

Financial Ratings Series

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Consumer Guide to Medicare Supplement Insurance

FALL 2018



GREY HOUSE PUBLISHING

What Our Ratings Mean

- A Excellent.** The company offers excellent financial security. It has maintained a conservative stance in its investment strategies, business operations and underwriting commitments. While the financial position of any company is subject to change, we believe that this company has the resources necessary to deal with severe economic conditions.
- B Good.** The company offers good financial security and has the resources to deal with a variety of adverse economic conditions. It comfortably exceeds the minimum levels for all of our rating criteria, and is likely to remain healthy for the near future. However, in the event of a severe recession or major financial crisis, we feel that this assessment should be reviewed to make sure that the firm is still maintaining adequate financial strength.
- C Fair.** The company offers fair financial security and is currently stable. But during an economic downturn or other financial pressures, we feel it may encounter difficulties in maintaining its financial stability.
- D Weak.** The company currently demonstrates what, in our opinion, we consider to be significant weaknesses which could negatively impact policyholders. In an unfavorable economic environment, these weaknesses could be magnified.
- E Very Weak.** The company currently demonstrates what we consider to be significant weaknesses and has also failed some of the basic tests that we use to identify fiscal stability. Therefore, even in a favorable economic environment, it is our opinion that policyholders could incur significant risks.
- F Failed.** The company is deemed failed if it is either 1) under supervision of an insurance regulatory authority; 2) in the process of rehabilitation; 3) in the process of liquidation; or 4) voluntarily dissolved after disciplinary or other regulatory action by an insurance regulatory authority.
- + The plus sign** is an indication that the company is in the upper third of the letter grade.
- The minus sign** is an indication that the company is in the lower third of the letter grade.
- U Unrated.** The company is unrated for one or more of the following reasons: (1) total assets are less than \$1 million; (2) premium income for the current year was less than \$100,000; or (3) the company functions almost exclusively as a holding company rather than as an underwriter; or, (4) in our opinion, we do not have enough information to reliably issue a rating.

Weiss Ratings' Consumer Guide to Medicare Supplement Insurance

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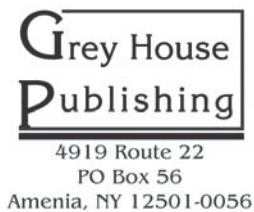
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Part I:
Answers to Your Questions
About Medigap

The choices you make today about your health coverage - or the coverage of someone you care for - can have a major impact on both your health and your wealth. Since you are over 65, Medicare will provide you with a basic level of coverage, but there are many gaps in Medicare coverage that you will likely need to fill with a Medicare supplement insurance (Medigap) policy if you decide not to join a Medicare Advantage plan. The purpose of this report is to help you make coverage choices based on the most objective and broadest amount of information possible.

First, you want to understand what the federal Medicare program does and does not cover. We provide you with a clear layout starting on the following page.

Second, you will need to decide whether you want to fill the gaps in coverage by joining a Medicare Advantage plan or by combining Medicare supplement insurance with Medicare benefits. In Part 1 of this guide, we explain the differences between the two approaches.

Third, if you decide to use Medigap, your next step is to find out which plan best suits your needs. To help you figure this out, review Part II of this guide.

Fourth, check out the specific benefits for each plan along with the premium rates charged for those plans in Part III.

Finally, once you've found a couple of alternatives you like the best, call the companies to find the authorized agent nearest you. Phone numbers for the companies' main offices are listed in Part IV. If you need additional information on health insurance and related topics, call the agencies listed under Reference Organizations.

What Does Medicare Cover?

Table 1 MEDICARE (PART A): HOSPITAL INSURANCE-COVERED SERVICES FOR 2019			
Service	Benefit	Medicare Pays	You Pay
HOSPITAL CARE (INPATIENT CARE)			
Semi-private rooms, meals, general nursing, and drugs as part of your inpatient treatment, and other hospital services and supplies. Limited to 190 days in a lifetime, inpatient psychiatric care in a freestanding psychiatric hospital.	First 60 days	All but \$1,364	\$1,364
	61st to 90th day	All but \$341 a day	\$341 a day
	91st to 150th day*	All but \$682 a day	\$682 a day
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE			
You must have been in a hospital for at least 3 days, enter a Medicare-approved facility generally within 30 days after hospital discharge, and meet other program requirements. **	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$170.50 a day	Up to \$170.50 a day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE			
Part-time or intermittent skilled care, home health services, physical and occupational therapy, durable medical equipment and supplies and other services	For as long as you meet Medicare requirements for home health care benefits	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE			
Includes drugs for symptom control and pain relief, medical and support services from a Medicare-approved hospice, and other services not otherwise covered by Medicare. Hospice care is usually given in your home.	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
BLOOD			
When furnished by a hospital or a skilled nursing facility during a covered stay	Unlimited during a benefit period if medically necessary	80% of the medicare-approved after the first 3 pints per calendar year	***100% of the first 3 pints then 20% of the approved cost of additional pints

* 60 reserve days may be used only once. See Part III plan details for an explanation of reserve days if they apply.

