BRIDGING THE GAP 2017

MEDIGAP GUIDE

from the Arkansas Insurance Department division of Senior Health Insurance Information Program (SHIIP)

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SHIIP can help in understanding Medicare choices

- SHIIP is funded by the Administration for Community Living, an agency of the U.S. Department of Health and Human Services.
- SHIIP works to help people save money and make informed decisions about Medicare.
- SHIIP offers phone and in-person appointments to discuss Medicare choices and answer questions.
- SHIIP does not sell insurance or offer legal advice. SHIIP certified Medicare counselors offer unbiased information and referral services.

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Toll Free: 1-800-224-6330
www.insurance.arkansas.gov
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Medicare Plans Change. People Change.
Shop & Compare Plans Oct. 15—Dec. 7

This guide summarizes the benefits of Medicare Supplement Policies approved by the Arkansas Insurance Department for sale in 2016. Inclusion of information in this guide regarding a policy does not, in any way, constitute an endorsement of the policy or company by the Arkansas Insurance Department.

- **For quotes and exact premium cost** contact company or agent to purchase.
- Be advised that some new policies may have entered the marketplace since this publication was printed and will not be included. See the back cover of this publication, lower left corner for revision date.
- Don't be alarmed if your Medicare Supplement Policy does not appear in this booklet. You may choose to keep your policy as long as you pay the premium.
- Publication of this guide is for information purposes only. Please refer to the policy itself for the complete and actual terms of coverage since the policy constitutes the contract between the insurer and the insured and will ultimately be the basis of final determinations.

- **SHOP WITH CAUTION.** Do not just buy the cheapest policy without weighing other factors and determining the company's financial stability and reputation for resolving complaints.
- **AVOID HIGH PRESSURE SALES TACTICS.** Take time and avoid being pushed into buying an insurance policy. Do not buy a policy under the pressure of limited enrollment periods or of "last chance to enroll." Be wary of agents and sales material that imply a policy is connected with or endorsed by the government. Medicare Supplement Insurance and Long-term Care insurance are not connected with or endorsed by the federal government.
- **DON'T BE MISLED BY ADVERTISING.** Do not buy a policy because celebrities endorse it on television, radio, newspaper, or other advertisements. Ask questions before buying a policy.
- **BE CAREFUL HOW YOU PAY FOR POLICIES.** **Do not pay in cash.** When purchasing Medicare Supplement Insurance, it is always best to pay by check, money order, or bank draft. Premium payments should always be made payable to the insurance company, not the agent selling the policy. If you must pay in cash, be sure to get a company-authorized receipt signed by the agent.
- **KEEP YOUR POLICY IN A SAFE PLACE.** Select a friend or relative in advance to handle your medical affairs in case of illness and let that person know where to locate your policy.
- **KEEP RECORDS.** Write down and keep the correct name, telephone number, and permanent address of the agent and the insurance company. Ask for a toll-free number in case you need to call long distance. Record important policy, company and agent information below and keep it in a safe place.

TYPES OF MEDICARE SUPPLEMENT INSURANCE/MEDIGAP

Most companies offer two rates: Preferred and Standard. The monthly premium amount is based on medical underwriting. Underwriting is the method insurance companies use to evaluate your health status to determine risk and insurability (if they'll sell you a policy).

Preferred Premium

The Preferred insurance premium is typically lower than the standard premium. Insurance companies base their decision to offer a preferred premium on a variety of factors including but not limited to: smoking/tobacco use, weight, cholesterol, blood pressure, substance abuse, etc.

The Preferred Premiums are offered to those purchasing during the Medigap Open Enrollment Period (OEP) as well. See page 9 for more information about the Medigap OEP.

VS.

Standard Premium

The standard rates apply outside the Medigap Open Enrollment Period and for those with less favorable medical histories.

Medigap Select Policy

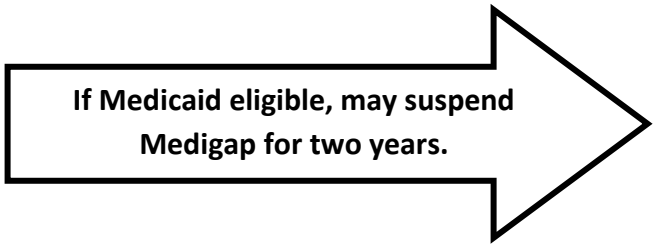
The select policy usually offers the lowest cost premium. In Arkansas, three companies offer select policies:

1. AARP/United Healthcare Insurance Company
2. Marquette National Life Insurance Company
3. Sterling Life Insurance Company

A select policy has a NETWORK or specific list of providers (hospitals) an insured person can use. In general, Medicare SELECT policies are not required to pay any benefits (claims/bills) if you do not use a preferred/network provider for non-emergency services. Medicare, however, will still pay its share of approved charges regardless of the provider you choose. If you choose a Medicare Select Policy, be sure your hospital is in-network (see page 44).

