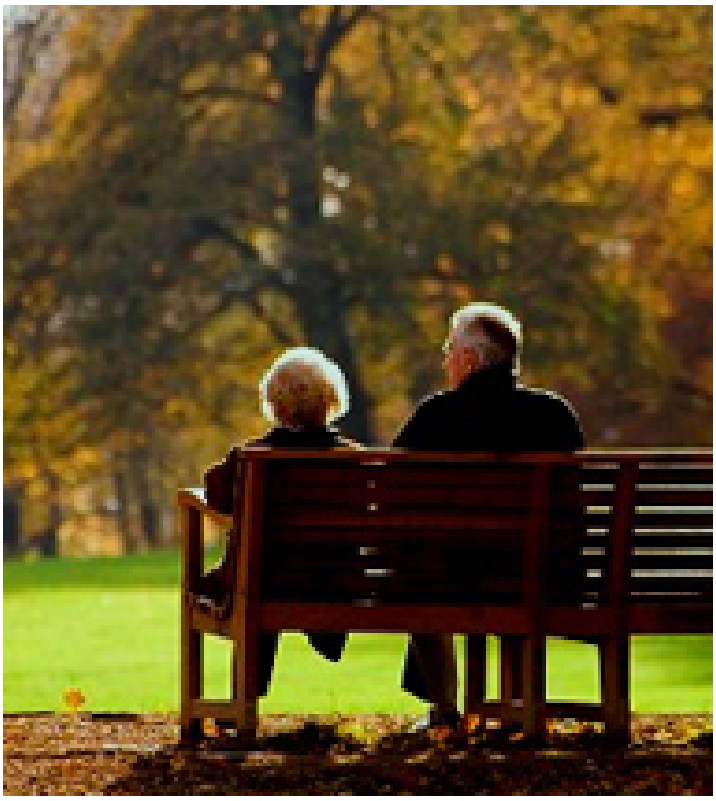
MEDICARE SUPPLEMENT INSURANCE

PREMIUM COMPARISON GUIDE



State of Nevada

Department of Business & Industry

Division of Insurance

2021

Barbara D. Richardson, Commissioner of Insurance

Steve Sisolak, Governor **Terry Reynolds, Director**

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To be used with the Guide to Health Insurance for People with Medicare as developed by the National Association of Insurance Commissioners (NAIC) and the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services (CMS) (see page 15 for a link to the guide).

LETTER FROM THE COMMISSIONER

Dear Fellow Nevadan:

The decision of whether or not to purchase Medicare supplement insurance, and which kind of insurance to buy, are important ones. However, shopping for this insurance requires time and effort and can be confusing. That is why we are pleased to provide you with Nevada's 2021 Medicare Supplement Insurance Premium Comparison Guide. This guide provides valuable information that will assist you in comparing many of the Medicare supplement policies, Medicare Advantage, and Medicare drug plans currently being offered in Nevada.

You may also wish to seek the advice of a licensed agent, broker, producer or consultant to assist you in selecting appropriate Medicare supplement insurance coverage. Further information is available through the Nevada Department of Health and Human Services, Division for Aging Services, which administers the Nevada State Health Insurance Assistance Program (SHIP). Their program director and volunteer counselors are available to provide you with individual counseling concerning your questions on Medicare or Medicare supplement products.

Your insurance concerns are very important to us at the Division of Insurance. We are here to assist you with any insurance questions or problems you may have.

Our offices in Northern Nevada are located in Carson City. For information, please call our consumer services section at (775) 687-0700. In Southern Nevada, our offices are located in Las Vegas, and you may reach a consumer services officer at (702) 486-4009. The toll-free number for use in Nevada is 1-888-872-3234. The Nevada SHIP advisers may be reached at (702) 486-3478 in Las Vegas or toll free in Southern Nevada at 1-800-307-4444 or 1-844-826-2085 in Northern Nevada.

Sincerely,

Barbara D. Richardson

Commissioner of Insurance

Introduction

Throughout this guide you will find information regarding the following items:

- The basics of Medicare supplement insurance;
- Information on all the 10 versions of Medicare supplement plans, A through N;
- Important information on changes for January 1, 2021.
- Tips for purchasing a plan;
- Various carriers providing Medicare supplement insurance;
- Premiums for each plan;
- Medicare Options, Medicare PPOs, High deductible plans, and the Medicare SHIP Program; and
- Common definitions related to Medicare supplement.

Each year, the Nevada Division of Insurance (DOI) provides a **voluntary** survey to the companies who provide Medicare supplement coverage in Nevada to collect information on the policy premiums for the New Year. The results of this survey are summarized in the section titled 2021 Annual Premium Comparisons (pages 32 - 46). The comparisons shown in the Guide will give you a start in shopping for Medicare supplement coverage by offering a comparison of premium costs on policies.

This Comparison Guide is to help you understand the options available for Medicare supplement insurance. This guide will not cover information on Medicare itself. If you are seeking more information on Medicare, the Centers for Medicare and Medicaid Services publishes a guide titled, Medicare and You. This guide summarizes Medicare benefits, rights and obligations, and provides answers to the most frequently asked questions regarding Medicare. A digital version of Medicare and You can be downloaded at: https://q1medicare.com/PartD-MedicareAndYouCMSGuideToMedicare.php. If a paper version of this guide is preferable, printed copies may be found at the Nevada State Health Insurance Assistance Program (SHIP) or your local Social Security office. Please see pages 61 through 67 of this Guide for contact information.

The Basics of Medicare Supplement Insurance

Recent Medicare Enrollment

According to the Centers for Medicare and Medicaid Services, 546,598 Nevadans (20.24% of the population), were eligible to receive benefits through the federal Medicare program in 2020[1]. Of these, 220,703 individuals received their benefits through Medicare Advantage and other Health Plans. Medicare Supplement enrollment for 2019 was 99,256 Nevadans, as reported by the Medicare Compare USA[2].

This shows that many Nevadans enrolled in Medicare may not be receiving the full amount of coverage they need to keep medical costs down. This guide will provide you with the tools to understand Medicare supplement and decide whether or not it is beneficial in covering your medical costs in 2021.

Medicare Supplement Fills the Gaps

Medicare supplement insurance, also known as a "Medigap policy", is a distinct type of insurance policy which is sold by private companies to "fill the gaps" in original Medicare plan coverage. While Medicare supplement policies cover many of the medical expenses Medicare does not cover (such as additional hospitalization expenses, blood drawing expenses, and additional

[1] https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html
[2] https://medicarecompareusa.com/providers/medicare-supplement-enrollment-by-state/.

Medical expenses), Medicare supplement policies purchased after 2006 cannot include coverage for prescription drugs. Prescription drug coverage can be provided through Medicare Part D insurance (see pages 52 - 53).

Medicare supplement policies are guaranteed renewable if they are purchased after 1990. Unless you are not truthful about information on your application, cease to pay your monthly premium, or the company goes bankrupt, your insurance company cannot drop you from the policy you choose to purchase.

Medicare Supplement Eligibility

In order to be eligible for Medicare supplement, you must be enrolled in Medicare Part A and Part B. If you are currently in your Medigap open enrollment, you are guaranteed the right to buy a Medicare supplement policy. You may not be eligible for Medigap if you: are already enrolled in a Medigap policy, have Medicaid, are enrolled in a Medicare Advantage Plan, or are under the age of 65.

Why Should You Buy Medicare Supplement Insurance?

Medicare supplement insurance is necessary because Medicare does not pay for every medical expense. A Medigap policy will cover the medical expenses which Medicare does not pay such as the Medicare Part B yearly deductible, Medicare Part B covered services, blood, hospital stays, and skilled nursing facilities.

10 Medicare Supplement Plans: A Through N

Important! Starting January 1, 2020, Medicare supplement plans sold to **newly eligible individuals** with Medicare won't be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to people new to Medicare starting on January 1, 2020. If you already have either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans. High Deductible Plan G is also available as of January 1, 2020!

You can choose from 10 different Medicare supplement policies. Each plan, A, B, C, D, F, G, K, L, M and N, has different benefits and premiums. Each lettered plan is required to have certain benefits, no matter which company you choose to purchase from; however, some plans provide extra benefits.

An insurer may or may not offer all plans. The plans are described on the chart on pages 29 - 30, which show the minimum benefits in each plan – this chart will also be included in every company's sales material. In addition to the 10 plans, insurers may offer one high deductible version of Plan F and

Plan G (starting on January 1, 2020). This plan includes the same coverage as Plan F, except you will be responsible for the first $2,340 (2020) of medical expenses each year (adjusted annually) and the premium is significantly less than the premium for regular plans A through N.

***See chart on pages 29-30 for list of basic benefits.**

Each plan, A through N, varies with the established benefits offered. Plans K and L cover 50% and 75%, respectively, of the co-insurance for **basic benefits***, skilled nursing and the Part A deductible. Once you reach the annual out-of-pocket limit, K and L pay 100% of the Medicare co-payments, co-insurance, 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 are responsible for paying excess charges for all of the Medicare supplement plans unless you have Medicare supplement policies F, G, high deductible Plan F or high deductible Plan G, which cover 100% of the Medicare Part B excess charges.

Medicare Parts A, B, C, and D

Medicare Part A typically pays for your inpatient hospital expenses, hospice services, home health care, and care in a skilled nursing facility.

Tip: a benefit is a health care service or supply that is paid for in part or in full by Medicare.

Medicare Part B typically covers your outpatient health care expenses including doctor fees.

Tip: You may have to use certain Medicare-contracted suppliers to get certain durable medical equipment in some geographic areas. Call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1 (877) 486-2048.