** Neither Medicare nor Medicare supplement insurance will pay for most nursing home care.

*** To the extent the three pints of blood are paid for or replaced under one part of Medicare during the calendar year, they do not have to be paid for or replaced under the other part.

Table 2
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2019

Service	Benefit	Medicare Pays	You Pay
"WELCOME TO MEDICARE" PHYSICAL EXAM (ONE-TIME)			
	During the first 12 months that you have Part B, you can get a "Welcome to Medicare" preventive visit.	100% if provider accepts assignment.	If health care provider performs additional test or services during the same visit, you may have to pay coinsurance, and Part B deductible may apply.
YEARLY "WELLNESS" VISIT			
	This visit is covered once every 12 months. If you've had Part B for longer than 12 months, you can get a yearly "Wellness" visit.	100% if provider accepts assignment.	If health care provider performs additional test or services during the same visit, you may have to pay coinsurance, and Part B deductible may apply.
ABDOMINAL AORTIC ANEURYSM SCREENING			
	A one-time screening ultrasound for people at risk. You must get a referral for it as part of your one-time "Welcome to Medicare" preventive visit.	100% if provider accepts assignment.	Nothing for services
ALCOHOL MISUSE SCREENING AND COUNSELING			
	Once every 12 months for adults with Medicare (including pregnant women) who use alcohol, but don't meet the medical criteria for alcohol dependency.	100% if provider accepts assignment.	Nothing for services
BONE MASS MEASUREMENTS			
	Once every 24 months (more often if medically necessary) for people who have certain medical conditions or meet certain criteria.	100% if provider accepts assignment.	Nothing for services
BREAST CANCER SCREENING (MAMMOGRAMS)			
	Once every 12 months for all women with Medicare who are 40 and older. Medicare covers one baseline mammogram for women between 35 - 39.	100% if provider accepts assignment.	Nothing for services

Table 2
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2019 (cont'd.)

Service	Benefit	Medicare Pays	You Pay
CARDIOVASCULAR DISEASE (BEHAVIORAL THERAPY)			
	One visit per year with a primary care doctor in a primary care setting (like a doctor's office) to help lower your risk.	100% if the doctor or provider accepts assignment.	Nothing for services
CARDIOVASCULAR DISEASE SCREENINGS			
	Once every 5 years to test your cholesterol, lipid, lipoprotein, and triglyceride levels.	100% if provider accepts assignment	Nothing for services
CERVICAL AND VAGINAL CANCER SCREENING			
	Once every 24 months. Every 12 months if you're at high risk for cervical or vaginal cancer or child-bearing age and had an abnormal Pap test in the past 36 months.	100% if the doctor or provider accepts assignment.	Nothing for services
COLORECTAL CANCER SCREENING			
Multi-target stool DNA test	Once every 3 years if you meet all conditions: between ages 50-85, show no symptoms of colorectal disease, at average risk for developing colorectal cancer	100% if the doctor or other qualified health care provider accepts assignment.	Nothing for services
Screening fecal occult blood test	Once every 12 months if you're 50 or older.	100% if the doctor or other qualified health care provider accepts assignment.	Nothing for services
Screening flexible sigmoidoscopy	Once every 48 months if you're 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk.	100% if the doctor or other qualified health care provider accepts assignment	Nothing for services
Screening colonoscopy	Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. There's no minimum age.	100% if the doctor or other qualified health care provider accepts assignment.	If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting.
Screening barium enema	Once every 48 months if you're 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy.	80% of the approved amount	You pay 20% for the doctor's services. In a hospital outpatient setting, you also pay the hospital a copayment.

Table 2
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2019 (cont'd.)

Service	Benefit	Medicare Pays	You Pay
DEPRESSION SCREENING			
	One screening per year. The screening must be done in a primary care setting (like a doctor's office) that can provide follow-up treatment and referrals.	100% if provider accepts assignment.	Nothing for services
DIABETES SCREENING			
	Covers these screenings if your doctor determines you're at risk for diabetes. Up to 2 diabetes screenings each year.	100% if your doctor or provider accepts assignment.	Nothing for services
DIABETES SELF-MANAGEMENT TRAINING			
	Covers diabetes outpatient self-management training to teach you to cope with and manage your diabetes.	80% of the approved amount.	20% of the Medicare approved amount, and the Part B deductible applies.
FLU SHOTS			
	Covers one flu shot per flu season.	100% if the doctor or provider accepts assignment	Nothing for services
GLAUCOMA TESTING			
	Once every 12 months for those at high risk for glaucoma.	80% of approved amount.	20% of the approved amount after the yearly Part B deductible. Copayment in a hospital outpatient setting.
HEPITITIS B SHOTS			
	Covers these shots for people at medium or high risk for Hepatitis B.	100% if the doctor or provider accepts assignment.	Nothing for services
HEPATITIS C SCREENING TEST			
	Covers one Hepatitis C screening test if you meet one of these conditions: <ul style="list-style-type: none"> • Current or past history of illicit injection drug use • Blood transfusion before 1992 • Born between 1945-1965 	100% if the doctor or other qualified health care provider accepts assignment	Nothing for services

Table 2
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2019 (cont'd.)