SIGNIFICANT MEDIGAP INSURANCE LAWS

- A free-look period of 30 days is required, during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the day the applicant receives the certificate or policy, not the day of the application.
- A pre-existing condition waiting period may extend no longer than six months for health conditions diagnosed or treated within the six months immediately prior to the application. The medical questionnaire accompanying an application should have accurate information and should be completed by the applicant, not the agent.
- Should the applicant be replacing a Medicare supplement policy, no new waiting period is allowed by the replacing insurer for equivalent coverage.
- For replacement policies, the applicant is required to sign a replacement form indicating that he/she understands the hazards of changing.
- No agent in Arkansas may sell a new Medicare Supplement Policy to anyone who already has a Medicare Supplement unless the applicant agrees to drop his or her previous insurance.
- All Medicare supplement policies must be guaranteed renewable.



- The 101st Congress (1990) passed strong federal legislation, which made uniform requirements for Medicare Supplement Insurance policies in each state. Policy holders are not required to change from their old supplemental policies to a policy with the new standards unless they so choose.

MEDIGAP OPEN ENROLLMENT

- MEDIGAP OPEN ENROLLMENT= A Medicare supplement insurer may not deny an applicant a policy during the six months period known as the Medigap Open Enrollment Period. The six month period begins with the Medicare beneficiary is BOTH enrolled in Part B and age 65 or older. During this enrollment period an insurance company can not deny a policy based on the applicants health status. This is a one-time enrollment period. Once the Medigap Open Enrollment Period begins, it can not be started again.

In Arkansas, there is no open enrollment period for Medicare Beneficiaries who are not yet 65.
However, they are entitled to a six-month Open Enrollment Period when they reach age 65.

- An insurer must suspend Medicare Supplement Premiums and benefits while the policyholder is entitled to Medicaid. The insurer must reinstate policy benefits upon request if Medicaid entitlement ends. This suspension may last up to two years. Policyholders are responsible for informing the insurer of their Medicaid eligibility within 90 days of eligibility determination.

SPECIAL CIRCUMSTANCES FOR GUARANTEED ISSUE FOR MEDIGAP

Federal and state laws guarantee acceptance into Medicare Supplement insurance (Medigap), if a Medicare beneficiary qualifies in one of seven categories listed below. This means the insurance company can not deny a policy nor impose a pre-existing waiting period based on medical history. There is a strict time limit! The Medicare beneficiary has **ONLY 63 days** from the date of loss of coverage to apply for a Medigap policy and be granted a guaranteed issue.

The Arkansas Insurance Department is committed to seeing that your rights are upheld in all circumstances pertaining to guaranteed acceptance into Medicare Supplement Insurance.

CATEGORY 1:

If a Medicare beneficiary is enrolled in an employer-sponsored plan and the plan terminates or ceases to provide some or all supplemental benefits to Medicare, or the insured chooses to leave the plan.

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 2:

If a Medicare beneficiary is enrolled in a Medicare Advantage Plan and

- the plan's certification is terminated, or
- the plan ceases to provide all services, or
- the enrollee moves out of the service , or
- the plan violates the contract, misrepresents during marketing, or
- there are other circumstances as determined by HHS Secretary,

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 3:

If a Medicare beneficiary is enrolled in a Medicare Risk, Cost, Demonstration, HCPP, or select plan, and

- the plan's certification is terminated, or
- the plan ceases to provide all services, or
- the enrollee moves out of the service , or
- the plan violates the contract, misrepresents during marketing, or
- there are other circumstances as determined by HHS Secretary,

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 4:

If a Medicare beneficiary is enrolled in a Medigap policy and any of the following occur:

- the Insurer becomes insolvent or bankrupt, or
- there is involuntary termination of coverage or enrollment, or
- there is material violation of the policy, or
- there is material misrepresentation during marketing,

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 5:

If a Medicare beneficiary is enrolled in a Medigap policy, terminates it and enrolls for the first time in a Medicare Advantage Plan, Risk, Cost, Demonstration, HCPP, or Select plan, and disenroll from the chosen coverage within the first 12 months as permitted under federal law,

Then guarantee issue of Medigap Plans A, B, C, F, K or L with any company selling these plans or his/her prior Medigap plan, if it is still available.