Medicare Part C (Medicare Advantage plans) must cover at least the same benefits covered under Medicare Part A and Part B; however, your costs may be different, and you may have extra benefits, such as coverage for prescription drugs or extra days in the hospital. If you are already enrolled in Medicare Part C, contact your Medicare Advantage plan administrator for specific plan information.

Tip: Not all doctors accept Medicare Advantage plans, so be sure to check first!

Under **Medicare Part D**, all enrollees receive a subsidy for prescription drug insurance – an additional low-income subsidy (LIS) is available to enrollees with sufficiently low income and assets. There are two types of Medicare plans that may help lower prescription drug costs and help to protect against higher costs in the future: Medicare Advantage plans (see Part C) and other Medicare health plans, and Medicare Part D. Medicare Part D is prescription drug coverage that provides additional coverage to the original Medicare plan, some Medicare cost plans, and Medicare private fee-for-service plans. These plans are offered by insurance companies and other

private companies approved by Medicare.

Tip: Different plans cover different prescriptions, so you will want to review each carefully. You choose the drug plan and pay a monthly premium. If you decide not to enroll in a drug plan when you are first eligible, you may pay a penalty if you choose to join later.

Medicare Supplement Insurance Shopping Tips

You May Not Need Medicare Supplement Insurance

If your income is low, you may qualify for a government program that will fill the gaps in your Medicare coverage. To find out if you are eligible for **Medicaid** or if you are a **Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB)** or a **Qualified Individual (QI)** contact the State Department of Health and Human Services, Division of Welfare and Supportive Services (DWSS) in Reno at (775) 684-7200, (702) 486-1646 in Las Vegas/Henderson, or toll free: (800) 992-0900. For a complete list of local phone numbers you may visit https://dwss.nv.gov/.

Right to Coverage

The best time to buy a Medigap policy is during your Medigap open enrollment period. This period lasts for 6 months and begins on the first day of the month in which you are 65 or older **and** enrolled in Medicare Part B. If you joined Medicare because of a disability before you turned 65, federal law now requires that you be given another open enrollment opportunity when you turn 65.

Tip: If you apply for a policy after that six-month period, some companies will reject your application if your health is not good.

Shop for Benefits, Service and Price

Check the chart of the 10 plans on pages 29 - 30 to see the benefits that are included in each plan. Every company must use the same letters (A through N) to label its policies. Plan A will always be a company's lowest-priced Medicare supplement policy. It covers valuable basic benefits and must be sold by every company. Plans B through N add other benefits to fill different gaps in your Medicare coverage.

Use the Medicare Guide

The ***Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*** ("Guide"), written by the federal government and the National Association of Insurance Commissioners (NAIC), has excellent information about Medicare, as well as health insurance. Any agent or company that offers to sell you Medicare supplement insurance must give you a copy. Upon request, a copy of the Guide is also available from the Division of Insurance, the Division for Aging Services or the State Health Insurance Assistance Program ("SHIP").

Tip: Download a copy of ***Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*** at:

https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf

Read the Outline of Coverage

The outline of coverage is useful to understand the policy in general terms – the outline of coverage for Medicare supplement insurance includes more details about each of the benefits listed in the plan's policy.

Evaluate Your New or Existing Policy

In order to understand the details of your coverage, you must read the policy. When reviewing the policy, spend extra time studying the provisions about pre-existing conditions. Don't change policies just to solely get a lower price. Premiums can change, and a new policy may not remain less expensive than the old one. Ask yourself, **"Would a new policy really improve my health coverage?"** Perhaps your old policy can be updated to provide the additional coverage you want.

Tip: Premiums paid in advance are sometimes non-refundable. For example, if you paid for a one-year policy period and decide to cancel in the middle of the policy term, the premium may be earned by the company when paid by you and there may be no provision for a refund of premium at any time during that policy period.

Purchasing a Plan

Conduct Research on Medicare Supplement Plans

1. **Contact the Insurance Division at 775-687-0700 to confirm that the company is licensed (https://di.nv.gov/ins/f?p=licensing:search).**
2. **Ask** how an insurance company prices Medigap policies. The manner in which they set the price affects how much you pay now and in the future.

> **Tip:** A good question to ask is if there are factors other than age that may affect the cost of your Medigap policy. Policies may have discounts based on your sex, whether you smoke, whether you are married and/or if you have automatic bank withdrawal.

3. **Before you shop** for plans, make sure you will benefit from Medicare supplement insurance before you buy.
4. **Find out** if you are eligible for group coverage. Group coverage is marketed through employers, labor unions and various private associations. If you have group insurance, ask before retirement if you can continue your employee health insurance or convert it to suitable group Medicare supplement coverage after you turn 65. Group insurance often costs less and is more comprehensive than individually purchased coverage. Also, if your spouse is included in your group health plan, be sure to check on his or her eligibility.
5. **Ask** the reference section of your local public library for financial rating publications that summarize an insurance company's financial position.

Some publications rate companies by letter grades, which can be informative. Four organizations are commonly relied upon to rate insurance companies: A.M. Best, Standard & Poor's (S&P), Moody's Investor Service, and Fitch Ratings. The role of these agencies is to assess the debt and financial strength of companies by providing a neutral analysis. In rating debt and financial strength, these agencies assist in judging an insurer's ability to meet their claims paying obligations. If an insurance company cannot pay future claims or benefits, all other considerations, such as coverage and pricing, become relatively unimportant.

Tip: Consider factors other than price when selecting a policy, including claims handling and a company's reputation for service.

Pick your Plan

1. **When you find a plan you like,** compare before you buy. Shop around and talk to several agents and companies before making a decision. When shopping for a Medigap policy, be sure you are comparing the same policy. Do not be embarrassed to ask questions. Do not buy a policy until you are satisfied with the answers you receive.

2. **Carefully read** the plan's membership materials and enrollment forms to learn your rights and the nature and extent of your coverage. Remember, Medicare Advantage plans will likely require extra out-of-pocket expenses from non-network providers.

3. **Get** a copy of the policy.

4. **Discuss the policy** with a relative, friend or someone else whom you trust before buying. When buying by mail, check whether the company has a local agent or a toll-free number that you can call for answers to your questions and for help filing claims. Ask friends and family members about their experience with various companies.
5. **Take full advantage** of your "free look" period by carefully reviewing your new policy. You have 30 days <u>from the date you receive the policy</u> to return and cancel it for a full refund. Read the policy when it arrives; don't wait until the last minute. The Division of Insurance Consumer Services section can help you understand what your policy covers. You can reach the Consumer Services section by calling (775) 687-0700 to reach the Carson City office, (702) 486-4009 to reach the Las Vegas office, and (888) 872-3234 to reach the Division of Insurance toll-free. Also, some senior citizen organizations have volunteer insurance advisors. See pages 61 through 64 for information regarding senior resources and Nevada's State Health Insurance Program (SHIP).

Avoiding Fraud

- **Buying locally** from a licensed agent with a good reputation is safer than buying from someone you do not know. A traveling agent may never return to your area.

- **Be careful** to answer all questions accurately. Don't let the agent fill out the application for you. If an agent helps you to complete the application, do not sign it until you are sure that all questions have been completely answered and all requested medical information is included and correct.

  Tip: The omission of information may cause the company to deny your claims or cancel your policy.

- **Do not pay cash or make a check out to the agent or in the agent's name.** Get a receipt for all payments. Checks should be made payable only to the insurance company.
- **Don't be misled** into believing that a Medicare supplement policy is endorsed by or sold by the state or federal government. Although the Division of Insurance reviews Medicare supplement policy forms to make sure they meet Nevada requirements, the Division does not endorse particular companies or policies.

- **Don't be pressured** to buy insurance on the agent's first visit. If you can, invite a trusted friend or relative to be present during the agent's visit. An agent who objects to this may not be the right agent for you.

  Tip: It is a violation of federal and state law for insurance companies or agents to suggest they are acting on behalf of the government when selling Medicare supplement insurance.

- **Don't be stampeded** by statements that a certain policy or premium rate will be available only for a limited time. Such statements are seldom true.

Completing the Application

- **Never sign** a blank application form.
- **All applicable questions** must be filled out accurately and completely.

> **Tip:** An agent may assist you, but you should never let an agent fill out the application for you. **Always double check the information for correctness before signing the application to avoid fraud.**

- **Be sure** you have the agent's name and address and the address of the company from which you are purchasing the policy. Know how to contact your agent or the company if you need help. **Always check the license status of the agent and the insurance company with the Division of Insurance.**

> **Tip:** You may also verify an insurance company on the Division's Web site at http://di.nv.gov/ins/f?p=licensing:search or by contacting the Division at 1-888-872-3234.

- **Read** what you are being asked to sign. If the agent tries to rush you, be suspicious.

Tip: If you are replacing policies, you should have full coverage for all pre-existing conditions when you have been covered for six months under the old policy, the new policy or both. This should be explained to you in a Replacement Notice provided by the new insurance company or its agent. If you return the policy to the company, be sure to send it by certified mail with a return receipt requested. This will give you a record of the date it was returned in case there is a dispute.

Special Information for Military Retirees

You or your spouse may be eligible for TRICARE For Life if either has retired from the United States military service. The benefits covered by TRICARE For Life supplement Medicare coverage and eliminate the need for a Medicare supplement policy. In addition, TRICARE For Life benefits include coverage for outpatient prescription drugs not covered by Medicare. Unlike Medicare supplement policies, there is no enrollment fee to belong to TRICARE For Life. If you believe that you are eligible for this program, you can contact TRICARE For Life at https://tricare.mil/tfl, (866) 773-0404 or TDD at (866) 773-0405.

