Thrift (Cost)
Platte	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)

Platte	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Platte	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Sheridan	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Sweetwater	Aetna Medicare	Aetna Medicare Advantra Select (HMO-POS)
Sweetwater	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)
Sweetwater	Aetna Medicare	Aetna Medicare Value Plan (PPO)
Teton	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Teton	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Teton	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (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)

**Medicare Advantage Plans Offered in Each County Continued. . .**

<b>County</b>	<b>Organization Name</b>	<b>Plan Name</b>
Uinta	Humana	Humana Honor (PPO)
Uinta	Humana	HumanaChoice H5525-052 (PPO)
Uinta	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Uinta	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Washakie	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Washakie	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Washakie	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Weston	Humana	Humana Gold Choice H8145-089 (PFFS)
Weston	Humana	Humana Honor (PPO)
Weston	Humana	HumanaChoice H5525-052 (PPO)
Weston	Medica	Medica Prime Solution Core (Cost)
Weston	Medica	Medica Prime Solution Premier (Cost)
Weston	Medica	Medica Prime Solution Thrift (Cost)
Weston	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Weston	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Weston	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
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
<b>Premium</b> 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 premiums.	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.
<b>Drugs</b> 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.
<b>Providers</b> 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 <b>some</b> 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 <b>accepts the plan's payment terms and agrees to treat you</b> . 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.
<b>Referral</b> 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.

<b>Medicare Supplement Insurance (Medigap) Plans</b>								
<b>Benefits</b>	<b>A</b>	<b>B</b>	<b>D</b>	<b>G*</b>	<b>K**</b>	<b>L**</b>	<b>M</b>	<b>N***</b>
<b>Medicare Part A coinsurance and hospital costs</b> (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%
<b>Medicare B coinsurance or copayment</b>	100%	100%	100%	100%	50%	75%	100%	100%
<b>Blood</b> (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%
<b>Part A hospice care coinsurance or copayment</b>	100%	100%	100%	100%	50%	75%	100%	100%
<b>Skilled nursing facility care coinsurance</b>			100%	100%	50%	75%	100%	100%
<b>Part A deductible</b>		100%	100%	100%	50%	75%	50%	100%
<b>Part B deductible</b>								
<b>Part B excess charges</b>				100%				
<b>Foreign travel emergency</b> (up to plan limits)			80%	80%			80%	80%
	<b>Out-of-pocket limit in 2024</b>				\$7,060	\$3,530		

\* Plan G also has a high deductible option which requires first paying a plan deductible of \$2,800 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 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.

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

\* Plan F also has a high deductible option which requires first paying a plan deductible of \$2,800 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.

## **2024 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 \$505 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 2024, you pay

- \$1632 deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$408 per day for days 61–90 of each benefit period
- \$816 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 2024, you pay

- \$0 for the first 20 days of each benefit period
- \$204.00 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 (\$174.70 in 2024). Social Security will tell you the exact amount you'll pay for Part B in 2024.

You pay the standard premium amount if:

- You enroll in Part B for the first time in 2024.
- 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 \$174.70 in 2024.)

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.

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.

## Medicare 2024 Part B Premiums by Income

If your filing status and yearly income in 2022 was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	(In 2024) Each month you pay
\$103k or less	\$206k or less	\$103k or less	<b>\$174.70</b>
Above \$103k up to \$129k	Above \$206k up to \$258k	N/A	<b>\$244.60</b>
Above \$129k up to \$161k	Above \$258k up to \$322k	N/A	<b>\$349.40</b>
Above \$161k up to \$193k	Above \$322k up to \$386k	N/A	<b>\$454.20</b>
Above \$193k & Less than \$500k	Above \$386k & Less than \$750k	Above \$103k & Less than \$397k	<b>\$559.00</b>
\$500k or above	\$750k and above	\$397k and above	<b>\$594.00</b>