CATEGORY 6:

If an individual is first eligible for Medicare Part A at the age of 65, and

- enrolls in a Medicare Advantage plan , and
- disenroll within the first 12 months after enrollment as permitted by federal law,

Then guarantee issue of any Medigap plan sold by any insurer.

CATEGORY 7:

If an individual leaves a Medicare Advantage Plan or drop a Medigap policy because the company has not followed the rules or misled the individual,

Then guarantee issue of Medigap Plans A, B, C, F, K, L, M, or N sold by any insurer.

If you believe you meet the criteria in one of these categories and have been denied a policy, contact SHIIP

1-800-224-6330

or email insurance.shiip@arkansas.gov

BUYER BEWARE

When describing the benefits of Medicare Supplement Plans, all insurers use the same format, language, and definitions. They are required to use a uniform chart and outline of coverage to summarize the benefits of the plans they offer. These requirements make it easier to compare policies from different insurers. As you shop for a policy, keep in mind that each company's products are standard, products compete based on price, service, and reputation.

- **PRICE.** While the benefits are identical for all Medicare Supplemental Plans of the same type, the premiums vary from one company to another and from area to area. The plan with the lowest price is not necessarily the best plan. The price should not be the only concern. You may prefer a particular schedule of payments. Some companies bill the premium each month, while others bill each quarter or once a year. In addition, prices are based in part on the services a company provides and on their reputation. Some plans add benefits but remember the basic coverage is the same from plan to plan based on federal law.

- **CUSTOMER SERVICES.** You should ask about the insurer's customer services. For example, some companies link their computers with the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover. This and other available customer services may be important considerations in making a decision.

- **REPUTATION.** You should consider the reputation of the insurer before buying a policy. Find out about the company by asking for referrals, asking others about their experiences, and check out the number of complaints filed at this website https://eapps.naic.org/cis/

VARIABLES

POLICY FEE: Some policies add a one-time policy fee. These are not allowed in Arkansas.

UNDERWRITING: Most companies underwrite. However, a few policies are "guaranteed issue."

PREMIUM TYPE: The premium for your policy may increase every year, primarily due to inflation in medical costs and the use of more advanced technology. The amount your premium goes up may depend upon the manner in which the company has reflected the aging of its policyholders in its rates. The general approach that companies use are described below. **In Arkansas, the no age rating method is used.**

1. **Attained Age**: In addition to medical inflation and advancing technology, your premium will also rise due to the increased use of medical services as people age.
2. **Issue Age:** The premium you pay will initially be somewhat higher than under the attained age approach because a portion of the initial premium is used to pre-fund the increased claims cost in later years. As a result, in subsequent years your premiums should be somewhat less than they would be under an attained age approach.
3. **No Age Rating:** Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

DIRECT RESPONSE/AGENT: Premiums are basically the same when comparing a direct response sale to an agent-marketed sale.

NON-SMOKER: Few companies have non-smoker discounts.

MEDICARE CROSSOVER: This is one of the more significant service enhancements that companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the policyholder's balance bills directly to the Medicare Supplement Insurance Company.

2016 COSTS OF MEDICARE

PART A HOSPITAL INSURANCE COVERED SERVICES

SERVICES	BENEFITS	MEDICARE PAYS	YOU PAY
Hospitalization Semiprivate room, general nursing, misc. services	First 60 days	All but $1,288	$1,288 deductible
	61st to 90th day	All but $315 per day	$315 per day
	91st to 150th day	All but $644 per day	$644 per day
	Beyond 150 days	Nothing	All charges
Skilled Nursing Facility Care (SNF) after a 3 night hospital stay	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but $161 per day	$161 per day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved
Hospice Care For the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first 3 pints	First 3 pints

