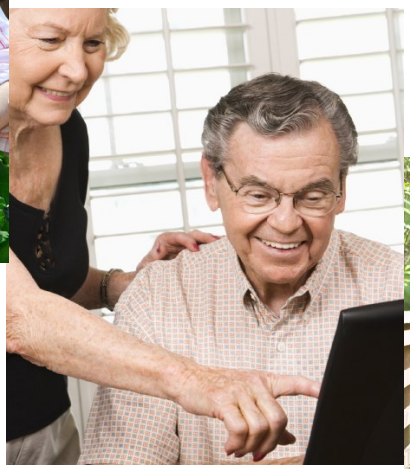
DEPARTMENT OF
Professional & Financial Regulation
STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

A Consumer's Guide To...

Medicare Supplement Insurance

(premium comparison chart)



Published by:

The Maine Bureau of Insurance

Last updated: February 2017

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MEDICARE SUPPLEMENT INSURANCE

Medicare supplement insurance covers some of the expenses not paid by Medicare. These policies are currently available from about a dozen insurers in Maine.

Medicare Advantage plans and Medicare Part D are not Medicare supplement coverage. Medicare Advantage plans are offered by companies that contract with Medicare to provide you with all of your Medicare Part A and Part B benefits. For more information on these plans or information on what Medicare does and does not pay, please read the federal booklet *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*. The booklet is available for free from the Maine Bureau of Insurance or your nearest office of Social Security Administration. A more detailed source of information about Medicare is "*Medicare & You*" available from the Social Security Administration or online at: www.medicare.gov.

2010 MEDICARE SUPPLEMENT PLANS

Currently, insurers are able to sell 10 standard plans that are required to be identified by letter. The plans are labeled: A, B, C, D, F, G, K, L, M, and N plans. (Plan F also has an option called High Deductible Plan F. See page 6 for details regarding benefits under the high deductible plan.)

The current plans are referred to as "2010 plans" and are similar to the original standardized Medicare supplement plans now referred to as "1990 plans." Some differences include the addition of a Hospice benefit to the core benefits in the 2010 plans and discontinuation of Preventative and At-Home-Recovery benefits. If you have a 1990 plan, you may switch to a 2010 plan with the same letter as your current coverage.

Plan A is the one plan that **must** be offered by all insurers. In addition to Plan A, an insurer must also sell either Plan C or Plan F. Insurers may sell any or all of the other plans. Policy benefits are the same for all plans with the same letter, so **price and service** will be important to think about when you buy a policy. To compare the rates offered by carriers selling Medicare supplement policies in Maine please see the comparison chart on pages 9-11.

Medicare supplement policies are renewable each year, as long as you pay the premium; however, **the premium may go up each year.**

All Medicare supplement policies sold in Maine must have a 30-day *Free Look* period. This means that if for any reason you are not happy with the policy you bought, you can return it to the agent or the insurance company and all money paid will be returned to you. The policy will be treated like it was never issued.

Need Assistance? Area Agencies on Aging are the central resource for elder services in Maine. They can help you either directly or by referring you to the appropriate agency.

Call 1-877-353-3771
to contact your local Area Agency on Aging,
or see the listing on the back cover for the office nearest you.

IF YOU ARE TURNING AGE 65 *or* ARE ENTITLED TO MEDICARE DUE TO A DISABILITY

Open Enrollment Period: Your six month Medicare Supplement *open enrollment period* begins the month you first enroll in Medicare Part B. (For many beneficiaries, but not all, this occurs at age 65.) After this time, your option to buy a Medicare supplement policy may be limited. If you are **65 and still working**, you should check with Medicare and Social Security about whether to sign up for Medicare Part B.

If you apply for a Medicare supplement policy during your six month open enrollment period, any insurer you apply to must insure you and must give you the plan you choose. Insurers may ask you medical questions during this period, but you cannot be refused coverage during your open enrollment, even if you have a medical condition.

Disabled Medicare beneficiaries who enroll in Medicare Part B before age 65 have a Medicare supplement open enrollment period at that time and an *additional* six-month Medicare supplement open enrollment period when they turn age 65.

PURCHASING A POLICY OUTSIDE THE OPEN ENROLLMENT PERIOD

Guaranteed Issue Right: If you are buying a Medicare supplement policy and you are not in your open enrollment period, some policies may still be available to you during some of the guaranteed issue periods described below.

1. Each insurer must designate a one-month guaranteed issue period each year when any applicant will be accepted in **Plan A.** (The insurer decides which month. See the chart on page 13.) Insurers are not *required* to offer other Medicare supplement plans during this period.