Service	Benefit	Medicare Pays	You Pay
HIV SCREENING			
	Once per year for people at increased risk for HIV screenings for pregnant women up to 3 times during a pregnancy.	100% if the doctor or provider accepts assignment.	Nothing for services
LUNG CANCER SCREENING			
	Covers a lung cancer screening with Low Dose Computed Tomography (LDCT) once per year	100% if the primary care doctor or other qualified primary care practitioner accepts assignment	Nothing for services
MEDICAL NUTRITION THERAPY SERVICES			
	Covers medical nutrition therapy and certain related services if you have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months or referred.	100% if the doctor or provider accepts assignment.	Nothing for services
OBESITY SCREENING AND COUNSELING			
	If you have a body mass index (BMI) of 30 or more, Medicare covers face-to-face individual behavioral therapy sessions to help you lose weight.	100% if the primary care doctor or other qualified primary care practitioner accepts assignment.	Nothing for services
PNEUMOCOCCAL SHOT			
	Covers pneumococcal shots to help prevent pneumococcal infections (like certain types of pneumonia). Most people only need a shot once in their lifetime.	100% if the doctor or provider accepts assignment.	Nothing for services
PROSTATE CANCER SCREENING			
	Prostate Specific Antigen (PSA) and a digital rectal exam once every 12 months for men over 50 (beginning the day after your 50 th birthday).	100% for the PSA test.	20% of the Medicare-approved amount, and the Part B deductible applies for the digital rectal exam. In a hospital outpatient setting, you also pay the hospital a copayment.

Table 2
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2019 (cont'd.)

Service	Benefit	Medicare Pays	You Pay
SEXUALLY TRANSMITTED INFECTIONS SCREENING AND COUNSELING			
	Covers screenings for Chlamydia, gonorrhea, syphilis, and Hepatitis B. Covered for people who are pregnant and for certain people who are at increased risk for an STI. Once every 12 months or at certain times during a pregnancy. Covers up to 2 individual, 20-30 minute, face-to-face, high-intensity behavioral counseling sessions each year for sexually active adults.	100% if the primary care doctor or other qualified primary care practitioner accepts assignment.	Nothing for services
SMOKING AND TOBACCO-USE CESSATION			
	Includes up to 8 face-to-face visits in a 12-month period.	100% if the doctor or other qualified health care provider accepts assignment	Nothing for services

Table 3**MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019**

Service	Benefit	Medicare Pays	You Pay
AMBULANCE SERVICES			
	Covers ground ambulance transportation when you need to be transported to a hospital, critical access hospital, or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health.	80% of approved amount (after deductible).	20% of the Medicare-approved amount, and the Part B deductible applies.
AMBULATORY SURGICAL CENTERS			
	Covers the facility services fees related to approved surgical procedures in an ambulatory surgical center (facility where surgical procedures are performed, and the patient is expected to be released within 24 hours).	100% for certain preventive services	20% of the Medicare approved amount to both the ambulatory surgical center and the doctor who treats you, and Part B deductible applies.
BLOOD			
		100% if the provider gets blood from a blood bank.	A copayment for the blood processing and handling services for each unit of blood you get, and the Part B deductible applies. If the provider has to buy blood for you, you must either pay the provider costs for the first 3 units in a calendar year or have the blood donated by you or someone else.
CARDIAC REHABILITATION			
Rehabilitation	Cover comprehensive programs that include exercise, education, and counseling for patients who meet certain conditions. Medicare also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than regular cardiac rehabilitation programs.	80% of the approved amount.	20% of the Medicare-approved amount if you get the services in a doctor's office. In a hospital outpatient setting, you also pay the hospital a copayment. The Part B deductible applies.
CHEMOTHERAPY			
Therapy	Covers chemotherapy in a doctor's office, freestanding clinic, or hospital outpatient setting for people with cancer.	80% of approved amount.	20% of the Medicare-approved amount. If you get chemotherapy in a hospital outpatient setting, you pay a copayment for the treatment.

Table 3**MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019**

Service	Benefit	Medicare Pays	You Pay
CHIROPRACTIC SERVICES (LIMITED COVERAGE)			
	Covers manipulation of the spine if medically necessary to correct a subluxation (when one or more of the bones of your spine move out of position)	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies. Note: You pay all costs for any other services or tests ordered by a chiropractor (including X-rays and massage therapy).
CLINICAL RESEARCH			
	Covers some costs, like office visits and tests, in qualifying clinical research studies.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible may apply.
CONCIERGE CARE			
	When a doctor or group of doctors charges you a membership fee before they'll see you or accept you into their practice.	Not Covered	100% of the membership fees for concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice, or direct care)
CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) THERAPY			
	A 3-month trial of CPAP therapy if you've been diagnosed with obstructive sleep apnea.	80% of the approved amount	20% of the Medicare-approved amount for rental of the machine and purchase of related supplies (like masks and tubing) and the Part B deductible applies.
DEFIBRILLATOR (IMPLANTABLE AUTOMATIC)			
	Covers these devices for some people diagnosed with heart failure.	80% of the approved amount.	20% of the Medicare-approved amount, if the surgery takes place in a outpatient setting. The doctor's services. If you get the device as a hospital outpatient, you also pay the hospital a copayment. The Part B deductible applies.
DIABETES SUPPLIES			
	Covers blood sugar testing monitors, test strips, lancet devices and lancets, blood sugar control solutions, and therapeutic shoes (in some cases). Covers insulin if it's medically necessary to use with an external insulin pump.	80% of the approved amount.	20% of the Medicare approved amount, the Part B deductible applies.