PART B MEDICAL INSURANCE COVERED SERVICES

SERVICES	BENEFITS	MEDICARE PAYS	YOU PAY
Medical Expense Physician services & medical supplies	Medical services in and out of the hospital	80% of approved amount (after $166 deductible)	20% of approved amount (after $166 deductible)
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved
Outpatient Hospital Treatment	Unlimited if medically necessary	80% of approved	20% of approved amount (after $166
Durable Medical Equipment	Prescribed by doctor for use in home	80% of approved amount (after $166 deductible)	20% of approved amount (after $166 deductible)
Blood	Blood	All but first 3 pints	First 3 pints

MEDIGAP PLAN OPTIONS

Reading the chart: If a "x" mark appears in a column of this chart, the Medigap policy covers 100% of the desired benefit. If a column lists a percentage, then the policy covers that percentage of the described benefit. If a column is blank, then the policy does not cover that benefit.

Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

Medigap Plan Benefits	A	B	C	D	F*	G	K**	L**	M	N
Medicare Part A eligible hospital costs up to an additional 365 days after all Medicare hospital benefits are exhausted	X	X	X	X	X	X	X	X	X	X
Medicare Part B Coinsurance or Copayment (20% of Medicare Assignment)	X	X	X	X	X	X	50%	75%	X	X
Blood (First 3 Pints)	X	X	X	X	X	X	50%	75%	X	X
Part A Hospice Care Coinsurance or Copayment	X	X	X	X	X	X	50%	75%	X	X
Skilled Nursing Facility Care Copayment (Days 21-100 = $161 per day in 2016)			X	X	X	X	50%	75%	X	X
Medicare Part A Deductible ($1,288 per benefit period in 2016)		X	X	X	X	X	50%	75%	50%	X
Medicare Part B Deductible ($166 per year in 2016)			X		X					
Medicare Part B Excess Charges (up to 15% above Medicare approved amount if provider does not accept Medicare assignment)					X	X				
Foreign Travel Emergency (Up to Plan Limits)			X	X	X	X			X	X
Medicare Preventive Part B Coinsurance (as of 2011 most preventive screenings no longer require coinsurance payment)	X	X	X	X	X	X	X	X	X	X

*Plan F offers a high-deductible plan. This means you must pay for Medicare-covered costs up to the deductible amount $2,180 in 2015 before Medigap high-deductible plan pays anything.	Out-of-Pocket Limit**	
** After you meet the 2016 out-of-pocket yearly limit and yearly Part B deductible ($166 in 2016), the Medigap plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay.	$4,940	$2,470

MEDIGAP PLANS FOR PEOPLE UNDER AGE 65

Medigap for Medicare recipients under age 65

Federal law does not require people under the age of 65 with Medicare Part B be granted a Medigap Open Enrollment Period. Younger Medicare beneficiaries are subject to medical underwriting and may be denied a policy based on medical history. There is no assurance that those under age 65 will be issued a Medigap Policy.

Liberty National Life Insurance Company
P. O. Box 8080
McKinney, TX 75070
1-800-331-2512
www.libertynational.com

United American Insurance Co
P.O. Box 8080
McKinney, TX 75070
1-800-331-2512
www.UnitedAmerican.com

MEDIGAP PLANS FOR PEOPLE AGE 65 & OLDER

AARP (United Healthcare Insurance Co.) P.O. Box 130 Montgomeryville, PA 18936 1-800-523-5800 www.aarphealthcare.com
American Continental Insurance Company (Subsidiary of Aetna) 101 Continental Place Brentwood, TN 37027 1-800-264-4000
American Republic Insurance Company P.O. Box 2780 Omaha, NE 68103-2780 1-800-987-8988 www.americanrepublic.com
American Retirement Life Insurance Company 11200 Lakeline Blvd., Suite 100 Austin, TX 78717 1-866-459-4272
Arkansas Blue Cross & Blue Shield P.O. Box 2181 Little Rock, AR 72203 1-800-392-2583 www.arkansasbluecross.com
Assured Life Association/Woodmen of the World 6030 Greenwood Plaza Blvd., Suite 100 Greenwood Village, CO 80111 1-800-777-9777 www.denverwoodmen.org
Bankers Fidelity Life 4370 Peachtree Rd. NE Atlanta, GA 30319 1-866-458-7500 www.BFLIC.com
Central States Indemnity Co. of Omaha Medicare Sup. Admin. Offices P.O. Box 10817 Clearwater, FL 33757-8817 1-855-664-5517
Colonial Penn Life Insurance Company Admin. Address 600 West Chicago Ave. Chicago, IL 60654-2800 1-312-396-6000