2. Medicare supplement insurers must offer you a policy if you lose coverage under one of the following types of health plans and you apply for a Medicare supplement policy in Maine within 90 days:
   - an Individual health insurance plan (not including fixed indemnity or short term coverage)
   - an employee welfare benefit plan (group health coverage through your employer)
   - MaineCare (includes QMB but does not include benefits that only provide Medicare Part B premium assistance; please refer to Bureau of Insurance Bulletin 385 for additional guidance.)

3. In Maine, you have the right to **change** Medicare supplement *plans* as long as you change to a plan with the **same** benefits **or** a plan with **lesser** benefits from the same or a different insurer, **and** you have never had a gap in coverage that supplements Medicare of more than 90 days since your Open Enrollment Period.

If you buy a lower benefit Medicare supplement plan, you may not be able to enroll in a higher benefit plan later on. See the chart on the next page to determine which plans you can change to in the future. The X shows the plans that are available to you. For example, a person who currently has plan C can change to plans A, B, D, and high deductible plan F; or once you buy plans K or L, you may only be able to switch to another plan K, L or high deductible F.

If you have Medicare supplement coverage issued before January 1, 1992, you can either 1) replace the policy that you have with any plan offered by the **same** insurer or 2) switch to another insurer as long as you change to a plan with the **same** benefits or a plan with **lesser** benefits and you have never had a gap in coverage that supplements Medicare of 90 days. Under these circumstances, the insurer can't refuse to give you the coverage. For more information about Medicare supplement coverage, you may call the Bureau of Insurance toll free (in state) at (800) 300-5000.

PURCHASING A POLICY OUTSIDE THE OPEN ENROLLMENT PERIOD (cont.)

Medicare Advantage: You cannot purchase a Medicare supplement plan if you are enrolled in Medicare Advantage. **If you are enrolled in a Medicare Advantage plan you may have a right under Maine law to enroll in a Medicare supplement plan if you switch back to original Medicare, but only under certain *limited* circumstances.**

When you dis-enroll from Medicare Advantage, you remain enrolled in Medicare Parts A and B, so your coverage automatically reverts to original Medicare — you do not need to re-enroll. (For information about how to switch to original Medicare, you can call Medicare at 1-800-MEDICARE.)

If you enroll in Medicare Advantage during your six-month open enrollment period, beginning when you first enroll in Medicare Part B, and then switch to original Medicare Part A and Part B within three years, you have the right to buy any Medicare supplement plan of your choice as long as you buy it within 90 days after your Medicare Advantage coverage ends. Otherwise, it is generally up to the insurer whether or not to issue a policy, which means you may need to qualify based on health status.

NOTE: If you enrolled in a Medicare Advantage plan mid-year, you will need to switch back to original Medicare sooner than three years because federal law only allows you to go back to original Medicare at certain times.

This arrangement is intended to provide you with a one time trial period to determine if a Medicare Advantage plan meets your needs.

NOTE: **Maine law extends the Medicare Advantage "trial period" from one year to three years, so you may not have the same rights if you move to another state**.

You may also be entitled to guaranteed issue of a Medicare supplement policy if your Medicare Advantage plan is involuntarily terminated (i.e., not at your request).

If you are enrolled in a Medicare supplement plan and you terminate that enrollment in order to enroll in a Medicare Advantage plan *for the first time*, and you then return to original Medicare Part A and Part B within 3 years, you have the right to buy an equivalent or less comprehensive Medicare supplement plan as long as you are still a Maine resident and apply for the new Medicare supplement plan within 90 days.

For specific guidance on guaranteed issue eligibility, please see Maine Insurance Rule Chapter 275, §12 or contact the Bureau of Insurance.

The following pages show the medical benefits that are covered by Medicare supplement policies. If you are not sure what basic Medicare pays, please read the Federal booklet, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare,* which is available free from the Maine Bureau of Insurance, from your nearest office of Social Security Administration, or on-line at www.medicare.gov. You may be responsible for charges that are not paid by either Medicare *or* your Medicare supplement policy.

Use this chart if you currently have a Medicare supplement policy but are thinking about changing to another plan.

The "X" in the chart below shows the plans that are available to you if you are considering changing the Medicare supplement plan that you currently have. For example, a person who currently has plan C can change to plans A, B, D, K, L, M, N, and high deductible plan F (those boxes marked with an "X").