Table 3 MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019			
Service	Benefit	Medicare Pays	You Pay
DOCTOR AND OTHER HEALTH CARE PROVIDER SERVICES			
	Covers medically necessary doctor services (including outpatient services and some doctor services you get when you're a hospital inpatient) and covered preventive services. Medicare also covers services provided by other health care providers, like physician assistants, nurse practitioners, social workers, physical therapists, and psychologists.	80% of the approved amount.	20% of the Medicare approved amount, the Part B deductible applies.
DURABLE MEDICAL EQUIPMENT (LIKE WALKERS)			
	Covers items like oxygen equipment and supplies, wheelchairs, walkers, and hospital beds ordered by a doctor or other health care provider enrolled in Medicare for use in the home.	80% of the approved amount.	20% of the Medicare approved amount, the Part B deductible applies.
EKG (ELECTROCARDIOGRAM) SCREENING			
	One time screening EKG/ECG if referred by your doctor or other health care provider as part of your one-time "Welcome to Medicare" preventive visit.	80% of the approved amount.	20% of the Medicare approved amount, the Part B deductible applies. If you have the test at a hospital or a hospital-owned clinic, you also pay the hospital copayment.
EMERGENCY DEPARTMENT SERVICES			
	When you have an injury, a sudden illness, or an illness that quickly gets much worse.	80% of the approved amount.	A specified copayment for the hospital emergency department visit, and you pay 20% of the Medicare-approved amount for the doctor's or other health care provider's services. The Part B deductible applies. Cost may be different if you're admitted.
EYEGLASSES (LIMITED)			
	One pair of eyeglasses with standard frames (or one set of contact lenses) after cataract surgery that implants an intraocular lens.	80% of the approved amount. Medicare will only pay for contact lenses or eye glasses from a supplier enrolled in Medicare.	20% of Medicare-approved amount, and the Part B deductible applies.

Table 3**MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019**

Service	Benefit	Medicare Pays	You Pay
FEDERALLY-QUALIFIED HEALTH CENTER SERVICES			
	Covers many outpatient primary care and preventive health services.	80% of the approved amount.	No deductible, and generally, you're responsible for paying 20% of your charges or 20% of the Medicare-approved amount.
FOOT EXAMS AND TREATMENT			
	Covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital copayment.
HEARING AND BALANCE EXAMS			
	Covers these exams if your doctor or other health care provider orders them to see if you need medical treatment.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital copayment.
HOME HEALTH SERVICES			
	Covers medically necessary part-time or intermittent skilled care, home-aid services, physical and occupational therapy, durable medical equipment and supplies, and other services.	100% for services	Nothing for services
KIDNEY DIALYSIS SERVICES AND SUPPLIES			
	Covers 3 dialysis treatments per week if you have End-Stage Renal Disease (ESRD). This includes all ESRD-related drugs and biological, laboratory tests, home dialysis training, support services, equipment, and supplies.	80% of the approved amount.	20% of approved Medicare-approved amount, and the Part B applies.
KIDNEY DISEASE EDUCATION SERVICES			
	Covers up to 6 sessions of kidney disease education services if you have Stage IV chronic kidney disease, and your doctor or other health care provider refers you for the service.	80% of the approved amount.	20% of approved Medicare-approved amount, and the Part B applies.
LABORATORY SERVICES			
	Covers laboratory services including certain blood tests, urinalysis, and some screening tests.	Generally 100% of approved amount.	Nothing for services.

Table 3 MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019			
Service	Benefit	Medicare Pays	You Pay
MENTAL HEALTH CARE (OUTPATIENT)			
	Covers laboratory services including certain blood tests, urinalysis, certain tests on tissue specimens, and some screening tests.	100% of lab tests. 80% of the approved amount. Note: Inpatient mental health care is covered under Part A	20% of the Medicare-approved amount and the Part B deductible applies for: <ul style="list-style-type: none"> • Visits to a doctor or other health care provider to diagnose your condition or monitor or change your prescriptions • Outpatient treatment of your condition (like counseling or psychotherapy)
OCCUPATIONAL THERAPY			
	Covers evaluation and treatment to help you perform activities of daily living (like dressing or bathing) when your doctor or other health care provider certifies you need it.	80% of the approved amount.	20% of the Medicare-approved amount and the Part B deductible applies.
OUTPATIENT HOSPITAL SERVICES			
	Covers many diagnostic and treatment services in hospital outpatient departments.	80% of the approved amount.	20% of the Medicare-approved amount and the Part B deductible applies.
OUTPATIENT MEDICAL AND SURGICAL SERVICES AND SUPPLIES			
	Covers approved procedures like X-rays, casts, or stitches, or outpatient surgeries.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital a copayment.
PHYSICAL THERAPY			
	Covers evaluation and treatment for injuries and diseases that change your ability to function when your doctor or other health care provider certifies your need for it.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.