**Part B deductible—\$240 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.

## Medicare 2024 Part D Premiums by Income

If your filing status and yearly income in 2022 was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	(In 2024) Each month you pay
\$103k or less	\$206k or less	\$103k or less	<b>Your plan premium</b>
Above \$103k up to \$129k	Above \$206k up to \$258k	N/A	<b>\$12.90 + you plan premium</b>
Above \$129k up to \$161k	Above \$258k up to \$322k	N/A	<b>\$33.30 + you plan premium</b>
Above \$161k up to \$193k	Above \$322k up to \$386k	N/A	<b>\$53.80 + you plan premium</b>
Above \$193k & less than \$500k	Above \$386k & Less than \$750k	Above \$103k & Less than \$397k	<b>\$74.20 + you plan premium</b>
\$500k or above	\$750k and above	\$397k and above	<b>\$81.00 + you plan premium</b>

### 2024 Part D national base beneficiary premium — \$34.70

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.

## 2024 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.) (See <b>comments 1 &amp; 2</b> )	First 60 days	All but \$1,632	\$1,632 (Deductible per benefit period - <b>see comment 2</b> )
	61st to 90th day	<b>All but \$408/day</b>	\$408/day
	91st to 150th day ( <b>60 reserve days may be used only once</b> )	All but \$800/day	\$816/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) (See comments 1 & 2)	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but \$204.00/day	up to \$204.00/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
<b>Hospice Care</b> 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	<b>Limited cost sharing for</b> outpatient drugs and inpatient respite care
<b>Blood</b> 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 Medicaid insurance pay for most nursing home care (See Medicare and You Handbook, pages 27, 56).

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, 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. It also applies to mental health in-patient stays. (See Medicare & You Handbook, pages 27-23 and 119.

◆ 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 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 Handbook, 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 \$505/mo.

## 2024 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
<b>Medical Expenses</b> 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 \$240 deductible)	\$240 deductible* plus 20% of approved amount and limited charges above approved amount**
<b>Clinical Laboratory Services</b> Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
<b>Home Health Care</b> 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
<b>Outpatient Hospital Treatment</b> 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*
<b>Blood</b>	Unlimited during a benefit period if medically necessary	80% of approved amount (after \$240 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints

\* After you pay the yearly deductible of \$240, 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 2024 is \$174.70 (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>.

## 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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Company and Phone Number	AM Best Rating
AARP - United Health Care 800-378-0849	A+
ACE Property and Casualty Insurance Company	A++
Aflac, Underwritten by Tier One Ins	A+
Allstate Health Solutions 855-224-6271	A+
American Continental Ins,Co. (Aenta) 800-358-8749	A
Assured Life Association 800-777-9777	NR
Atlantic Coast Life Insurance Co 844-442-3847	B++
Bankers Fidelity Life Ins. Co. 866-458-7504	A-
Blue Cross Blue Shield of Wyoming 800-442-2764	NR
Cigna Health and Life Insurance Co 855-891-9368	A
Colonial Penn Life Ins. Co. 877-877-8052	A
Federal Life Insurance Co. 800-233-3750	NR
Globe Life and Accident Ins. Co. 888-678-3403	A
GPM Health & Life Insurance Co 866-242-7573	A-
Humana Insurance Company 800-457-4708	A

Lumico Life Insurance Co 866-440-4047	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++
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 Commercial Travelers (Uct), The Order of	B
United Insurance Co of America 800-654-9106	A-
United States Fire Insurance Co 973-490-6600	A
USAA Life Insurance Co. 800-531-8722	A++

Company and Phone Number	AM Best Rating
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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 (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](http://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](http://www.socialsecurity.gov)

### **Wyoming Medicaid**

1-855-294-2127 (toll free)

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

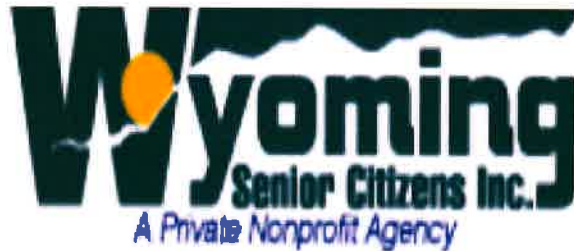


# SHIP

State Health Insurance  
Assistance Program

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## 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](mailto:wshiipmgr@wyoming.com)

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