The 1990 and 2010 Standardized Medicare supplement plans of the same letter are considered comparable for purposes of switching coverage.

Your Current Plan	Replacing Plan										
	A	B	C	D	F	F with High Deductible	G	K	L	M	N
A	X					X					
B	X	X				X					
C	X	X	X	X		X		X	X	X	X
D	X	X		X		X		X	X	X	X
E*	X	X		X		X		X	X	X	X
F	X	X	X	X	X	X	X	X	X	X	X
F with a High Deductible						X					
G	X	X		X		X	X	X	X	X	X
H*	X	X	X	X		X		X	X	X	X
I*	X	X	X	X	X	X	X	X	X	X	X
J*	X	X	X	X	X	X	X	X	X	X	X
K						X		X			
L						X		X	X		
M	X					X		X		X	
N	X					X		X	X		X

* These plans are no longer available to purchase; however, if you currently have one of these policies, you can keep it for as long as you pay the premium.

EXPLANATION OF CORE BENEFITS INCLUDED IN *ALL* PLANS

Plan A - Basic Core Benefits

The following are the basic benefits for Plan A. These benefits are also included in Plans B through N.

- Payment of Medicare Part A co-insurance for the 61st through the 90th day in the hospital ($329 a day in 2017);
- Payment of Medicare Part A co-insurance for any hospital confinement beyond the 90th day, up to an additional 60 days during the policyholder's lifetime ($658 a day in 2017);
- After using all the Medicare hospital inpatient coverage, including the lifetime reserve days, all Medicare-eligible hospital charges will be covered up to 365 additional days during the policyholder's lifetime;
- Coverage for the reasonable cost of the first three pints of blood each year under Medicare Part A and Part B;
- Payment of the 20% co-insurance amount under Medicare Part B (doctor and other medical bills) **after** the policyholder pays the Medicare Part B deductible which is $183 in 2017. Payment of the 20% co-insurance amount for outpatient mental health services, after the deductible is paid.
- Coverage of Medicare copayment/coinsurance for Hospice when there is a doctor's certification of terminal illness.

Additional Benefits Found in Plans B through N

The following list describes the additional benefits that may be included in plans B through N.
The chart on page 8 shows which benefits are included in each plan.

Medicare Part A Deductible: Payment of all of the Medicare Part A inpatient hospital deductible. (The Medicare Part A deductible is $1,316 in 2017.)

Skilled Nursing Facility Care: Coverage up to the co-insurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care ($164.50 a day in 2017).

Medicare Part B Deductible: Coverage of all of the Medicare Part B deductible ($183 in 2017). Medicare Part B covers doctor and other medical bills.

One Hundred Percent of the Medicare Part B Excess Charges: Coverage of the difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge, not to exceed any charge limit set by the Medicare program or state law.

Medically Necessary Emergency Care in a Foreign Country: Payment of 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency care received in a foreign country. The policies that cover foreign travel do so if emergency care begins during the first 60 days of a trip, and if Medicare doesn't otherwise cover the care. This benefit has a $250 calendar year deductible and a lifetime maximum benefit paid of $50,000.

High Deductible Plan "F": (see page 12 for companies and premiums) This high deductible plan offers the same benefits as the regular Plan F but the **benefits do not start until after** you pay a 2017 calendar year deductible of $2,200 (this deductible can go up every year). Some of the expenses you will have to pay to satisfy this high deductible include the Medicare deductibles for Parts A and B, **but does not include** the Plan "F" Foreign Travel Emergency deductible. The Foreign Travel Emergency deductible must be paid *regardless* of whether you have met the $2,200 high deductible and the Foreign Travel Emergency deductible cannot be applied toward the $2,200 high deductible.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is available through Medicare Part D. Medicare supplement policies with drug coverage are no longer sold.

PRE-EXISTING CONDITIONS

Some policies will not cover pre-existing medical conditions for the first six months the policy is in effect. A pre-existing medical condition is a condition for which you received medical advice and for which treatment was recommended by or received from a physician six months before the policy is issued. Even if you buy a Medicare supplement policy during your open enrollment period, the policy may still not pay for pre-existing conditions for up to six months. The premium comparison chart (see pages 9-11) has a column which indicates which policies exclude pre-existing conditions and the length of time they are excluded.

In general, If you had prior health insurance coverage for at least six months and purchase a Medicare supplement policy without a 90 day gap in coverage, you cannot be made to satisfy a new pre-existing condition exclusion for similar benefits. In some situations in which coverage is issued on a guaranteed issue basis you may be protected from pre-existing condition exclusions even if you had prior coverage for less than six months.