Table 3**MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019**

Service	Benefit	Medicare Pays	You Pay
PRESCRIPTION DRUGS (LIMITED)			
	Covers a limited number of drugs like injections you get in a doctor's office, certain oral anti-cancer drugs, drugs used with some types of durable medical equipment (like a nebulizer or external infusion pump), immunosuppressant drugs and under very limited circumstances.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.
PROSTHETIC/ORTHOTIC ITEMS			
	Covers arm, leg, back, and neck braces; artificial eyes; artificial limbs (and their replacement parts); some types of breast prostheses (after mastectomy); and prosthetic devices needed to replace an internal body part or function.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.
PULMONARY REHABILITATION			
	Covers a comprehensive pulmonary rehabilitation program if you have moderate to very severe chronic obstructive pulmonary disease (COPD) and have a referral from the doctor treating this chronic respiratory disease.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital a copayment.
RURAL HEALTH CLINIC SERVICES			
	Covers many outpatient primary care and preventive services in rural health clinics.	80% of the approved amount. 100% for most preventive services.	20% of the Medicare-approved amount, and the Part B deductible applies.
SECOND SURGICAL OPINIONS			
	Covers second surgical opinions in some cases for surgery that isn't an emergency.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.
SPEECH-LANGUAGE PATHOLOGY SERVICES			
	Covers evaluation and treatment to regain and strengthen speech and language skills, including cognitive and swallowing skills, when your doctor or other health care provider certifies you need it.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.

Table 3 MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2019			
Service	Benefit	Medicare Pays	You Pay
SURGICAL DRESSING SERVICES			
	Covers medically necessary treatment of a surgical or surgically treated wound.	80% of the approved amount.	20% of the Medicare-approved amount for the doctor's or other health care provider's services
TELEHEALTH			
	Covers limited medical or other health services, like office visits and consultations provided using an interactive, two-way telecommunications system (like real-time audio and video) by an eligible provider who isn't at your location.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.
TESTS (OTHER THAN LAB TEST)			
	Covers X-rays, MRIs, CT scans, ECG/EKGs, and some other diagnostic tests.	80% of the approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies. You also pay the hospital a copayment that may be more than 20% of the Medicare-approved amount, but in most cases this amount can't be more than the Part A hospital stay deductible.
TRANSPLANTS AND IMMUNOSUPPRESSIVE DRUGS			
	Covers doctor services for heart, lung, kidney, pancreas, intestine, and liver transplants under certain conditions and only in a Medicare-certified facility. Covers bone marrow and cornea transplants under certain conditions.	80% of the approved amount.	20% of the Medicare-approved amount for the drugs, and the Part B deductible applies.
TRAVEL (HEALTH CARE NEEDED WHEN TRAVELING OUTSIDE THE U.S.)			
	Generally doesn't cover healthcare while you're traveling outside the U.S., there are some exceptions, including cases where Medicare may pay for services that you get while on board a ship within the territorial waters adjoining the land areas of the U.S.	80% of approved amount.	20% of the Medicare-approved amount, and the Part B deductible applies.
URGENTLY NEEDED CARE			
	Covers urgently needed care to treat a sudden illness or injury that isn't a medical emergency.	80% of the approved amount.	20% of the Medicare-approved amount for the doctor's or other health care provider's services and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital a copayment

In addition to the services listed, Medicare also helps cover the following: ambulance services, artificial eyes, artificial limbs (prosthetic devices and replacement parts), braces (arm, leg, back, and neck), chiropractic services (limited), eyeglasses (one pair of standard frames after cataract surgery with an intraocular lens), hearing and balance exams ordered by your doctor, kidney dialysis and prosthetic/orthodontic devices (including breast prosthesis after mastectomy).

In some cases and under certain conditions, Medicare may also cover these services: a second surgical opinion by a doctor, telemedicine services (in rural areas), therapeutic shoes for people with diabetes, and transplants (heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver).

Table 4
MEDICARE (PART D): PRESCRIPTION DRUG COVERAGE FOR 2019
Coverage is provided by private companies that have been approved by Medicare

Service	Costs	Medicare Provider Pays	You Pay
Medicare-approved drug plans will cover generic and brand-name drugs. Most plans will have a formulary, which is a list of drugs covered by the plan. This list must always meet Medicare's requirements, including: - Inclusion of at least two drugs in every drug category - Access to retail pharmacies - For drugs not covered, a procedure must be in place to obtain, if medically necessary.	Premium	-	On average, \$36.53 per month for basic coverage, and \$52.28 per month for enhanced coverage
	First \$415 in drug costs	Nothing	Up to \$415 (this is the deductible)
	Costs between \$415 and \$3,820	\$2,455	\$851 (30% for branded companies, 37% for generic)
	Next \$1,280 drug costs	Nothing	Until out of pocket spending, including drug company discount total \$5,100
	All additional drug costs	All but co-pay	Co-pay \$3.40 generic \$8.50 all other drugs

Your plan must, at a minimum, offer this standard level of service and cost coverage outlined here, however, some plans may offer more coverage. Premiums will vary depending on any additional coverage provided by the plan.