More Information is Available

The Division of Insurance Consumer Services section is happy to answer any additional questions you might have. If you have more questions about Medicare supplement insurance, contact us at:

State of Nevada
Department of Business & Industry
Division of Insurance

Carson City Office (775) 687-0700; cscc@doi.nv.gov
Las Vegas Office (702) 486-4009

Refer to pages 63 - 66 of this guide for free counseling and other resources.

Cost Comparison and Guide to Premium Chart

This section of the booklet has a chart outlining the 10 standard plans, a section which outlines who sells Medigap in Nevada and offers a comparison of premiums by insurance company and plan type. Premiums are listed by premium from lowest to highest for age 65 rates.

NOTICE:

The policy comparison section summarizes material submitted by the insurers. The figures are theirs, not those of the Division of Insurance. Some information may not be current at the time you read this publication. The policy itself becomes the contract between the insurance company and you; and will be the basis of final determinations. Only policies that meet the requirements of Nevada laws and regulations at time of publication are included.

Publication of this comparison is for informational purposes only. Inclusion of information about a policy in this brochure does not in any way constitute endorsement of a policy or company by the Division of Insurance.

GUIDE TO THE PREMIUM COMPARISON CHART

Annual Premiums

The premiums shown are only a sampling of January 2021 annual rates. For consistency among the carriers, they were asked to provide the premiums for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102), Clark County, Southern Nevada. Rates specific to whether or not you smoke, your age, and your gender can be obtained from the insurance company. Keep in mind, the rate may change as companies file new rates with the Division of Insurance. While rates may change because of increased age and/or an insurance company's increased claims for all similar policyholders, your premiums cannot increase based on your individual claims.

Tip: Some companies expect you to pay annually, while others bill every month, and some bill every two to three months.

Age Groups

Premiums for Medicare supplement insurance will be based on your age when you purchase the policy. Although companies may have different premiums for each age, this comparison shows premiums only for ages 65 and 70.

Premium Type

Companies have two different methods of pricing policies which are both based upon your age. These are shown in the **Premium Type** column, in the **2021 Annual Premiums** chart.

- **Issue Age:** These policies are priced at your age when you initially purchase the policy. Your future rates will **not** increase because of age as you become older. If you buy the policy at age 65 you will always pay the premium that the company charges 65-year-old customers; however, your premiums can increase because of an insurance company's overall claims experience. While the initial rate for an **Issue Age** policy may be greater than a similar **Attained Age** policy, it could be less expensive over the life of the policy.

- **Attained Age:** In addition to the annual rate increases for changes in Medicare and overall claims experience, the premium will increase as you become older. If you buy a policy at 65, when you are 70 you will pay whatever the company is currently charging individuals who are 70 years old.

- **Community Age Rating:** The premium is the same for all customers who buy this policy, regardless of age.

Tip: Premiums will most likely increase every year in order to keep up with changes in Medicare. Premiums may also increase if overall claim expenses are higher than anticipated.

Area

Some companies charge different premiums based on where you live.

Smoker

Some companies may charge different premiums for non-smokers and smokers. You should check with the company to find out if your premium would be higher or lower.

Sex

In the **2021 Annual Premiums** chart, premiums shown are for women. Premiums for men are generally higher than those for women. You should check with the company to find out if your premium would be higher or lower.

Health Screening / Underwriting

Although most companies **underwrite***, some companies offer policies regardless of any health problems you may now have. A company must sell you any Medigap policy they sell, regardless of your health, at the price of a healthy person if you apply during your Medigap open enrollment.

***See pages 71 – 80 for word definitions**.

Innovative Benefits

Each plan, A through N, no matter what company you buy from, is required to have certain benefits; however, some plans provide extra benefits that are termed innovative. Some examples of innovative benefits are: decreasing deductibles, hearing and vision coverage, gym memberships, and preferred rates based on underwriting. While the standard benefits are guaranteed to remain with the policy, the innovative benefits may not be permanently a part of the policy. They may instead only be provided at the company's discretion. Please read the policy carefully to see if the innovative benefits are guaranteed.

Tip: To find out which companies provide innovative benefits please visit our website:
http://doi.nv.gov/Health_Insurance_Rates/Medicare_Supplement_Rates/

For specific information about the benefits, you may have to contact the companies – contact information is also provided on the website for most companies.

2021 POLICY BENEFIT CHART

Medicare supplement insurance can be sold in only 10 standard plans and two high deductible plans. The chart on the next page shows the benefits for each plan. Every company must make available Plan A. Some plans may not be available in Nevada.

Basic Benefits:

- **Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

- **Medical Expenses** - Part B coinsurance (generally 20 % of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insured to pay a portion of Part B co-insurance or co-payments.

- **Blood** - First three pints of blood each year.

- **Hospice** - Part A co-insurance.

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2021

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Medicare Part B coinsurance or Copayment	✔	✔	✔	✔	50%	75%	✔	✔ copays apply[3]	✔	✔
Blood (first three pints)	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Part A hospice care coinsurance or copayment	✔	✔	✔	✔	50%	75%	✔	✔	✔	✔
Skilled nursing facility coinsurance			✔	✔	50%	75%	✔	✔	✔	✔
Medicare Part A deductible		✔	✔	✔	50%	75%	50%	✔	✔	✔
Medicare Part B deductible									✔	✔
Medicare Part B excess charges				✔						✔
Foreign travel emergency (up to plan limits)			✔	✔			✔	✔	✔	✔
Out-of-pocket limit in [2020][2]					**[$5,880][2]**	**[$2,940][2]**				

Note: A ✔means 100% of the benefit is paid.

1 Plans F and G also have a high deductible option which require first paying a plan deductible of [$2,340 in 2020] 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 plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.
2 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.
3 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.

Who Sells Medigap in Nevada?		
Company	**Telephone Number**	**Website**
Americo Financial Life and Annuity Insurance Company	1-800-220-7074	www.americo.com
Bankers Fidelity Life Insurance Company	1-866-458-7504	www.getaquote@bflic.com
Central States Health & Life Company of Omaha	1-866-877-9323	www.cso.com
Cigna Health and Life Insurance Company	1-855-891-9368	www.cigna.com/medicare/supplemental/
Colonial Penn Life Insurance Company	1-800-800-2254	www.bankerslife.com/products/medicare-supplement-insurance/
Continental Life Insurance Company of Brentwood, Tennessee	1-800-264-4000	www.aetnaseniorproducts.com
Garden State Life Insurance Company	1-888-290-1085	www.slaico.com
Globe Life and Accident Insurance Company	1-888-534-3257	www.globecaremedsupp.com
Great Southern Life Insurance Company	1-888-220-7074	www.americo.com
Guarantee Trust Life Insurance Company	1-800-338-7452	www.gtlic.com
Humana Insurance Company	1-888-310-8482	www.humana.com
Individual Assurance Company, Life, Health & Accident	1-888-524-3629	www.iaclife.com
Lumico Life Insurance Company	1-855-744-4491	www.lumico.com
ManhattanLife Assurance Company of America	1-888-841-0770	www.manhattanlife.com
Medico Insurance Company	1-800-547-2401	www.gomedico.com
Nassau Life Insurance Company of Kansas	contact local agent	www.nsre.com
National Guardian Life Insurance Company	1-800-548-2962	www.nglic.com
National Health Insurance Company	1-866-916-8816	www.ngah-ngic.com
Pan-American Life Insurance Company	1-877-939-4550	www.palig.com
Philadelphia American Life Insurance Company	1-877-368-4691	www.neweralife.com
Physicians Life Insurance Company	1-800-325-6300	www.physicansmutual.com
Rocky Mountain Hospital and Medical Service, Inc.	1-877-831-3000	www.anthem.com
State Farm Mutual Automobile Insurance Company	contact local agent	www.statefarm.com
Transamerica Life Insurance Company	1-800-797-2643	www.transamerica.com/individual/what-we-offer/products/insurance/
United American Insurance Company	1-800-755-2137	www.unitedamerican.com
United Insurance Company of America	1-800-654-9106	www.kemper.com
United World Life Insurance Company	1-800-667-2937	www.mutualofomaha.com/states
UnitedHealthcare Insurance Company	1-866-465-0088	www.aarpmedicaresupplement.com
WMI Mutual Insurance Company	1-800-748-5340	www.wmimutual/Medigap

Please See Our Website For Rates by Age, Zip Codes, etc.

http://doi.nv.gov/Health_Insurance_Rates/Medicare_Supplement_Rates/

2021 Annual Premium Comparisons

Legend:

Pre-X Months - if pre-existing conditions are considered - The months of wait the policy holder will have before the condition (s) are covered.

Definitions of Premium Type:

Attained Age - The monthly current age, and the rates will increase slowly over time.

Issue Age - The monthly premiums for these policies will be based on your age when you first buy the policy.

Community - The monthly premiums for these policies will be based on geographical factors, such as which zip code you live in or whether you use tobacco, rather than just age alone.

*This company offers Medicare Supplement rates to people under the age of 65.