COST

The premium comparison chart (pages 9-11) shows **annual** premiums at the time this brochure was printed. Semi-annual, quarterly, and monthly premiums may be available. *These premiums are subject to change and should be verified with the company or producer for accuracy.*

The cost for Medicare supplement policies cannot vary based on your age or gender; however, some companies charge a higher rate if you smoke. For these companies, both rates are shown in the chart. Rates may vary depending upon where you live. If you have a Medicare supplement policy and change your address, your renewal rate may change depending upon the insurer's claims experience within that location.

Some companies offer discounts. Anthem Blue Cross Blue Shield temporarily discounts a policy purchased no later than three months after either your 65th birthday or your retirement from an eligible group. The rates in this brochure are also on our web site and are updated as they become available at: *www.maine.gov/insurance* under *Consumer Information* in the *Brochures* section.

Plans C and F: For some companies, the annual premium for Plan C exceeds that for Plan D (or Plan F exceeds the premium for Plan G) by more than the additional benefit provided. This additional benefit covered by Plan C (and Plan F) is the Medicare Part B annual deductible which is $183 in 2017. Therefore, you may want to consider buying Plan D instead of Plan C (or Plan G instead of Plan F) to save money. The company must disclose this rate difference in their outline of coverage when premiums for Plan C exceed Plans D (or Plan F exceeds Plan G).

ADDITIONAL COVERAGE OPTIONS

In addition to the policies listed in the following pages, some insurance companies issue Medicare supplements through association groups. If you are a member of an association you may be able to purchase a group Medicare supplement through that association. Companies such as Monumental, Union Labor Life, Transamerica, and Globe Life are licensed and approved to sell group Medicare supplement policies.

Medicare Supplement insurance can only be sold in ten standard plans and one high deductible plan - Plan F. The following charts show the benefits included in each plan. Every company offering Medicare supplement insurance **must** make Plan A available.

See page 5 for a description of the benefits listed in this chart.

2017 Benefit Values	**PLAN A**	**PLAN B**	**PLAN C**	**PLAN D**	**PLAN F**	**PLAN G**	**PLAN K***	**PLAN L***	**Plan M**	**Plan N**
	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	50% Basic Benefits except 100% Part A Co-insurance	75% Basic Benefits except 100% Part A Co-insurance	Basic Benefits	Basic, except up to $20 copayment for office visit and up to $50 copay-ment for ER
$164.50/day Days 21-100			Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	50% Skilled Nursing Co-insurance	75% Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance
$1,316		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75%Part A Deductible	50% Part A Deductible	Part A Deductible
$183			Part B Deductible		Part B Deductible					
Varies					Part B Excess (100%)	Part B Excess (100%)				
Varies			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit $4,960; paid at 100% after limit reached	Out-of-pocket limit $2,480; paid at 100% after limit reached		

*Plans K and L provide for different cost-sharing for items and services than Plans A through G. Once you reach the annual limit ($5,120 for Plan K and $2,560 for Plan L in 2017), the plan pays 100% of the Medicare co-payments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges.” You will be responsible for paying excess charges. The out-of-pocket annual limit will increase each year for inflation.

RATE COMPARISON CHART (PAGE 1 OF 4)

IMPORTANT! READ THE EXPLANATORY INFORMATION **BEFORE** USING THE FOLLOWING CHARTS. Rates provided are for ANNUAL premiums.

Semi-annual, quarterly, and monthly premiums may be available from the company.