What are the Gaps in Medicare Coverage?

Medicare has never covered all medical expenses and never will. The gap between what the doctors charge and the government pays is big and getting bigger. In fact, Medicare was never designed to cover chronic conditions or prolonged medical treatments. It was directed toward Americans age 65 or older who need minor or short-term care - little more. Be sure to understand where Medicare falls short. We can't list all the possible gaps, but here are the ones that affect almost everyone (see the tables on the previous pages for more details):

Gap #1: Deductibles

Medicare has two parts: **Part A** *acts as hospital insurance* and **Part B** *acts as medical insurance*. You are responsible for deductibles under both parts. Under Part A, for instance, you would be responsible for the \$1,364 deductible for the first 60 days of a hospital stay. Plus, this \$1,364 deductible applies each time you re-enter the hospital after a greater than 60-day span between admissions. Under Part B, Medicare will pick up 80% of approved medical expenses after you pay a \$185 deductible.

Gap #2: Co-Payments

You are responsible for a share of the daily costs if your hospital stay lasts more than 60 days. In 2019, you would be responsible for paying a \$341 daily "coinsurance" fee if you stay in the hospital longer than 60 days but less than 90 days. Worse yet, Medicare Part A pays nothing after 90 days - unless you take advantage of the 60 "lifetime reserve days." The 60 reserve days can be used only once, and even then, you would still pay \$682 daily for those 60 days.

Gap #3: Shortfalls

A national fee schedule established what physicians on Medicare assignment can charge for their services; Medicare will generally pay 80% of that amount. However, not all physicians are on Medicare assignment. Those who are not on assignment may charge more than the approved amount, leaving you responsible for the shortfall.

Gap #4: NonPayment

The Original Medicare program does not directly provide any coverage whatsoever for certain services and expenses such as prescription drugs, hearing aids, treatment in foreign countries, and much more.

The bottom line: When all is said and done, the federal Medicare program will cover no more than half to three quarters of your medical expenses. That's why private Medicare supplement insurance, or Medigap, makes sense; its goal is to cover a portion of what Medicare doesn't. But in order for Medigap to make sense for you, you need to find the right policy, from the right company, for a reasonable price.

Medicare, Medicare Advantage, Part D Sponsors, Medigap - What Does It All Mean?

The various terms used regarding coverage of health benefits for seniors is downright confusing. Let us take a moment here to review some of the terminology. The health insurance program for seniors managed by the federal government consists of the Original Medicare, Medicare Advantage, and Part D Prescription Drug Sponsors. Tables 1 through 3 on the preceding pages outline your coverage and coverage gaps under the Original Medicare plan. With this plan you seek services from Medicare providers who then receive payment from the government for the costs they incur for your care.

The Medicare Advantage program allows you to join a private health insurance plan that has contracted with Medicare to provide Part A and B coverage. The Medicare Advantage plans in turn receive funds from the government for providing you with benefits. These plans typically provide coverage beyond what Medicare offers, making a supplemental policy unnecessary.

Medicare Part D will allow you to get prescription drug benefits in two ways. One option is to enroll with a Prescription Drug Plan sponsor in combination with your Original Medicare benefits. You will receive benefits from and pay a premium to the plan sponsor who then receives funds from the government. The second option is to enroll with a Medicare Advantage plan that is offering prescription drug coverage. Here you will receive all your benefits from the plan and pay only one premium. Refer to Table 4 for an outline of the minimum coverage that a plan sponsor must offer.

Medicare Supplement Insurance, or Medigap as it is commonly referred to, is available through private insurers for those enrollees of the Original Medicare plan to fill the coverage 'gaps' in the Part A and B coverage. Basically, Medigap insurance will reimburse you for the out-of-pocket costs you incur that are not covered under Medicare. This insurance is completely optional.

Of course, if you're lucky, and your employer or union is continuing to cover your health benefits when you retire you won't need any of these types of insurance. But you want to stay educated, because you never know when your old employer may discontinue retirement benefits.

Now let's take a closer look at the difference between Medicare supplement insurance policies and Medicare Advantage plans.

Medigap

To make comparing policies from one insurer to another easier Congress standardized and simplified Medigap plans so that there were just 10 to choose from - Plan 'A,' which is the bare bones, through Plan 'N'. This means that all Medigap insurers offer the same exact policy (though some companies may offer only a few of the plans). If you live in Wisconsin, Massachusetts, or Minnesota there are different types of Medigap plans that are sold in your state but are still standardized across insurers.

Starting in 2006, two new plans, K and L, were introduced. These policies are structured to increase the portion of costs born by the policyholder while still providing the security of a cap on out-of-pocket expenses. These plans will be attractive to those individuals not able or willing to pay a higher premium for one of the other plans or expect to have minimal health expenses but still want the comfort of having costs capped. In June, 2010, plans E, H, I and J were discontinued and two new plans M and N were introduced. In Part II we provide you a table that outlines what each of the 10 plans cover.

You will have to pay a premium which can vary greatly, depending on the plan you choose and from which company you buy. Coverage is more expansive than that of a Medicare Advantage plan, and the price is generally higher. With a Medigap policy you have the freedom to choose your own doctors or specialists, and you will be covered regardless of which clinic or hospital you attend.