Please check out the rates for all ages and zip codes on Nevada Division of Insurance's website, along with company contact information:

http://doi.nv.gov/Health_Insurance_Rates/Medicare_Supplement_Rates/

Plan A Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Americo Financial Life and Annuity Insurance Company	Plan A	$2,150	$2,320	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan A	$2,388	$2,651	Attained Age	0
Central States Health & Life Co. of Omaha	Plan A	$1,591	$1,708	Attained Age	0
Cigna Health and Life Insurance Company	Plan A	$1,548	$1,663	Attained Age	6
Colonial Penn Life Insurance Company	Plan A	$3,364	$4,111	Attained Age	0
Continental Life Insurance Company of Brentwood, TN	Plan A	$1,317	$1,398	Attained Age	6
Garden State Life Insurance Company	Plan A	$1,610	$1,757	Attained Age	6
Globe Life and Accident Insurance Company	Plan A	$1,220	$1,626	Attained Age	2
Great Southern Life Insurance Company	Plan A	$1,841	$1,947	Attained Age	0
Guarantee Trust Life Insurance Company	Plan A	$2,261	$2,400	Attained Age	6
Humana Insurance Company	Plan A	$2,100	$2,477	Attained Age	12
Individual Assurance Company, Life, Health & Accident	Plan A	$2,350	$2,644	Attained Age	0
Lumico Life Insurance Company	Plan A	$1,568	$1,713	Attained Age	0
ManhattanLife Assurance Company of America	Plan A	$1,649	$1,804	Attained Age	0
Medico Insurance Company	Plan A	$2,051	$2,315	Attained Age	6
Nassau Life Insurance Company of Kansas	Plan A	$1,561	$1,672	Attained Age	6
National Guardian Life Insurance Company	Plan A	$1,831	$1,926	Attained Age	0
National Health Insurance Company	Plan A	$1,632	$1,792	Attained Age	0
Pan-American Life Insurance Company	Plan A	$1,850	$1,986	Attained Age	0
Philadelphia American Life Insurance Company	Plan A	$1,779	$1,894	Attained Age	6
Rocky Mountain Hospital and Medical Service Inc.	Plan A	$1,709	$2,020	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan A	$1,461	$1,826	Attained Age	6
Transamerica Life Insurance Company	Plan A	$1,303	$1,638	Issue Age	6
United American Insurance Company	Plan A	$1,614	$2,219	Attained Age	6
United Insurance Company of America	Plan A	$1,571	$1,717	Attained Age	0
United World Life Insurance Company	Plan A	$1,636	$1,772	Attained Age	0
UnitedHealthcare Insurance Company	Plan A	$1,327	$1,457	Attained Age	3

Premiums reflect August 2020 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan B Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Colonial Penn Life Insurance Company	Plan B	$2,684	$3,267	Attained Age	0
Continental Life Insurance Company of Brentwood, TN	Plan B	$1,508	$1,601	Attained Age	6
Globe Life and Accident Insurance Company	Plan B	$1,799	$2,223	Attained Age	2
Humana Insurance Company	Plan B	$2,283	$2,694	Attained Age	12
Transamerica Life Insurance Company	Plan B	$1,720	$2,162	Issue Age	6
United American Insurance Company	Plan B	$2,287	$3,176	Attained Age	6
UnitedHealthcare Insurance Company	Plan B	$1,909	$2,096	Attained Age	3

Premiums reflect August 2020 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan C Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Central States Health & Life Co. of Omaha	Plan C	$1,875	$1,907	Attained Age	0
Colonial Penn Life Insurance Company	Plan C	$2,041	$2,486	Attained Age	0
Globe Life and Accident Insurance Company	Plan C	$2,010	$2,433	Attained Age	2
Humana Insurance Company	Plan C	$2,702	$3,190	Attained Age	12
State Farm Mutual Automobile Insurance Company	Plan C	$2,144	$2,881	Attained Age	6
Transamerica Life Insurance Company	Plan C	$2,035	$2,559	Issue Age	6
United American Insurance Company	Plan C	$2,433	$3,368	Attained Age	6
UnitedHealthcare Insurance Company	Plan C	$2,194	$2,410	Attained Age	3
WMI Mutual Insurance Company	Plan C	$1,896	$2,196	Attained Age	6

Premiums reflect August 2020 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan D Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Colonial Penn Life Insurance Company	Plan D	$1,711	$2,213	Attained Age	0
Medico Insurance Company	Plan D	$3,067	$3,506	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan D	$1,579	$1,935	Attained Age	6
Transamerica Life Insurance Company	Plan D	$1,792	$2,253	Issue Age	6
United American Insurance Company	Plan D	$2,266	$3,214	Attained Age	6
United Insurance Company of America	Plan D	$1,623	$1,774	Attained Age	0

Premiums reflect August 2020 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan F Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Americo Financial Life and Annuity Insurance Company	Plan F	$2,565	$2,758	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan F	$3,038	$3,354	Attained Age	0
Central States Health & Life Co. of Omaha	Plan F	$1,893	$1,927	Attained Age	0
Cigna Health and Life Insurance Company	Plan F	$2,069	$2,154	Attained Age	6
Colonial Penn Life Insurance Company	Plan F	$3,362	$4,074	Attained Age	0
Continental Life Insurance Company of Brentwood, TN	Plan F	$1,682	$1,784	Attained Age	6
Garden State Life Insurance Company	Plan F	$2,998	$3,293	Attained Age	6
Globe Life and Accident Insurance Company	Plan F	$2,031	$2,456	Attained Age	2
Great Southern Life Insurance Company	Plan F	$2,063	$2,173	Attained Age	0
Guarantee Trust Life Insurance Company	Plan F	$2,867	$3,044	Attained Age	6
Humana Insurance Company	Plan F	$2,757	$3,255	Attained Age	12
Individual Assurance Company, Life, Health & Accident	Plan F	$2,772	$3,100	Attained Age	0
Lumico Life Insurance Company	Plan F	$2,050	$2,240	Attained Age	0
ManhattanLife Assurance Company of America	Plan F	$1,892	$2,056	Attained Age	0
Medico Insurance Company	Plan F	$3,841	$4,347	Attained Age	6
Nassau Life Insurance Company of Kansas	Plan F	$1,654	$1,792	Attained Age	6

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Plan F Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
National Guardian Life Insurance Company	Plan F	$2,147	$2,250	Attained Age	0
National Health Insurance Company	Plan F	$2,116	$2,320	Attained Age	0
Pan-American Life Insurance Company	Plan F	$2,224	$2,379	Attained Age	0
Philadelphia American Life Insurance Company	Plan F	$2,419	$2,513	Attained Age	6
Physicians Life Insurance Company	Plan F	$1,926	$2,078	Attained Age	0
Rocky Mountain Hospital and Medical Service Inc.	Plan F	$1,709	$2,020	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan F	$2,224	$2,780	Attained Age	6
Transamerica Life Insurance Company	Plan F	$2,047	$2,573	Issue Age	6
United American Insurance Company	Plan F	$2,141	$2,958	Attained Age	6
United Insurance Company of America	Plan F	$2,127	$2,324	Attained Age	0
United World Life Insurance Company	Plan F	$2,596	$2,813	Attained Age	0
UnitedHealthcare Insurance Company	Plan F	$2,207	$2,424	Attained Age	3
WMI Mutual Insurance Company	Plan F	$1,968	$2,280	Attained Age	6

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Plan F (High Deductible)

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Bankers Fidelity Life Insurance Company	Plan F (High Deductible)	$675	$753	Attained Age	0
Cigna Health and Life Insurance Company	Plan F (High Deductible)	$528	$568	Attained Age	6
Colonial Penn Life Insurance Company	Plan F (High Deductible)	$539	$653	Attained Age	0
Globe Life and Accident Insurance Company	Plan F (High Deductible)	$403	$585	Attained Age	2
Great Southern Life Insurance Company	Plan F (High Deductible)	$572	$620	Attained Age	0
Humana Insurance Company	Plan F (High Deductible)	$694	$816	Attained Age	12
National Health Insurance Company	Plan F (High Deductible)	$656	$719	Attained Age	0
Philadelphia American Life Insurance Company	Plan F (High Deductible)	$640	$720	Attained Age	6
Physicians Life Insurance Company	Plan F (High Deductible)	$611	$667	Attained Age	0
United American Insurance Company	Plan F (High Deductible)	$355	$516	Attained Age	6
United World Life Insurance Company	Plan F (High Deductible)	$701	$760	Attained Age	0

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Plan G Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Americo Financial Life and Annuity Insurance Company	Plan G	$1,979	$2,145	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan G	$2,946	$3,431	Attained Age	0
Central States Health & Life Co. of Omaha	Plan G	$1,537	$1,658	Attained Age	0
Cigna Health and Life Insurance Company	Plan G	$1,721	$1,805	Attained Age	6
Colonial Penn Life Insurance Company	Plan G	$2,588	$3,187	Attained Age	0
Continental Life Insurance Company of Brentwood, TN	Plan G	$1,464	$1,554	Attained Age	6
Garden State Life Insurance Company	Plan G	$1,855	$2,052	Attained Age	6
Globe Life and Accident Insurance Company	Plan G	$1,824	$2,249	Attained Age	2
Great Southern Life Insurance Company	Plan G	$1,803	$1,803	Attained Age	0
Guarantee Trust Life Insurance Company	Plan G	$2,305	$2,081	Attained Age	6
Humana Insurance Company	Plan G	$2,588	$3,054	Attained Age	12
Individual Assurance Company, Life, Health & Accident	Plan G	$2,038	$2,308	Attained Age	0
Lumico Life Insurance Company	Plan G	$1,600	$1,748	Attained Age	0
ManhattanLife Assurance Company of America	Plan G	$1,556	$1,666	Attained Age	0
Nassau Life Insurance Company of Kansas	Plan G	$1,577	$1,689	Attained Age	6
National Guardian Life Insurance Company	Plan G	$1,709	$1,807	Attained Age	0

