Medicare Supplement Policies:
A Guide for Nebraskans

NEBRASKA
SHIIP
SENIOR HEALTH INSURANCE INFORMATION PROGRAM

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What is a Medicare Supplement Policy?

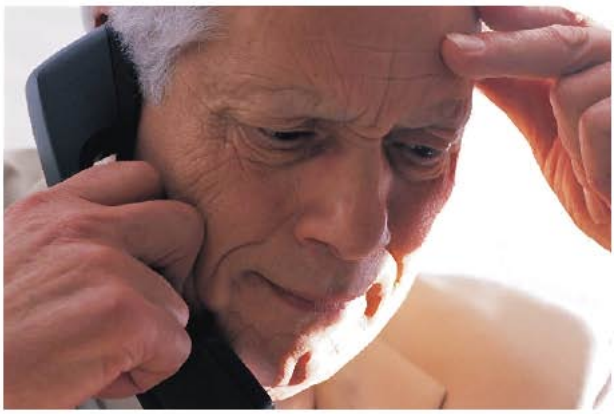
Medicare Supplement Insurance, or Medigap, is sold by private companies, and helps pay some of the health care costs left after Original Medicare has paid its portion. Supplements cover items like copayments, coinsurance, and deductibles.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when traveling outside the U.S. If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then your Medigap policy pays its share.

Note: Medicare Advantage Plans do not work with a Medicare Supplement policy. Beneficiaries **CANNOT** have both.

What types of policies are available?

There are 10 standardized Medicare Supplement Plans currently available in Nebraska. The Plans currently offered include A, B, C, D, F, G, K, L, M and N. Standardized means that a Plan F from one company must offer the same exact benefits as Plan F from all other companies. Each Medicare Supplement Plan offers a specific list of benefits. The amount of coverage you want, will determine which of the 10 policies you should select. See back page for listing of plans and their coverage.



When can I sign-up for a Medicare Supplement Policy?

Every new Medicare Part B recipient who is age 65 or older has a guaranteed right to buy a Medicare Supplement policy during "open enrollment." A company cannot reject you for any policy it sells, and it cannot charge you more than anyone else your age.

Your open enrollment period starts when you enroll in Medicare Part B (at age 65 or greater) and ends six months later. During these six months, companies cannot turn you down due to your health history. If you apply for a policy after the open enrollment period, companies may refuse coverage because of health reasons.

If you had Medicare Part B coverage prior to age 65 (e.g., Medicare due to a disability or End-Stage Renal Disease), you will be eligible for an open enrollment period when you turn 65. In this case, your open enrollment would last for six months beginning the month of your 65th birthday .

What if I'm under the age of 65?

In Nebraska, companies are not required to sell Medicare Supplement policies to persons under 65. Medical questions will be asked and companies can refuse coverage because of health reasons. If you meet the requirements, they may, offer you a policy. For additional options for beneficiaries under 65, please call the Nebraska SHIIP at 1-800-234-7119.

Can I change my Medicare Supplement Policy?

Beneficiaries can apply for another Medicare Supplement policy at any time. However, after a beneficiary's six-month open enrollment timeframe has expired, all companies will require that the applicant go through underwriting, a process where a person's health history is examined. A company may then deny an applicant for any reason. **TIP!** Do not cancel your current policy until officially accepted by the new company and have the policy in-hand.

I have other coverage. Do I need a Medicare Supplement Policy? If you have a(n):

- **Employer Group Health Plan** **while working** — You do not need a Medicare Supplement until you elect to enroll in Medicare Part B.
- **Medicaid** — If you have Medicaid, you do not need a Medigap policy. However, some Medicaid beneficiaries may purchase Medigap policies in order to meet a "spend down." Contact Nebraska Medicaid for more information.
- **Retiree Plans** — These plans are not guaranteed renewable, meaning your former employer can cancel it at any time. Retiree plans are NOT considered Medicare Supplements and do not have to comply with Medicare Supplement regulations.
- **VA Benefits** — VA benefits only work at a VA facility. If you are planning to see providers outside of the VA network, you may consider a Medicare Supplement to help cover these costs. A Medicare supplement may also cover some costs at the VA.
- **TRICARE for Life** — This acts like a supplement, and there is no need for a beneficiary to purchase additional supplemental coverage.

Tips for Consumers!

- You must have Medicare Part A and Part B prior to purchasing a supplement.
- Supplements do **NOT** include drug coverage. You must purchase a Part D policy for drugs.
- You pay the private insurance company a monthly premium for your Medigap policy in addition to the monthly Part B premium that you pay to Medicare.
- A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, you each have to buy separate policies.
- It typically takes 30 days from the day you apply until you receive your Medigap policy. Apply at least 30 prior to your wanted start date.
- Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium.
- Medigap policies generally don't cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

2013 Standardized Medicare Supplement Options in Nebraska

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Part A Hospital Coinsurance, days 61-90 ($296 each day)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lifetime Reserve Days, days 91-150 ($592 each day)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
365 More Hospital Days-100%	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A and B Blood	✓	✓	✓	✓	✓	✓	**50%**	**75%**	✓	✓
Part B Coinsurance	✓	✓	✓	✓	✓	✓	**50%**	**75%**	✓	✓[1]
Part A Hospice Coinsurance	✓	✓	✓	✓	✓	✓	**50%**	**75%**	✓	✓
Additional Benefits										
Skilled Nursing Facility Coinsurance, days 21-100 ($148 each day)			✓	✓	✓	✓	**50%**	**75%**	✓	✓
Part A Deductible ($1,184)		✓	✓	✓	✓	✓	**50%**	**75%**	50%	✓
Part B Deductible ($147)			✓		✓					
Part B Excess Charges					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-Pocket Limit							**$4,800**	**$2,400**		

[1] *Plan N pays 100% Part B coinsurance except up to $20 copayment for office visits and up to $50 copayment for ER visits.*

Each Medicare Supplement Plan offers a specific list of benefits. Plan F from one company must offer the same benefits as Plan F from all other companies. Since each plan's benefits are identical from company to company, premium comparison and special conditions are important to consider when choosing a policy that is right for you.