Medicare Select plans, a type of Medigap policy, are available in some areas which offer the same benefits but require you to use providers within the policy's network, similar to an HMO. These policies should be cheaper than non-Select plans since your choice of providers is restricted. Medigap plans do not cover long-term/custodial care at home or in a nursing home, hearing aids, vision care, private-duty nursing, dental care, or prescription medicine.

Even if you decide that you want a Medigap policy you may find that you will not be approved depending on your health, or you may not find an insurer in your area that sells these types of policies. However, once you do purchase a policy, Medigap policies are guaranteed renewable. This means that an insurance company cannot refuse to renew your policy unless you do not pay the premiums, or you made material misrepresentations on your application. You are typically able to obtain coverage each year once you are approved; however, the premium may change.

Prior to 2006, Medigap plans H, I, and J offered some prescription drug coverage. Effective in 2006 these plans were stripped of the prescription drug coverage benefit. If you purchased one of these plans prior to January 2006 and decided not to enroll in Medicare Part D, then you have been allowed to continue to renew the policy. If you decide to enroll in Part D, then you are allowed to switch to another Medigap plan (A, B, C, or F) without additional underwriting if one is offered by the insurer.

You are eligible to purchase a Medigap policy when you have enrolled in Medicare Parts A and B. In all states, there is an open enrollment period that lasts for six months and begins on the first day of the month in which you are both age 65 or older and enrolled in Part B. During this open enrollment period, the insurer cannot deny you coverage for any reason including pre-existing conditions. The insurer can, however, charge you a higher premium for the pre-existing condition or other health and lifestyle factors.

Medicare Advantage Plans

Under Medicare Part C, Medicare Advantage plans were introduced to offer seniors choices in coverage, more benefits at minimal cost, and to reduce the burden on the Medicare program. Insurers will often offer benefits not covered by Medicare, such as dental and vision services, at a lower price than a Medigap policy.

Prior to 2006 most offered some type of prescription drug coverage, but it varied from plan to plan. With the Medicare Prescription drug bill that took effect in 2006, health insurers may still offer prescription drug coverage but the benefits must match or exceed the requirements outlined in

Medicare Part D (see Table 4). The insurers will then receive funding from the government for providing the benefits. All coverage is included in one premium charge.

With a Medicare Advantage plan you will not have to file any forms for reimbursement. You may or may not have to pay a premium and/or a co-pay for doctor's visits. In most cases you are restricted to the doctors in the plan's network, and you will need a referral before you see a specialist. Several new types of Medicare Advantage plans (PPOs, Special Need Plans, Private Fee-for-Service Plans, Medicare Medical Savings Account Plans, and Cost Plans) have been introduced that vary from the current HMO plans offered including, in some cases, expanded options for accessing providers. Make sure to understand how these plans work before signing on.

There may be limited insurers offering a Medicare Advantage plan in your area, and your benefits can be discontinued after the contract period (usually one year). At that time you would have to either choose a new insurer/plan or join the Original Medicare Plan.

Part II:
Steps to Follow When
Selecting
a Medigap Policy

Follow These Steps When Selecting a Medigap Policy

1. **Determine what benefits you need.** Consider the following:

- **Income.** If you are living on a fixed income and are able to afford only the most basic coverage, favor Plan A, the core plan. Among other things, you'll get an extra 30 days hospitalization per year beyond what Medicare pays. It also covers 100% of the Medicare Part B coinsurance for approved medical services, which is usually 20% of the approved amount. You may also want to consider plans, K or L, if they are available in your area. These policies help limit out-of-pocket costs for doctor's services and hospital care at a lower premium; however, you will have to pay more of Medicare's coinsurance and deductibles before the policy pays its share of the costs. These policies also do not cover 'excess' charges billed by your physician. Wisconsin, Massachusetts, and Minnesota also offer a core or basic plan to choose from.
- **Family History.** You or your family's medical history is such that you want to be prepared to pay for nursing care, consider Plan C. Your \$170.50 per-day co-payment under Medicare would be covered up to 100 days for skilled nursing facility care.
- **Foreign Travel.** If you travel overseas extensively, you can get coverage for emergency care in a foreign country with Plan C through G, M and N. In Massachusetts and Minnesota foreign travel coverage can be found in the Supplement 1 Plan and the Basic Medigap Coverage, respectively. In Wisconsin, a Foreign Travel rider can be added.
- **Plan F is the most popular one.** In 2016, 58.6% of enrollees chose this plan. The next most popular, Plan G, had 18.2% of the enrollees.

The chart below shows basic information about the different benefits Medigap policies cover.

X = the plan covers 100% of this benefit

Blank = the policy doesn't cover that benefit

% = the plan covers the percentage of this benefit

Medigap Plans										
Medigap Benefits	A	B	C	D	F*	G	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	X	X	X	X	X	X	X	X	X	X
Part B coinsurance or copayment	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 coinsurance			X	X	X	X	50%	75%	X	X
Part A deductible		X	X	X	X	X	50%	75%	50%	X
Part B deductible			X		X					
Part B excess charges					X	X				
Foreign travel exchange (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit**							\$5,560	\$2,780		

*Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered cost up to the deductible amount of \$2,300 in 2019 before your Medigap plan pays anything.