COMPANY	PRE-EXISTING EXCLUSION PERIOD	PLAN A	PLAN B	PLAN C[1]	PLAN D	PLAN F[1,2]	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N
Anthem Blue Cross	6 Months	*Effective 1/1/17:* **NS:** $1,741.44 **S:** $1,950.41				*Effective 1/1/17:* **NS:** $2,526.36 **S:** $2,829.52					*Effective 1/1/17:* **NS:** $1,743.36 **S:** $1,952.56
Central States Indemnity Co. Of Omaha	None	*Effective 1/1/17:* **NS**: $1,806.82 **S**: $2,006.45				*Effective 1/1/17:* **NS:** $2,492.55 **S:** $2,767.74					*Effective 1/1/17:* **NS:** $1,597.30 **S:** $1,773.08
Colonial Penn Life	None	*Effective 1/1/17:* **NS:** $2,946.30 **S:** $3,424.66	*Effective 1/1/17:* **NS:** $3,490.23 **S:** $4,056.40			*Effective 1/1/17:* **NS:** $3,807.46 **S:** $4,425.02	*Effective 1/1/17:* **NS:** $3,555.90 **S:** $4,132.66	*Effective 1/1/17:* **NS:** $1,353.77 **S:** $1,572.86	*EEffective 1/1/17:* **NS:** $2,297.00 **S:** $2,669.65	*Effective 1/1/17:* **NS:** $3,135.90 **S:** $3,644.48	*Effective 1/1/17:* **NS:** $2,255.54 **S:** $2,621.32
Combined Insurance Co.	None	*Effective 6/1/16:* $2,316.66				*Effective 6/1/16:* $3,131.49					
Equitable Life & Casualty	None	*Effective 1/1/17:* **NS:** $2,112.00 **S:** $2,526.00				*Effective 1/1/17:* **NS:** $3,112.08 **S:** $3,721.20					*Effective 1/1/17:* **NS:** $2,263.20 **S:** $2,706.00
First Health (an Aetna Co.)	None	*Effective 1/1/17:* **NS**: $1,685.00 **S**: $1,853.00	*Effective 1/1/17:* **NS**: $2,059.00 **S**: $2,266.00			*Effective 1/1/17:* **NS**: $2,463.00 **S**: $2,710.00	*Effective 1/1/17:* **NS**: $2,319.00 **S**: $2,550.00				*Effective 1/1/17:* **NS**: $1,812.00 **S**: $1,993.00

[1]See pg. 6 under "Cost" for an explanation regarding premium differences for Plan C and Plan F. [2]See High-Deductible Plan F on Page 12. NOTE: **NS** = Non-smoker **S** = Smoker

RATE COMPARISON CHART (PAGE 2 OF 4)

IMPORTANT! READ THE EXPLANATORY INFORMATION **BEFORE** USING THE FOLLOWING CHARTS. Rates provided are for ANNUAL premiums.

Semi-annual, quarterly, and monthly premiums may be available from the company.

COMPANY	PRE-EXISTING EXCLUSION PERIOD	PLAN A	PLAN B	PLAN C[1]	PLAN D	PLAN F[1,2]	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N
Globe Life	6 Months	*Effective 1/1/16: $1,083.00 Effective 4/1/17:* $1,148.00	*Effective 1/1/16: $1,708.00 Effective 4/1/17:* $1,810.00	*Effective 1/1/16: $1,972.00 Effective 4/1/17:* $2,090.00		*Effective 1/1/16: $1,993.00 Effective 4/1/17:* $2,113.00					
GPM Life	None	*Effective 10/1/16:* **NS:** $2,602.48 **S:** $2,991.36		*Effective 10/1/16:* **NS:** $3,633.85 **S:** $4,176.84		*Effective 10/1/16:* **NS**: $3,721.55 **S**: $ 4,277.64	*Effective 10/1/16:* **NS**: $3,107.15 **S**: $3,571.44				*Effective 10/1/16:* **NS:** $2,633.28 **S:** $3,026.76
HPHC Insurance Co.	None	*Effective 1/1/17:* $1,752.00				*Effective 1/1/17:* $2,544.00				*Effective 1/1/17:* $1,788.00	*Effective 1/1/17:* $1,692.00
Humana Healthy Living with Dental & Vision	3 Months	*Effective 3/1/16:* **NS:** $2,344.68 **S:** $3,439.44 *Effective 4/1/17:* **NS:** $2,433.24 **S:** $3,571.80				*Effective 3/1/16:* **NS:** $2,972.88 **S:** $4,378.32 *Effective 4/1/17:* **NS:** $3,114.96 **S:** $4,590.72		*Effective 3/1/16:* **NS:** $1,456.32 **S:** $2,111.64 *Effective 4/1/17:* **NS:** $1,509.24 **S:** $2,190.84			*Effective 3/1/16:* **NS:** $2,041.20 **S:** $2,985.84 *Effective 4/1/17:* **NS:** $2,117.52 **S:** $3,099.96
Humana	3 Months	*Effective 11/1/16:* **NS**: $2,243.64 **S**: $3,353.40	*Effective 11/1/16:* **NS**: $2,441.76 **S**: $3,649.68	*Effective 11/1/16:* **NS**: $2,951.52 **S**: $4,411.44		*Effective 11/1/16:* **NS**: $3,011.76 **S**: $4,501.56		*Effective 11/1/16:* **NS**: $1,290.72 **S**: $1,929.24	*Effective 11/1/16:* **NS**: $1,870.20 **S**: $2,795.28		*Effective 11/1/16:* **NS**: $1,966.32 **S**: $2,938.92
Loyal American	6 Months	*Effective 6/1/16*: **NS:** $2,038.29 **S:** $2,242.12				*Effective 6/1/16:* **NS:** $2,511.84 **S:** $2,763.02	*Effective 6/1/16:* **NS:** $2,063.41 **S:** $2,269.75				*Effective 6/1/16:* **NS:** $1,676.03 **S:** $1,843.63