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Plan G Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
National Health Insurance Company	Plan G	$1,685	$1,847	Attained Age	0
Pan-American Life Insurance Company	Plan G	$1,746	$1,883	Attained Age	0
Philadelphia American Life Insurance Company	Plan G	$1,803	$1,966	Attained Age	6
Physicians Life Insurance Company	Plan G	$1,685	$1,818	Attained Age	0
Rocky Mountain Hospital and Medical Service Inc.	Plan G	$2,974	$3,488	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan G	$1,580	$1,939	Attained Age	6
Transamerica Life Insurance Company	Plan G	$1,791	$2,251	Issue Age	6
United American Insurance Company	Plan G	$1,997	$2,827	Attained Age	6
United Insurance Company of America	Plan G	$1,640	$1,792	Attained Age	0
United World Life Insurance Company	Plan G	$1,983	$2,148	Attained Age	0
UnitedHealthcare Insurance Company	Plan G	$1,726	$1,895	Attained Age	3
WMI Mutual Insurance Company	Plan G	$1,764	$2,052	Attained Age	6

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Plan G (High Deductible)

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Colonial Penn Life Insurance Company	Plan G (High Deductible)	$539	$653	Attained Age	0
Continental Life Insurance Company of Brentwood, TN	Plan G (High Deductible)	$593	$629	Attained Age	6
Garden State Life Insurance Company	Plan G (High Deductible)	$627	$688	Attained Age	6
Globe Life and Accident Insurance Company	Plan G (High Deductible)	$403	$585	Attained Age	2
Humana Insurance Company	Plan G (High Deductible)	$677	$795	Attained Age	12
Physicians Life Insurance Company	Plan G (High Deductible)	$610	$666	Attained Age	0
United American Insurance Company	Plan G (High Deductible)	$355	$516	Attained Age	6
United Insurance Company of America	Plan G (High Deductible)	$659	$720	Attained Age	0
United World Life Insurance Company	Plan G (High Deductible)	$599	$651	Attained Age	0

Plan K Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Bankers Fidelity Life Insurance Company	Plan K	$1,371	$1,616	Attained Age	0
Colonial Penn Life Insurance Company	Plan K	$952	$1,161	Attained Age	0
Humana Insurance Company	Plan K	$1,241	$1,463	Attained Age	12
Transamerica Life Insurance Company	Plan K	$819	$1,029	Issue Age	6
United American Insurance Company	Plan K	$1,286	$1,712	Attained Age	6
UnitedHealthcare Insurance Company	Plan K	$679	$746	Attained Age	3

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Plan L Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Colonial Penn Life Insurance Company	Plan L	$2,087	$2,501	Attained Age	0
Humana Insurance Company	Plan L	$1,754	$2,069	Attained Age	12
Transamerica Life Insurance Company	Plan L	$1,215	$1,528	Issue Age	6
United American Insurance Company	Plan L	$1,917	$2,559	Attained Age	6
UnitedHealthcare Insurance Company	Plan L	$1,173	$1,288	Attained Age	3

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Plan M Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Colonial Penn Life Insurance Company	Plan M	$2,496	$3,086	Attained Age	0
Garden State Life Insurance Company	Plan M	$1,597	$1,745	Attained Age	6
Transamerica Life Insurance Company	Plan M	$1,215	$1,528	Issue Age	6

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Plan N Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Americo Financial Life and Annuity Insurance Company	Plan N	$1,523	$1,647	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan N	$1,546	$1,744	Attained Age	0
Central States Health & Life Co. of Omaha	Plan N	$1,171	$1,260	Attained Age	0
Cigna Health and Life Insurance Company	Plan N	$1,278	$1,366	Attained Age	6
Colonial Penn Life Insurance Company	Plan N	$1,573	$2,033	Attained Age	0
Continental Life Insurance Company of Brentwood, TN	Plan N	$1,104	$1,236	Attained Age	6
Garden State Life Insurance Company	Plan N	$1,511	$1,634	Attained Age	6
Globe Life and Accident Insurance Company	Plan N	$1,544	$1,905	Attained Age	2
Great Southern Life Insurance Company	Plan N	$1,310	$1,388	Attained Age	0
Guarantee Trust Life Insurance Company	Plan N	$1,774	$1,885	Attained Age	6
Humana Insurance Company	Plan N	$1,952	$2,303	Attained Age	12
Individual Assurance Company, Life, Health & Accident	Plan N	$1,570	$1,772	Attained Age	0
Lumico Life Insurance Company	Plan N	$1,348	$1,472	Attained Age	0
ManhattanLife Assurance Company of America	Plan N	$1,227	$1,338	Attained Age	0
Nassau Life Insurance Company of Kansas	Plan N	$1,144	$1,224	Attained Age	6
National Guardian Life Insurance Company	Plan N	$1,410	$1,487	Attained Age	0

Plan N Rates

National Health Insurance Company	Plan N	$1,410	$1,546	Attained Age	0
Pan-American Life Insurance Company	Plan N	$1,370	$1,475	Attained Age	0
Philadelphia American Life Insurance Company	Plan N	$1,592	$1,795	Attained Age	6
Rocky Mountain Hospital and Medical Service Inc.	Plan N	$2,106	$2,470	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan N	$1,199	$1,465	Attained Age	6
Transamerica Life Insurance Company	Plan N	$1,407	$1,769	Issue Age	6
United American Insurance Company	Plan N	$1,871	$2,661	Attained Age	6
United Insurance Company of America	Plan N	$1,410	$1,541	Attained Age	0
United World Life Insurance Company	Plan N	$1,756	$1,902	Attained Age	0
UnitedHealthcare Insurance Company	Plan N	$1,488	$1,634	Attained Age	3
WMI Mutual Insurance Company	Plan N	$1,188	$1,344	Attained Age	6

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Medicare Options

Original fee-for-service Medicare and original Medicare with a Medicare supplement policy are available to all Nevada beneficiaries who are age 65 or older, and sometimes to those who are under age 65 with certain disabilities. Currently, there is only one insurer who offers Medicare supplement Plan A to beneficiaries under 65. There are also Medicare Advantage Plans (Part C) offered by private companies that provide Parts A and B (and sometimes Part D drug coverage) services to Medicare beneficiaries through special arrangements including HMOs, PPOs, and Managed Care Companies.

Medicare Advantage

Although Medicare Advantage plans are subsidized by the federal government, some companies charge nominal premiums and each company offers differing services. The companies that offer Part C in Nevada are as follows (separated by county):

Carson City

- **Aetna Medicare** (1-800-282-5366)
- **Allwell Medical** (1-800-633-4227)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)

Churchill County

- **Aetna Medicare** (1-800-282-5366)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **Prominence Health Plan** (1-855-969-5882)

Clark County

- **AARP Medicare Advantage** (1-800-950-9355)
- **Aetna Medicare** (1-800-282-5366)
- **Allwell Medical** (1-800-633-4227)
- **Anthem Blue Cross and Blue Shield** (1-800-499-2793)
- **AVA** (1-800-633-4227)
- **Humana Insurance Company** (1-800-457-4708)
- **Imperial Insurance Company** (1-214-856-8454)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **NVPlus** (1-800-633-4227)
- **Platinum (HMO)** (1-800-633-4227)
- **SelectHealth Advantage** (1-855-442-9900)
- **Senior Care Plus** (1-888-775-7003)
- **UnitedHealthcare** (1-888-525-2086)

Douglas County

- **Aetna Medicare** (1-800-282-5366)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **Prominence Health Plan** (1-855-969-5882)

Elko County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Esmeralda County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Eureka County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Humboldt County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Lander County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Lincoln County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Lyon County

- **AARP Medicare Advantage** (1-800-950-9355)
- **Aetna Medicare** (1-800-282-5366)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **Prominence Health Plan** (1-855-969-5882)

Mineral County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Nye County

- **AARP Medicare Advantage** (1-800-950-9355)
- **Aetna Medicare** (1-800-282-5366)
- **Allwell Medical** (1-800-633-4227)

- **Anthem Blue Cross and Blue Shield** (1-800-499-2793)
- **AVA** (1-800-633-4227)
- **Humana Insurance Company** (1-800-457-4708)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **SelectHealth Advantage** (1-855-442-9900)
- **Senior Care Plus** (1-888-775-7003)
- **UnitedHealthcare** (1-888-525-2086)

Pershing County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Storey County

- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **Prominence Health Plan** (1-855-969-5882)

Washoe County

- **AARP Medicare Advantage** (1-800-950-9355)
- **Aetna Medicare** (1-800-282-5366)
- **Allwell Medical** (1-800-633-4227)
- **Anthem Blue Cross and Blue Shield** (1-800-499-2793)
- **Humana Insurance Company** (1-800-457-4708)
- **Lasso Healthcare (MSA)** (1-800-766-2583)
- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)
- **UnitedHealthcare** (1-888-525-2086)

White Pine County

- **Lasso Healthcare (MSA)** (1-800-766-2583)

Original Medicare is the traditional fee-for-service Medicare and is available to all Medicare beneficiaries. There are two parts of original Medicare: Medicare Part A and Medicare Part B. Medicare Part A (hospital insurance) is available to all eligible Medicare beneficiaries for no monthly premium. Medicare Part B is optional insurance for which you must pay a monthly premium in order to receive those covered benefits. The standard Medicare Part B premium in 2020 is $144.60 per month or higher depending on your income, but some people who get Social Security benefits will pay less than this amount.

Under Medicare, you can choose any health care provider who accepts Medicare. Medicare will pay the provider each time you incur an expense. While Medicare pays its portion, you are responsible for paying the remaining balance, including deductibles, co-payments, co-insurance and the cost of services not covered by Medicare.

Note: All newly enrolled Medicare beneficiaries are covered for an initial physical examination and numerous preventive care services.