MEDIGAP PLANS FOR PEOPLE AGE 65 & OLDER

Combined Insurance Company of America 5050 North Broadway Chicago, IL 606040 1-800-225-4500 www.combined.com
Companion Life Insurance Company P.O. Box 100102 Columbia, SC 29202 1-800-753-0404 www.companionlife.com
Coventry Health and Life Insurance Company (Subsidiary of Aetna) 800 Crescent Centre Dr., Suite 200 Franklin, TN 37067 1-800-264-4000
Equitable Life & Casualty Insurance Company 3 Triad Center Salt Lake City, UT 84180 1-800-352-5170
Family Life Insurance Company P. O. Box 924408 Houston, TX 77292-4408 1-800-877-7705
First Health Life & Health Insurance Company 800 Crescent Centre Dr., Suite 200 Franklin, TN 37067 1-800-264-4000
Gerber Life Insurance Company 1311 Mammaroneck Avenue White Plains, NY 10605 1-914-272-4000
Globe Life & Accident Insurance Company P.O. Box 2440 McKinney, TX 75070 1-800-801-6831 www.globecaremedsupp.com
Government Personnel Mutual Life Insurance Company P.O. Box 659567 San Antonio, TX 99999 1-800-929-4765

MEDIGAP PLANS FOR PEOPLE AGE 65 & OLDER

Guarantee Trust Life Insurance Company 1275 Milwaukee Avenue Glenview, IL 60025 1-847-460-4772
Heartland National Life Insurance Company 10689 N. Pennsylvania Street Indianapolis, IN 46280 1-816-478-0120
Humana Insurance Company P.O. Box 14601 Lexington, KY 40512 1-800-866-0581 www.humana.com
Individual Assurance Company, Life, Health & Accident P.O. Box 3270 Salt Lake City, UT 84110-3270 1-888-524-3629
Liberty National Life Insurance Company P. O. Box 2612 (35202) Birmingham, AL 35233 1-800-331-2512 www.libertynational.com
Loyal American Life Insurance Company (Subsidiary of Cigna) P.O. Box 559004 Austin, TX 78755 1-800-633-6752 www.loyalamerican.com
Madison National Life Insurance Company 1241 John Q. Hammons Dr. Madison, WI 53717 1-800-356-9601
Manhattan Life Insurance Company 10777 Northwest Freeway Houston, TX 77092 1-713-529-0045
Marquette National Life Insurance Company (Subsidiary of Aetna) 411 N. Baylen Street Pensacola, FL 32502 1-800-934-8203 www.marquettenationallife.com

MEDIGAP PLANS FOR PEOPLE AGE 65 & OLDER

Medico Corp Life Insurance Company 11808 Grant St Omaha, NE 68103-0160 1-800-822-9993
Medico Insurance Company 1515 South 75th Street Omaha, NE 68124 1-800-695-5976
Old Surety Life Insurance Company P.O. Box 54407 Oklahoma City, OK 73154 1-800-272-5466
Order of United Commercial Travelers of America P. O. Box 159019 631 North Park Street Columbus, OH 43215-8619 1-800-848-0123
Philadelphia American Life Insurance Company P.O. Box 4884 Houston, TX 77210-4884 1-800-713-4680
Physicians Mutual Insurance Company 2600 Dodge Omaha, NE 68131 1-800-228-9100
Puritan Life Insurance Company (formerly known as Admiral Life Insurance Company of America) P.O. Box 10860 Clearwater, FL 33757-8860 1-800-513-3243
QualChoice Life and Health Insurance Company P. O. Box 25626 Little Rock, AR 72221-5626 1-855-633-4765
Reserve National Insurance Company 6100 North West Grand Blvd. Oklahoma City, OK 73118 1-800-654-9106 www.reservenational.com

MEDIGAP PLANS FOR PEOPLE AGE 65 & OLDER

Standard Life & Accident Insurance Co. One Moody Plaza Galveston, TX 77550 1-888-350-1488 www.AINCO.com
State Farm Mutual Automobile Ins. Co. One State Farm Plaza Bloomington, IL 61710 www.statefarm.com 1-309-763-8104
State Mutual Insurance Company One State Mutual Drive Rome, GA 30162 1-855-764-4000 www.statemutualinsurance.com
Thrivent Financial For Lutherans 4321 North Ballard Road Appleton, WI 54919 1-800-847-4836 www.thrivent.com
Transamerica Life Insurance Company **Medicare Supplement Sales** 300 Eagleview Blvd. Exton, PA 19341 1-800-247-1771 www.TAMedSupp.com
United American Insurance Co P.O. Box 8080 McKinney, TX 75070 1-800-331-2512 www.UnitedAmerican.com
United National Life Insurance 1275 Milwaukee Ave. Glenview, IL 60025 1-800-207-8050 www.unlinsurance.com
United of Omaha Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 1-800-775-6000