[1]See pg. 6 under "Cost" for an explanation regarding premium differences for Plan C and Plan F. [2]See High-Deductible Plan F on Page 12. NOTE: **NS** = Non-smoker **S** = Smoker

RATE COMPARISON CHART (PAGE 3 OF 4)

IMPORTANT! READ THE EXPLANATORY INFORMATION **BEFORE** USING THE FOLLOWING CHARTS. Rates provided are for ANNUAL premiums.

Semi-annual, quarterly, and monthly premiums may be available from the company.

COMPANY	PRE-EXISTING EXCLUSION PERIOD	PLAN A	PLAN B	PLAN C[1]	PLAN D	PLAN F[1,2]	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N
State Farm	None	*Effective 1/1/17:* **NS**: $2,140.00 **S**: $2,354.00		*Effective 1/1/17:* **NS**: $3,229.00 **S**: $3,551.90		*Effective 1/1/17:* **NS**: $3,261.00 **S**: $3,587.10					
Transamerica Life	6 Months	*Effective 12/1/15:* **NS**: $1,434.73 **S**: $1,578.14 *Effective 5/1/17:* **NS**: $1,614.05 **S**: $1,775.41	*Effective 12/1/15:* **NS**: $1,894.24 **S**: $2,083.66 *Effective 5/1/17:* **NS**: $2,131.09 **S**: $2,344.16	*Effective 12/1/15:* **NS**: $2,241.14 **S**: $2,465.34 *Effective 5/1/17:* **NS**: $2,521.34 **S**: $2,773.48	*Effective 12/1/15:* **NS**: $2,071.82 **S**: $2,278.99 *Effective 5/1/17:* **NS**: $2,330.80 **S**: $2,563.87	*Effective 12/1/15:* **NS**: $2,254.20 **S**: $2,479.62 *Effective 5/1/17:* **NS**: $2,536.03 **S**: $2,789.60	*Effective 12/1/15:* **NS**: $2,070.80 **S**: $2,277.97 *Effective 5/1/17:* **NS**: $2,329.68 **S**: $2,562.65	*Effective 12/1/15:* **NS**: $1,032.24 **S**: $1,135.46 *Effective 5/1/17:* **NS**: $1,161.27 **S**: $1,277.35	*Effective 12/1/15:* **NS**: $1,532.24 **S**: $1,685.45 *Effective 5/1/17:* **NS**: $1,723.80 **S**: $1,896.18	*Effective 12/1/15:* **NS**: $1,886.69 **S**: $2,075.39 *Effective 5/1/17:* **NS**: $2,122.62 **S**: $2,334.88	*Effective 12/1/15:* **NS**: $1,774.19 **S**: $1,951.57 *Effective 5/1/17:* **NS**: $1,995.94 **S**: $2,195.55
United American	60 Days	*Effective 1/1/17:* $2,018.00	*Effective 1/1/17:* $3,331.00	*Effective 1/1/17:* $3,744.00	*Effective 1/1/17:* $3,591.00	*Effective 1/1/17:* $3,808.00	*Effective 1/1/17:* $3,684.00	*Effective 1/1/17:* $1,612.00	*Effective 1/1/17:* $2,269.00		*Effective: 1/1/17:* $2,353.00
United HealthCare (for AARP members)	3 Months	*Effective 4/1/16:* **NS:** $1,569.00 **S:** $1,725.84 *Effective 4/1/17:* **NS:** $1,593.00 **S:** $1,752.24	*Effective 4/1/16:* **NS:** $2,073.00 **S:** $2,280.24 *Effective 4/1/17:* **NS:** $2,226.00 **S:** $2,448.60	*Effective 4/1/16:* **NS:** $2,394.00 **S:** $2,633.40 *Effective 4/1/17:* **NS:** $2,571.00 **S:** $2,828.04		*Effective 4/1/16:* **NS:** $2,406.00 **S:** $2,646.60 *Effective 4/1/17:* **NS:** $2,586.00 **S:** $2,844.60	*Effective 7/1/17:* **NS:** $2,148.00 **S:** $2,362.80	*Effective 4/1/16:* **NS:** $825.00 **S:** $907.44 *Effective 4/1/17:* **NS:** $852.00 **S:** $937.20	*Effective 4/1/16:* **NS:** $1,380.00 **S:** $1,518.00 *Effective 4/1/17:* **NS:** $1,476.00 **S:** $1,623.60		*Effective 4/1/16:* **NS:** $1,647.00 **S:** $1,811.64 *Effective 4/1/17:* **NS:** $1,761.00 **S:** $1,937.04
United of Omaha	None	*Effective 9/1/16:* **NS**: $2,026.01 **S**: $2,328.75				*Effective 9/1/16:* **NS**: $2,709.65 **S**: $3,114.54	*Effective 9/1/16:* **NS**: $2,483.52 **S**: $2,854.62			*Effective 9/1/16:* **NS**: $2,154.19 **S**: $2,476.08	
USAA Life	6 Months	Effective 4/1/16: **NS**: $2,129.76 **S**: $2,337.84 *Effective 5/1/17:* **NS**: $2,129.76 **S**: $2,337.84				Effective 4/1/16: **NS**: $2,348.04 **S**: $2,586.72 *Effective 5/1/17:* **NS:** $2,348.04 **S:** $2,586.72					Effective 4/1/16: **NS**: $1,638.12 **S**: $1,803.36 *Effective 5/1/17:* **NS**: $1,670.00 **S**: $1,838.00