Original Medicare with a Supplement Policy

You can purchase a private Medicare supplement insurance plan (Medigap insurance) to cover some of your obligations after traditional Medicare has paid its portion. You may purchase one of 10 standard Medicare supplemental insurance policies. The benefits provided by

these plans are summarized on the policy benefit chart found on pages 29 - 30. Most policies pay Medicare co-insurance amounts while others pay Medicare deductibles. Some beneficiaries may already have supplemental coverage from other sources such as a former employer or Medicaid. There are two different versions of Medigap policies:

- **Medigap:** You can go to any doctor or hospital.
- **Medicare SELECT:** These plans are almost identical to standard Medigap insurance. When you purchase one of Medicare's SELECT policies, you're buying a standard Medigap plan. The only difference is that this type of plan operates like managed care plans. In other words, you **must** use plan hospitals and, in some cases, plan doctors in order to be eligible for full Medigap benefits.

Part D Coverage with Original Medicare

In years past, private insurers were able to provide supplement insurance combined with drug coverage just as some Medicare Advantage (Part C) companies offer; however, now recipients with Original Medicare can choose a Medigap policy and separately shop for a Part D (prescription drug) policy from a private insurer. Although purchasing a supplement or drug policy is not mandatory, if you wait until coverage is needed, financial penalties will incur. There are many Part D insurers with various plans to choose from.

For more information you may visit the Medicare Plan finder at https://www.medicare.gov/find-a-plan/questions/home.aspx or contact Nevada SHIP (pages 61 – 64) for more information.

Managed Care

Under a managed care plan, a network of health care providers (doctors, hospitals, skilled nursing facilities, etc.) offer comprehensive, coordinated medical services on a pre-paid basis. Payments are made monthly to Medicare and Medicare makes a monthly payment to the managed care plan. Some plans will charge a monthly premium or require a co-payment per visit or service. The monthly premiums and co-payments will vary depending on the plan you choose and the county in which you live.

Note: A supplemental insurance policy is not necessary if you join a managed care plan.

There are several different types of managed care plans:

- **HMO:** In a Health Maintenance Organization, you **must** use the plan's providers (doctors, hospitals, skilled nursing facilities and ancillary providers). These providers are paid directly by the HMO and you are only required to make small co-payments. These plans sometimes offer services that are not covered by traditional fee-for-service Medicare.

- **HMO with POS option:** Less restrictive than HMOs. When combined with a basic HMO package, the POS (point-of-service) option allows you to use doctors and hospitals outside of the plan for an additional cost.

- **PSO:** In a Provider Sponsored Organization you **must** use the plan's providers. These plans operate like an HMO; however, the plan is sponsored by the providers (doctors and/or hospitals).

- **PPO:** The in-network benefits are provided by the plan's providers (preferred providers). However, you can use doctors and hospitals outside of the plan for an additional cost.

Private Fee-for-Service Plan

In a private fee-for-service plan, you select a private insurance plan which accepts Medicare beneficiaries. You will pay the Medicare premiums, any other monthly premium the private fee-for-service plan charges, and an amount per visit or service. The fee-for-service plan determines how much to allow for the service; however, the provider may charge more than the allowed amount and bill you for the difference. The plan may provide extra benefits that traditional Medicare does not cover.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used to pay for medical and retiree health expenses incurred by individuals and their families. HSAs are open to anyone who enrolls in a high-deductible health insurance plan; however, current tax laws do not allow Medicare beneficiaries to enroll. HSAs fall under the jurisdiction of the United States Department of Treasury. If an individual ceases to be eligible for their HSA or makes an ineligible withdrawal, penalties and taxes may apply.

For assistance with HSAs, please contact your HSA trustee or visit the United States Department of the Treasury's Web site at: http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx or call 1-800-829-1040.

Medicare HMOs

An HMO that has a contract with Medicare must provide or arrange for the full range of Part A and B services if you are covered under both parts of Medicare. HMOs can also provide benefits beyond what Medicare allows, such as: preventive care, prescription drugs (limited amount), dental care, hearing aids, and eyeglasses.

Before joining a plan, be sure to read the plan's membership materials and enrollment forms carefully to learn your rights and the nature and extent of your coverage. If you belong to an HMO plan, the plan will not pay claims for any non-emergency benefits you receive from providers outside of the HMO. See pages 48 – 50 for a list of companies that offer Medicare HMOs.

Medicare PPOs

A Medicare PPO plan is an option for Medicare Part C. Each PPO plan has a list, known as a "network", of primary care doctors, specialists, and hospitals that you may choose from. If you have a preferred doctor, specialist or hospital, which are not included in the plan's network, you may still see them for your medical needs; however, they will usually cost more than a choice from the plan's network. Some Medicare PPO plans offer prescription drug coverage and additional benefits, such as written and hearing screenings, disease management, and other services not covered under original Medicare. Monthly premiums and how much you pay for services vary depending on the plan. There is an annual limit on your out-of-pocket that varies depending on the plan.

Note: It is illegal to be sold a Medicare Supplemental Insurance policy if you have Medicare Part C unless you plan to drop Medicare Part C and enroll in traditional Medicare.

High Deductible Plans

High Deductible Plans F & G

The annual deductible for High-Deductible Plan F is $2,340 in 2020. **(Note: At the time of this publication, the annual deductible for high deductible Plans F and G are unknown for 2021.)** Other than the deductible amount, this plan has the same coverage as regular Plan F. Benefits under this plan will not begin until the out-of-pocket expenses have reached $2,340. The expenses not paid are the amounts the policy would have paid under regular Plan F, including the Medicare deductibles for Part A and Part B, but not the separate deductible for emergency foreign travel in Plan F. The premium for this plan is significantly less than the regular Plan F. These plans are seen in the 2021 Annual Premiums chart on pages 38 through 42.

Annual Limit Plans

Plans K and L

Plans K and L provide for different cost-sharing for items and services than Plans A – G, M and N. Once you reach the annual limit, the two plans pay 100% of the Medicare co-payments, co-insurance, 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 are responsible for paying excess charges.

GUARANTEED ISSUE

During the initial six month enrollment window after your 65th birthday, insurers cannot decline to offer you coverage. However, beyond the six months companies can decline to insure you. And even during the window, companies can decline to cover pre-existing conditions for up to six months after enrollment. The most common conditions for guaranteed issue are seen below.

Note: Certain people will have a right to guaranteed issue of a Medicare supplement plan, without regard to pre-existing conditions, no matter when they enroll, even if it's beyond the six month window. In order to be eligible for guaranteed issue under any of the following six circumstances, you must apply within 63 days after losing your other health plan coverage. **If you first become eligible for Medicare benefits because of age, disability or end-stage renal disease on or after January 1, 2020, the references below to Plans C and F (including F with a high deductible) are deemed references to Plans D and G (including G with a high deductible).**

1. When an employer terminates a group plan or eliminates substantially all supplemental benefits, an individual is eligible for Plans **A, B, C, F (including F with a high deductible), K or L.**

2. When a group plan is primary to Medicare and either the plan terminates or an individual leaves the plan, the individual is eligible for **Plans A, B, C, F (including F with a high deductible), K or L.**

3. An individual who has a Medicare SELECT supplemental policy or is enrolled in a Medicare Advantage plan under Medicare (managed care or private fee-for-service, see pages 48 - 56), and discontinues the coverage because:
   a. The plan terminates or no longer provides service in the individual's area of residence;
   b. The individual is no longer eligible for the plan due to a change in residence; or
   c. The individual can show that the plan:
      1) Violated a material provision of the contract; or
      2) The agent for the plan materially misrepresented the plan.

   The individual is eligible for **Plans A, B, C, F (including F with a high deductible), K or L.**

4. An individual who is enrolled in a Medicare supplement plan and the coverage ceases because:
   a. The insurer becomes insolvent;
   b. Other involuntary terminations occur;
   c. The insurer violated a material provision of the contract, or;
   d. The insurer or agent materially misrepresented the plan.

   The individual is eligible for **Plans A, B, C, F (including F with a high deductible), K or L.**

5. An individual who terminates a Medicare supplement plan in order to sign up for a Medicare SELECT supplemental policy or a plan under Medicare Advantage, and then terminates the new coverage within 12 months, is **eligible for the same plan** the individual had prior to the change.
6. An individual who becomes eligible for the first time and signs up for Medicare Advantage and terminates this coverage within 12 months is **eligible for any plan.**

For more information: please consult the federally published Choosing a Medigap Policy at https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf and/or contact SHIP (see pages 61 - 64 for contact information).

Medicare SHIP Program

The State Health Insurance Assistance Program (SHIP) is funded by a grant from the federal government and administered by the Nevada Department of Health and Human Services, Division for Aging Services. The Program meets one of the most universal and critical needs of seniors and Medicare beneficiaries today: **free** one-on-one assistance and counseling for questions and problems regarding Medicare and supplemental health insurance. SHIP provides the following services:

- Pre-Medicare counseling;
- Information and eligibility on Medicare entitlements, benefits, limitations, Medicaid (Qualified Medicare Beneficiaries & Specified Low Income Medicare Beneficiaries), and Managed Care Plans through Health Maintenance Organizations (HMOs);
- Assistance with claims, requests for reconsideration and appeals processes under Medicare and supplemental insurance;
- Unbiased information that will assist the consumer in determining supplemental insurance and long-term care insurance needs;
- Outreach information and materials for seniors and families through meetings, seminars, classes, health fairs, senior fairs and the media (speakers available); and
- Referrals for coordination with federal and other state and community services.

Arrangements may be made for homebound seniors, as well as other seniors, who need personal counseling assistance. Please call **(702) 486-3478** in Las Vegas; or toll free in Southern Nevada at **1-800-307-4444** or **1-844-826-2085** in Northern Nevada. The services offered by

the Program are **free of charge and confidential.** Senior citizens are assured there will be no selling or soliciting for insurance.

Medicare Counseling Program

The following is a list of Senior Centers and/or local numbers to contact for counseling with the Nevada State Health Insurance Assistance Program (SHIP):

Please call ahead for counseling times & additional information.