MEDIGAP PLANS FOR PEOPLE AGE 65 & OLDER

United Teachers Associates P.O. Box 26580 Austin, TX 78755 1-800-880-8824 www.UTAIC.com
USAA Life Insurance Company 9800 Fredericksburg Road San Antonio, TX 78288 1-800-531-8000 www.USAA.com
World Corp Insurance Company 1000 World Corp Plaza, North Park P.O. Box 3160 Omaha, NE 68103-0160 1-402-496-8000

GLOSSARY

Approved Charges, also known as allowable charges, **Medicare eligible expenses, or Medicare covered** charges, apply to the specific dollar amount on which Medicare will base its payment for every medical procedure under Part B. Medicare will pay 80% of this "approved" amount.

Assignment is the means by which doctors or suppliers receive payment directly from Medicare. When assignment is used, the provider of medical service agrees that his or her total charge for the covered Medicare Part B service will be the charge approved by the Medicare Carrier. Medicare then pays your doctor or supplier 80% of the approved charge, less any part of the $166 annual deductible. You are responsible for the 20% of the approved amount not paid by Medicare plus the $166 annual deductible. Accepting assignment means that the doctor or medical provider will not bill you for the difference between the actual charge and the Medicare approved amount. Find out in advance whether your doctor or medical provider will accept assignment. When assignment is not accepted, you will be responsible for any amount up to 15% above the charges approved by Medicare. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a claim-by-claim basis whether he is a "participating" provider or not.

Carrier is the Medicare Part B claims processor. In Arkansas, the Medicare "Carrier" is Novitas-Solutions (www.novitas-solutions.com). For questions about your Part B claims payments, telephone 1-800-633-4227.

Contestable Clause is a policy provision that gives an insurer the right to rescind your insurance policy in the event there are any material errors, omissions or misstatements on your insurance application or enrollment form. The contestable period is generally the two years following the effective date of the policy.

Coordination Of Benefits (COB) means that one of your health insurance policies may reduce its benefits if you are also covered by another insurance plan. Important! This usually applies only to employer-sponsored plans. Private Medicare supplements ordinarily do not have COB regardless of how many policies you have.

Co-payment is the amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B expenses. For example, for charges incurred in 2016, you will have a $322 per day co-payment for days 61-90 and a $644 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of $166 for skilled nursing days 21-100 and a co -payment of 20% for all Part B services after your annual deductible of $166.

Deductible is the dollar amount that you will have to pay before either Medicare or your insurance plan will begin paying benefits. Your Medicare Part A deductible is $1260 per benefit period for 2016. Your Medicare Part B deductible is $166 of approved charges each calendar year.

Effective Date is the date your policy becomes effective. When you talk to your insurer, ask what the effective date will be. The effective date is printed on your insurance policy or certificate.

Exclusions or Exceptions is the list of specific conditions or circumstances that are not covered by the policy. The exceptions in Medicare supplements are limited by state law and cannot exclude or limit coverage for any specific health condition for more than six months. Other health insurance plans such as hospital indemnity or medical-surgical expense plans may have a 12-month exclusion for pre-existing conditions and/or permanent exclusions for certain health conditions.

Excess Charge are additional charges approved by Medicare if your doctor or provider does not accept Medicare Assignment (Medicare approved amount). The maximum excess charge is 15% of the Medicare approved amount.

Free Look is the time period after you receive the policy in which you can review its benefits. State law requires Medicare supplement insurers to give the consumer 30 days to review the policy. If you return the policy within the 30-day free look period, you will get a full refund. Other types of individually marketed health insurance plans are limited to a 10-day free look period.

GLOSSARY

Grace Period is the time period (usually 31 days) or the payment of an overdue premium, during which time the policy remains in force.