[1]See pg. 6 under "Cost" for an explanation regarding premium differences for Plan C and Plan F. [2]See High-Deductible Plan F on Page 12. NOTE: **NS** = Non-smoker **S** = Smoker

Companies offering high deductible Plan F with premiums

See page 6 for the description of benefits for High Deductible Plan F

IMPORTANT! READ THE EXPLANATORY INFORMATION **BEFORE** USING THE FOLLOWING CHARTS.
Rates provided are for ANNUAL premiums.
Semi-annual, quarterly, and monthly premiums may be available from the company.

Company	High Deductible Plan F Cost		Deductible
	Non-smoker	Smoker	
Colonial Penn Life	*Effective 1/1/17:* $913.74	*Effective 1/1/17:* $1,061.99	$2,200 in 2017*
Globe Life	*Effective 3/11/15:* *$536.00* *Effective 4/1/17:* $568.00		$2,200 in 2017*
Humana	*Effective 11/1/16:* $894.84	*Effective 11/1/16:* $1,337.52	$2,200 in 2017*
Humana Healthy Living with Dental & Vision	*Effective 4/1/17:* $1,103.40	*Effective 4/1/17:* $1,584.12	$2,200 in 2017*
United American	*Effective 1/1/17:* $564.00		$2,200 in 2017*

* Note: the deductible may increase every year.

Policies with Innovative Benefits: An insurance company may offer Medicare supplement policies with innovative benefits in addition to the standardized benefits. For example: in addition to their standard Medicare supplement policies, Humana is offering new policies that are marketed with Reader's Digest that cover dental and vision benefits.

Fraternal Benefit Societies: Fraternal benefit societies differ significantly from insurance companies. They are not covered by all of the provisions of the Maine Insurance Code and do not include a number of consumer protections. For example, coverage sold by a fraternal is not covered by guaranty funds. In addition, fraternal benefit society insurance benefits are legally required to be assessable. This means that if the society's claims-paying ability becomes impaired, the members may be required to pay their proportional share of the deficiency. Fraternal benefit societies are subject to significantly reduced capital and surplus requirements, and are not typically rated by A.M. Best or other industry rating agencies. For further information, please contact the Bureau of Insurance.

GUARANTEE ISSUE PERIOD FOR PLAN A

The chart below shows the months when each insurer will accept you into Plan A, regardless of any medical condition you may have. The month each insurer designates to offer Plan A is subject to change.

We have listed toll-free numbers where possible; however, not all companies have 800 numbers available and the numbers we have listed may change without notice. You may want to contact a local company producer before calling the numbers listed here.