A counselor is available at the following sites by appointment:

Nevada Senior Centers by County

Carson City County **Carson City Senior Center** 911 Beverly Drive Carson City, Nevada 89706 775-883-0703 Carson City Senior Center information **Churchill County** **Fallon Paiute Shoshone Senior Center** 1885 Agency Road Fallon, Nevada 89406 775-423-7569 Fallon Paiute Shoshone Senior Center information **Churchill County Senior Center** 310 East Court Street Fallon, Nevada 89406 775-423-7096 Churchill County Senior Center information	**Douglas County** **Douglas County Senior Center** **2300 Meadows Lane** **Gardnerville, NV 89410** **775-783-6455** **Douglas County Senior Center information** **Washoe Tribe Senior Center** **919 Highway 395 South** **Gardnerville, Nevada 89410** **775-265-8600** **866-914-3983** **Washoe Tribe Senior Center information** **Tahoe Douglas Senior Center** **885 Highway 50** **PO Box 1771** **Zephyr Cove, Nevada 89448** **775-588-5140** **Tahoe Douglas Senior Center information**
Clark County **Boulder City Senior Center** 813 Arizona Street Boulder City, Nevada 89005 702-293-3320 Boulder City Senior Center information **Centennial Hills Active Adult Center** 6601 North Buffalo Drive Las Vegas, Nevada 89131 702-229-1702 Centennial Hills Active Adult Center information	**Elko County** **Carlin Open Door Senior Center** 320 Chestnut Street PO Box 123 Carlin, Nevada 89822 775-754-6465 Carlin Open Door Senior Center information **Duck Valley Senior Center** PO Box 219 Owyhee, Nevada 89832 775-757-3174

Cora Coleman Senior Center
2100 Bonnie Lane
Las Vegas, Nevada 89156
702-455-7617
Cora Coleman Senior Center information

Derfelt Senior Center
3333 West Washington Avenue
Las Vegas, Nevada 89107
702-229-6601

Doolittle Senior Center
1950 North J Street
Las Vegas, Nevada 89106
702-229-6125

East Las Vegas Community and Senior Center
250 North Eastern Avenue
Las Vegas, Nevada 89101
702-229-1515

Heritage Park Senior Facility (50+)
300 Racetrack Rd.
Henderson, NV 89015
702-267-2950
Heritage Park Senior Facility information

Howard Lieburn Senior Center
6320 Garwood Avenue
Las Vegas, Nevada 89107
702-229-1600
Howard Lieburn Senior Center information

Las Vegas Senior Center
451 East Bonanza Road
Las Vegas, Nevada 89101
702-229-6454
Las Vegas Senior Center information

Laughlin Family Resource Center
1975 Arie Street
PO Box 32055
Laughlin, Nevada 89029
702-298-2592

Martin Luther King Senior Center
2420 N Martin Luther King Blvd #B
No Las Vegas, Nevada 89032
702-636-0064
Martin Luther King Senior Center information

Elko Indian Colony
1530 Silver Eagle Drive
Elko, Nevada 89801
775-738-0425

Elko Band Senior Center
511 Sunset Street
Elko, Nevada 89801
775-738-0425
Elko Band Senior Center information

Elko Senior Citizens Center, Inc.
1795 Ruby View Drive
Elko, Nevada 89801
775-738-5911

Silver Sage Senior Center
213 First Street
PO Box 136
Wells, Nevada 89835
775-752-3280
Silver Sage Senior Center information

Eureka County

Eureka Senior Center
20 West Gold Street
PO Box 278
Eureka, Nevada 89316
775-237-5597
Eureka Senior Center information

Fanny Komp Senior Center
728 7th Street
P. O. Box 211072
Crescent Valley, NV 89821
775-468-0466
Fanny Komp Senior Center information

Humbodlt County

Ft. McDermitt Paiute Shoshone Senior Center
111 North Reservation Road
PO Box 457
McDermitt, Nevada 89421
775-532-8259

Winnemucca Senior Center
1480 Lay Street
Winnemucca, Nevada 89445
775-623-6211

Mesquite Senior Center
102 West Old Mill Road
PO Box 840
Mesquite, Nevada 89024
702-346-5290
Mesquite Senior Center information

Moapa Band of Paiute
Box 340
Moapa, Nevada 89025
702-865-2787

Moapa Valley Senior Center
325 Cooper Street
Overton, Nevada 89040
702-397-8002
Moapa Valley Senior Center information

North Las Vegas Senior Center (Recreation Center)
1638 N Bruce Street
North Las Vegas, Nevada 89030
702-633-1600
North Las Vegas Senior Center information

Sandy Valley Senior Center
690 West Quartz Avenue
Sandy Valley, Nevada 89019
702-723-1220
Sandy Valley Senior Center information

Searchlight Senior Center
575 South Highway 95
PO Box 915
Searchlight, Nevada 89046
702-297-1614
Searchlight Senior Center information

West Flamingo Senior Center
6255 West Flamingo Road
Las Vegas, Nevada 89103
702-455-7742
West Flamingo Senior Center information

Whitney Senior Center
5712 Missouri Avenue
Las Vegas, Nevada 89122
702-455-7576
Whitney Senior Center information

Lander County

PO Box 211
Austin, Nevada 89310
775-964-2338
Austin Senior Center information

Battle Mountain Shoshone Band Council
37 Mountain View Drive #C
Battle Mountain, Nevada 89820
775-635-2004
Battle Mountain Shoshone Band Council information

Lander County Senior Citizens Center
365 East 4th Street
Battle Mountain, Nevada 89820
775-635-5311

Yomba Tribal Council
HC 61 Box 6275
Austin, Nevada 89310
775-964-2463

Lincoln County

Alamo Senior Center
20 Airport Road
PO Box 316
Alamo, NV 89001
775-725-3340

Lincoln Senior Center
Main and Atkins
PO Box 508
Panaca, Nevada 89042
775-728-4477

Olsen Senior Center
240 Front Street
PO Box 322
Caliente, Nevada 89008
775-726-3740

Pioche Senior Center
410 Auto Drive
PO Box 432
Pioche, Nevada 89043
775-962-5378

Lyon County

Dayton Senior Center
320 Dayton Valley Road
PO Box 612
Dayton, Nevada 89403
775-246-6210
Dayton Senior Center information

Fernley Senior Center
1170 West Newlands Drive
Fernley, Nevada 89408
775-575-3370
Fernley Senior Center information

Lyon County Senior Services
1050 Pyramid Street
PO Box 1141
Silver Springs, Nevada 89429
775-577-5009
Lyon County Senior Services information

Silver Springs Senior Center
2945 Ft. Churchill Road
Silver Springs, Nevada 89429
775-577-5014
Silver Springs Senior Center information

Yerington Paiute Tribe Elder Center
171 Campbell Lane
Yerington, Nevada 89447
775-883-8334

Lyon Food, Fun and Fellowship
117 Tilson Way
Yerington, Nevada 89447
775-463-6550

Nye County

Amargosa Senior Center
HCR 69 Box 428
Amargosa, Nevada 89020
775-372-5413

Beatty Senior Center
150 A Avenue South
PO Box 453
Beatty, Nevada 89003
775-553-2954

Duckwater Elder Center
PO Box 140068
Duckwater, Nevada 89314
775-863-0155

Pahrump Valley Senior Citizens Center
1370 West Basin
Pahrump, Nevada 89060
775-727-5008

Tonopah Senior Center
1 Senior Center Drive
PO Box 392
Tonopah, Nevada 89049
775-482-7300

Pershing County

Pershing County Senior Center
PO Box 838
Lovelock, Nevada 89419
775-273-2291

Storey County

Storey County Senior Center
PO Box 786
Virginia City, Nevada 89440; 775-847-0957

Mineral County

Walker River Senior Center
PO Box 220
Schurz, Nevada 89427
775-773-2224

Mineral County Care and Share
975 K Street
PO Box 1058
Hawthorne, Nevada 89415
775-945-5519

Mina Senior Center

White Pine County

Ely Shoshone Elders Center
250 Heritage Drive
Ely, Nevada 89301
775-289-6907

McGill Senior Citizens Center

821 8th Street PO Box 195 Mina, Nevada 89422 775-573-2344	1 Avenue K PO Box 1237 McGill, Nevada 89318 775-235-7110 **White Pine Senior Center** 1000 Campton Street Ely, Nevada 89301 775-289-2742
Washoe County **Gerlach Senior Center** 385 E. Sunset Blvd. PO Box 69 Gerlach, Nevada 89412 775-557-2206 Gerlach Senior Center information **Numaga Senior Center** PO Box 256 Nixon, Nevada 89424 775-574-0180 **Reno-Sparks Indian Colony** 34 Reservation Road Reno, Nevada 89502 775-329-5162 Reno-Sparks Indian Colony information **Washoe County (Reno) Senior Citizens Center** 1155 East 9th Street Reno, Nevada 89512 775-328-2575 Washoe County (Reno) Senior Citizens Center information **Sparks Senior Center** 97 Richards Way Sparks, Nevada 89431 775-353-3110 Sparks Senior Center information **Sun Valley Senior Center** 115 West 6th Avenue Sun Valley, NV 89433-7374 775-673-9417 Sun Valley Senior Center information	

THE SERVICE OFFERED BY THE MEDICARE SHIP PROGRAM IS PROVIDED BY TRAINED VOLUNTEERS/ADVISORS AND IS **FREE OF CHARGE**.