Hospice is a program for the terminally ill. Medicare does reimburse most Hospice expenses if the Medicare patient chooses to take Hospice benefits instead of regular Part A and Part B benefits. There may be a co-payment for outpatient drugs and inpatient respite care. Care must be provided through certified Hospice organizations.

Intermediary is the Medicare Part A claims processor. In Arkansas, the Medicare Part A "intermediary" is Pinnacle Business Solutions. For questions about Part A claims payments, contact Pinnacle Business Solutions at 1-866-799-2110.

Limiting Charge is the limit on the amount physicians who do not accept assignment can charge a Medicare beneficiary. The limiting charge is no more than 15% over Medicare's approved amount. Limiting charge information appears on the Medicare Summary Notice (MSN) form.

Material Misrepresentation is a misrepresentation that was important or essential to the decision to issue or not issue an insurance policy.

Medicaid is a federal and state program that provides health insurance benefits for certain low-income, disabled or blind individuals, and families. There are strict income eligibility guidelines. Applications must be made at the local county office of the Department of Human Services. 1-800-482-8988

Medicare Crossover is one of the more significant service enhancements that insurance companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the insured's remainder of the bill directly to the Medicare supplement insurance company.

Medicare Advantage is a part of the Balanced Budget Act (BBA) of 1997 that authorizes the Centers for Medicare & Medicaid Services to enter into contracts with insurance companies, managed care organizations, and other entities to give Medicare beneficiaries a choice in how they receive their Medicare benefits.

Participating Physicians are doctors who have contracted with Medicare to accept assignment for all Medicare patients, file all claims for Medicare patients, and agree to all Medicare rules. Check the MedPard database http://www.pinnaclemedicare.com/bene/medpard/default.aspx

Non-Participating Physicians have not signed a contract with Medicare to accept assignment, but may do so on a case-by-case basis. Non-participating physicians must still file all claims with Medicare.

Pre-Existing Conditions are health conditions for which you have been diagnosed, treated, or had symptoms during the time before your policy's effective date of coverage.

Pre-Existing Condition Waiting Period is the amount of time after your effective date of coverage during which your insurance plan will not cover any pre-existing conditions. Medicare supplement law in Arkansas says your waiting period cannot be any longer than six months. Many Medicare supplements offer plans with shorter waiting periods. When a Medicare supplement policy replaces an existing Medicare supplement policy, the replacing issuer must waive any time period applicable to pre-existing conditions.

Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) are groups of doctors and health care professionals who are paid by the federal government to review Medicare hospital admissions and reimbursements and to monitor inpatient quality of care. BFCC-QIO's have the authority to deny hospital payments if care is not medically necessary. They also handle patient appeals and complaints the patient makes regarding non-payment of service or quality of care. If you have any questions, please contact them at **1-844-430-9504**.

Underwriting is the method insurance companies use to evaluate risks and determine insurability.

Usual, Customary and Reasonable (UCR) typically means the fees most frequently charged in a geographic by providers with similar training and experience for the same or like service or supply.

Notes

My Medigap Information

Agent Name: _____

Company Name: _____

Company Address: _____

Phone Number(s): _____

Email: _____

Arkansas Insurance License Number: _____

Medigap Plan Choice (A-L): _____

Monthly Premium: $_____ How do I pay? _____

Is my spouse covered? _____ Spouse Premium: $_____

Comparing Medicare drug plans can save you money.
Provide a list of current medications and SHIIP uses
the Medicare website to
compare plans www.medicare.gov
Call 1-800-224-6330 for information

Helpful Phone Numbers	
1-800-Medicare Helpline	1-800-633-4227
Arkansas Attorney General's Office	1-800-482-8982
Beneficiary and Family Centered Care Quality Improvement organization (BFCC-QIO) (KEPRO)	1-844-430-9504
Arkansas SMP (Medicare Fraud)	1-866-726-2916
Marketplace (Affordable Care Act)	1-800-318-2596
Medicaid (Department of Human Services)	1-800-482-5431
Senior Health Insurance Information Program (SHIIP)	1-800-224-6330
Social Security Administration	1-800-772-1213
Tricare	1-866-773-0404
Veterans Administration	1-800-827-1000

Allen Kerr, Commissioner
Dan Honey, Deputy Commissioner
1200 W 3rd St.
Little Rock, Arkansas 72201

Toll Free: 1-800-224-6330

www.insurance.arkansas.gov

ARKANSAS SHIIP
Senior Health Insurance Information Program

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