Company	Guarantee Issue Period for Plan A	Telephone Number
Anthem Blue Cross/Blue Shield	All Year*	800-585-0099 (in state) 207-822-7878 (out of state)
Central States Indemnity	May	866-644-3988
Colonial Penn Life	All Year	800-800-2254
Combined	December	800-544-5531
Equitable Life & Casualty	February	800-352-5150
First Health (an Aetna Company)	July	800-264-4000
Globe Life	December	800-801-6831
GPM Life	June	866-242-7573
HPHC	December	800-782-0334 tty /tdd 888-259-8276
Humana	July	800-872-7294
Loyal American	February	866-459-4272
State Farm	January	Contact a local State Farm producer
Transamerica Life	On the Consumer's birthday and ending 31 days later	1-866-205-9120
United American	December	972-529-5085
United Healthcare (AARP)	May	800-245-1212
United of Omaha	June	800-667-2937
USAA Life	July	800-531-8000

*As mentioned on pg. 3, each insurer must designate at least one month each year during which an individual can enroll, whether or not the individual is in their Open Enrollment period. (See pg. 3 for an explanation of Open Enrollment.) Anthem's Plan A is available on a guaranteed basis all year, but if you are not enrolling during your open enrollment, a 20% surcharge will be applied to the standard premium for the first 12 months. After 12 months of continuous enrollment in Plan A, you can continue on the plan without a surcharge, or you can switch to another supplement plan with Anthem, at the standard rate.

NOTES

NOTES

If you are entitled to Medicare and MaineCare, it is important to know your rights about Medicare supplement insurance.

Medicare and MaineCare Eligible?

Things to consider about Medicare supplement coverage when you enroll in MaineCare:

- MaineCare provides more comprehensive benefits than a Medicare supplement plan.
- In some cases, MaineCare may prefer to have you keep your Medicare supplement plan and pay for, or subsidize, your insurance premium, rather than have the Medicare supplement plan cancelled.
- If you are dually eligible and lose your medical benefits under MaineCare (does not apply to Medicare Part B premium assistance/QI), you have the right to enroll in any Medicare supplement plan that is offered by any Maine Medicare supplement insurance carrier, as long as you do so within **90 days** of losing your coverage. (See Bureau Bulletin 385)
- If you have an individual Medicare supplement plan, you may wish to "suspend" it during the time you are eligible for MaineCare. "Suspending" the plan protects your right to re-enroll even if you move to another state. Some states require that you reinstate coverage in the same Medicare supplement plan and with the same insurance company within 60 days of losing MaineCare eligibility. Non-standardized Medicare supplement plans issued prior to 1991 cannot be suspended" and may have better benefits than standardized Medicare supplement plans. If coverage under one of these plans is cancelled you **cannot** re-enroll.
- Before you consider whether to cancel a group medical plan (through an employer, retirement plan, or other type of group), check with the employer or retirement plan to determine whether the group will allow you to re-enroll (some don't).
- For personal counseling about whether or not to keep your Medicare supplement policy when you enroll in MaineCare, or for information about getting a Medicare supplement policy when you lose MaineCare, speak with a local State Health Insurance Assistance Program (SHIP) counselor by calling 1-877-Elders1 (1-877-353-3771).

Need Assistance?

Area Agencies on Aging are the central resource for elder services in Maine. They can help you either directly or by referring you to the appropriate agency.

Call 1-877-353-3771 to contact your local Area Agency on Aging or refer to the list below for the office nearest you.

Aroostook Area Agency on Aging
Aroostook County
P.O. Box 1288, One Edgemont Drive
Presque Isle, ME 04769
TEL: (207) 764-3396; 1 (800) 439-1789
www.aroostookaging.org

Eastern Area Agency on Aging
Penobscot, Piscataquis, Hancock and Washington Counties
450 Essex St.
Bangor, ME 04401
TEL: (207) 941-2865; 1 (800) 432-7812
www.eaaa.org

Spectrum Generations
Knox, Lincoln, Waldo, Somerset, Sagadahoc, and Kennebec Counties, and the towns of Brunswick and Harpswell
1 Weston Court PO Box 2589
Augusta, ME 04338-2589
TEL: (207) 622-9212; 1 (800) 639-1553
www.spectrumgenerations.org

SeniorsPlus
Androscoggin, Franklin and Oxford Counties
P.O. Box 659, 8 Falcon Way
Lewiston, ME 04243-0659
TEL: (207) 795-4010; 1 (800) 427-1241
www.seniorsplus.org

Southern Maine Area on Aging
Cumberland and York Counties
136 US Route One
Scarborough, ME 04074
TEL: (207) 396-6500; 1 (800) 427-7411
www.smaaa.org

Maine Bureau of Insurance

(800) 300-5000 (in Maine) or (207) 624-8475
TTY: Please Call Maine *Relay 711*
www.maine.gov/insurance