Other Resources
Division of Insurance
(702) 486-4009 or (775) 687-0700 or Toll-Free: (888) 872-3234
www.doi.nv.gov
Centers for Medicare & Medicaid Services (CMS)
Toll-Free: (800) Medicare (633-4227)
www.cms.gov
Social Security Administration (SSA)
(800) 772-1213 TTY (800) 325-0778
www.ssa.gov
National Association of Insurance Commissioners (NAIC)
(816) 842-3600
www.naic.org
Public Employees' Retirement System of Nevada (PERS)
(775) 687-4200 or Toll-Free: (866) 473-7768
www.nvpers.org
Nevada Aging & Disability Services Division
(702) 486-3545 or (775) 687-4210
http://adsd.nv.gov
Governor's Office of Consumer Health Assistance (GOVCHA)
(702) 486-3587 or Toll-Free (888) 333-1597
http://dhhs.nv.gov/programs/cha
Public Employees' Benefits Program
(775) 684-7000 or Toll-Free (800) 326-5496
www.pebp.state.nv.us

How to File an Inquiry or Complaint

If you have an insurance question or problem, you should first contact your agent or company to get the matter resolved.

If you cannot get the matter resolved, contact the **Nevada Division of Insurance** for assistance. Inquiries or questions may be directed to the Consumer Services section at either of the Insurance Division offices.

Las Vegas
3300 West Sahara Ave #275, Las Vegas, NV 89102
(702) 486-4009
or

Carson City
1818 E. College Pkwy, Suite 103, Caron City, NV 89706
(775) 687-0700

Or, call **toll-free** anywhere in Nevada at
1-888-872-3234
Or email: cscc@doi.nv.gov
www.doi.nv.gov

The Division of Insurance cannot recommend an insurance company or tell you which policy to buy; however, our staff can explain the insurance terminology in your policy to you. The Division of Insurance will also contact the company on your behalf in an attempt to help resolve problems you may be having.

POLICY CHECKLIST

You may find this checklist useful in assessing the benefits provided by a Medicare supplement policy or in comparing policies.

	Policy 1		Policy 2		Policy 3	
	Yes	No	Yes	No	Yes	No
DOES THE POLICY COVER:						
Medicare Part A hospital deductible?						
Medicare Part A hospital daily coinsurance?						
Hospital care beyond Medicare's 150-day limit?						
Skilled nursing facility daily coinsurance?						
Skilled nursing beyond Medicare's limits?						
Medicare Part B annual deductible?						
Medicare Part B coinsurance?						
Physician and supplier charges in excess of Medicare's approved amounts?						
OTHER POLICY CONSIDERATIONS:						
Can the company cancel or refuse to renew the policy?						
What are the policy limits for covered services?						
How much is the annual premium?						
Non-smoking, sex, area, or other discounts?						
How long before existing health problems are covered?						

DEFINITIONS

The following terms are commonly used in Medicare supplement and long-term care insurance policies. Definitions differ from policy to policy, so it is important to understand the definition used in a specific insurance policy before you purchase it.

Allowed, approved, or eligible charges: The basis by which Medicare pays for health care costs. The approved charge paid by Medicare may be only 60 to 80% of the actual charge.

Assignment: In the original Medicare plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the original Medicare plan, it can save you money if your doctor accepts assignment. If your doctor doesn't accept assignment, you may still be able to see the doctor, but you will need to pay the excess charges above what Medicare would pay.

Advance directives: Legal documents that allow you to put in writing what kind of health care you would want if you were too ill to speak for yourself.

Attained Age: Adjective referring to a type of policy that bases its premium on the insured's current age.

Benefit: A benefit is a health care service or supply that is paid for in part or in full by Medicare.

Benefit period: A specified number of days, months or years for which benefits will be payable during any one confinement or spell of illness, or for successive confinements for the same condition.

Body mass index (BMI): A measure of body fat based on height and weight that applies to both adult men and women.

Chronic: A chronic condition is one lasting three months or more.

Co-insurance or co-payment: The portion of a charge for a covered medical service that you must pay out of your own pocket. For example, Part B of Medicare generally requires a co-payment of 20%.

Custodial care: The level of care required to assist an individual in the activities of daily living. This care helps meet personal needs and

can be provided by persons without professional licenses or extensive training.

Deductible: The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer.

Effective date: The date on which insurance coverage goes into effect. It is not always the same as the date the application is completed.

Enrollment period: A certain period of time when you can join a Medicare health plan if it is open and accepting new Medicare members. If a health plan chooses to be open, it must allow all eligible people with Medicare to join.

Excess charges: The portion of the Medicare provider's charges which exceed Medicare's approved payment amount.

Exclusion: A specific service, expense, condition or situation **not covered** by an insurance plan.

Fee for service: In health care, a payment mechanism in which a provider is paid for each individual service rendered to a patient.

Group Policies: Group policies are defined by an employer, organization or association being the policyholder, instead of the individual. In other words, it will be defined by who the individual members are paying. If the individual members are paying an organization other than an Insurance Carrier, then the policy will be deemed to Group policy.

Guaranteed issue: A policy of insurance that will be issued regardless of applicant's health condition.

Guaranteed renewable: The policy must be renewed by the company except for non-payment of premiums and / or material misrepresentations. Additionally, premiums for policies may only be increased if premiums for all like policies are increased by the same amount.

Health maintenance organization (HMO): A type of Medicare Advantage plan that is available in some areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists or hospitals on the plan's list, except in an emergency. Your costs may be lower than in the original Medicare plan.

Health Savings Account (HSA): Health Saving Accounts (HSAs) are tax-advantaged savings accounts that can be used to pay for medical and retiree health expenses incurred by individuals and their families. They are available to anyone who enrolls in a high-deductible health insurance plan. However, current tax laws do not allow Medicare beneficiaries to either contribute to their existing account or enroll.

Home health care: A wide variety of skilled nursing care and supportive services for individuals who do not need institutional care. The services are available through intermittent visits and may include nursing care, physical therapy, speech and hearing therapy, occupational therapy, social services, and other support services.

Individual Policies: Individual policies are defined by the individual being the policyholder. If the individual members pay the Insurance Carrier directly, then the policy will be deemed to Individual policy.

Intermediate care: Less intensive care than skilled nursing care. It usually includes assistance with activities of daily living with the availability of any on-duty registered nurse.

Issue Age: These policies are priced at your age when you initially purchase the policy. Increases in age alone will not affect future premiums.

Lapse: Termination of a policy due to failure by the policyholder to pay the required premium within the time specified in the policy.

Limiting charge: The highest dollar amount you can be charged for a covered service by doctors and other health care providers who do not accept assignment. The limit is 15% over Medicare's approved amount. The limiting charge only applies to certain services and does not apply to some supplies or equipment. (See Approved Amount; Assignment.)

Long-term care: A wide range of routine and complex services designed to provide maintenance, preventive, rehabilitative and supportive services to those individuals who have conditions that impair their ability to function independently.

Managed care: A system of health care where the goal is a system that delivers quality, cost-effective health care through monitoring, utilization review, and preventive services.

Medically necessary: Reasonable and necessary services for diagnosis or treatment as generally accepted by health care professionals that are clinically appropriate with regard to type, frequency, extent, location and duration; not primarily provided for the convenience of the patient, physician or other provider of healthcare; required to improve a specific health condition of an insured or to preserve his existing state of health; and the most clinically appropriate level of health care that may be safely provided to the insured.

Medicare Advantage plan: A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans are HMOs, PPOs, or Private Fee-for-Service Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and are not paid for under Original Medicare.

Medicare managed care plans: These are health care choices (such as HMOs) in some areas of the country. In most plans, you can only go to doctors, specialists or hospitals on the plan's list. Plans must

cover all Medicare Part A and Part B health care. Some plans cover extras, such as preventive care not covered by Medicare. Your costs may be lower than in the original Medicare plan.

Newly eligible on or after January 1, 2020: Means an individual who becomes 65 years of age on or after January 1, 2020; or first becomes eligible for Medicare benefits because of age, disability or end-stage renal disease on or after January 1, 2020.

Network: A list of primary care doctors, specialists and hospitals that members of a managed care organization can go to. Doctors, hospitals and other health care providers who have contracted with the health insurer or a third-party administrator provide health care at a reduced rate to members within the network.

Open enrollment: A period when new beneficiaries may elect to enroll in a policy of insurance regardless of health. For a Medicare supplement policy 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.

Out-of-pocket costs: Health care costs that you must pay on your own because they are not covered by Medicare or other insurance.

Point of service (POS): A managed care plan that allows you to use doctors and hospitals outside the plan for an additional cost. (See Medicare managed care plan.)

Pre-existing condition: A medical condition for which medical advice was given or treatment was recommended or received from a doctor within a specified period before the effective date of coverage.

Preferred provider organization (PPO): Health service organization plan with a network of physicians and suppliers who contract to provide services to a health insurance plan on a discounted fee-for-service basis.

Skilled nursing care: Medically necessary care that can only be provided by, or under the supervision of, skilled, licensed, medical professionals such as registered nurses or professional therapists. All skilled services require a physician's order. Medicare's definition of "skilled nursing care" is often different from the definitions used in long-term care insurance policies.

State Health Insurance Assistance Program ("SHIP"): SHIP refers to a group of federal and state funded programs. These programs work together to provide assistance with public and private health insurance issues as well as options for Medicare beneficiaries or those soon to be Medicare beneficiaries, their families and caregivers. SHIP has a centralized component of statewide assistance and a local component of county- and tribal-based benefit counselors.

TRICARE: TRICARE is the health care program serving Uniformed Service members, retirees and their families worldwide.

Underwrite: The process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

Usual and customary or reasonable charges: The fee most commonly charged by physicians or providers for a particular service, treatment or supply. This fee may vary from area to area throughout the state.

Nevada's 2020 Medicare Supplement Guide was revised on October 9, 2020