**After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in inpatient admission.

In Massachusetts, Minnesota, and Wisconsin medigap policies are standardized in a different way. They consist of a core plan/core plans and additional riders can be selected to provide additional coverage at a cost

2. Find out which policies are available to you.

- Not all insurers offer all plans in all areas.
- Will you be denied coverage by some insurers due to your health? Find out which ones and eliminate them from your choices.
- Does the insurer deny coverage for pre-existing conditions? If you are past the 6-month window following enrollment in Medicare Part B, companies most often deny you coverage for a specific period of time. However, some companies do not do this so their annual premium may be higher. You need to consider whether or not the higher premium is worth the coverage.
- Are you a member of AARP? If so, you may be able to obtain a policy through its sponsored insurer. Other affinity organizations also offer coverage through a Medigap insurer. Be sure to check with any groups of which you are a member.
- Do you want a Medicare Select plan? If you buy a Medicare Select policy, you are buying one of the 10 standardized Medigap plans A through N. With a Medicare Select plan, however, you must use the network providers to get full insurance benefits (except in an emergency). For this reason, Medicare Select policies generally cost less. If you don't use a Medicare Select hospital for non-emergency services, you will have to pay what a traditional Medicare plan doesn't pay. Medicare will pay its share of the approved charges no matter what hospital you choose.

3. **Compare the premiums.** Not only will you want to check out the premium you would be charged for different plans, but it is important to understand that there are three ways that insurance companies set the prices for policies. In order to compare the premium charged by two insurers for the same plan you need to make sure you are comparing apples to apples. No matter which type of pricing your Medigap insurer uses, the price of your policy will likely go up each year because of inflation and rising healthcare costs.
- **Attained-Age Rating (A).** With this type of policy the premium will rise as you age. For example, if you buy at 65, you pay what the company charges 65-year-old customers. Then at age 66, you will pay whatever the company is charging a 66-year-old. The Medigap policy will go up in cost due to age, in addition to the increased cost of medical care.
 - **Issue-Age Rating (I).** With this policy, the insurance company will charge you based on the age you were when you first signed up; you will always pay the same premium that someone that age pays. Unlike attained-age policies, issue-age policies do not go up because you are another year older. For example, if you first buy at 65, you will always pay the premium the company charges 65-year-old customers-no matter what your age. If you first buy at 70, you will always pay the premium the company charges 70-year-old customers. This is not to say that your premium won't go up. It will increase as the insurer raises rates for that particular age.
 - **No-Age Rating or Community Rating (N).** This is the least common way that policies are priced. No matter how old you are, the policy costs the same. With this structure, younger people pay more than what they would pay for other policies and older people may pay less. The premium is the same for all people who buy this plan regardless of age. For example, XYZ Company will charge a 65-year-old \$140, a 75-year-old \$140 and an 85-year-old \$140.

4. **You may only be concerned with catastrophic illness** If so, you may not need to buy a Medigap policy at all, especially if you are relatively healthy, live a healthy lifestyle, and currently only incur routine medical expenses that would cost less than the premiums for a Medigap policy. You could purchase a catastrophic, or high-deductible, health insurance policy that would kick in when your medical bills exceeded a predetermined level, such as \$5,000. The Medigap K and L plans may also be a good choice. They should cost less than other Medigap plans but will provide a cap on out-of-pocket expenses.
5. **What is the insurer's safety rating?** If you were to experience the double misfortune of becoming seriously ill and having your insurer fail, you may be responsible for much of your unpaid claims, and it would be difficult to find replacement coverage. We recommend you choose a company with a B+ or higher Weiss Safety Rating if you can. You should also consider an insurer's level of customer service and timeliness in reimbursing claims. Ask friends about their experiences and contact your state's insurance department or counsel for aging to find out if they keep public complaint records. As an industry, Medigap insurers have a good reputation for paying claims.

How to Switch Medigap Policies

If you are currently holding a Medigap policy and become uncomfortable with your company's financial stability, or if you find a cheaper policy at a stronger company, here are some steps to take before switching policies:

Step 1: Determine if your policy was issued prior to January 1, 1992. If it was, and if it was guaranteed renewable, you did not switch to one of the standard plans. This policy should be compared carefully to the standardized plans before switching. Remember: once you switch to one of the standardized plans, you can never switch back to a non-standard plan.

Furthermore, you should know that if you already have a Medigap policy, it is against federal law for a company to sell you another one. When you buy another policy, you must sign a statement indicating that you are replacing your current policy and do not intend to keep both.

Step 2: Before switching policies, compare benefits and premiums. It is important to note that some of the older non-standard policies may provide superior coverage, and your increased age may make comparable coverage more expensive.

Step 3: Determine any impact on pre-existing conditions. Any portion of a pre-existing condition satisfied under the old policy will be credited to the new policy. Example: The old policy specified that it would not cover a pre-existing condition for the first six months. You switch policies after just two months. As a result, you only have four months to wait under the new policy to be covered for your pre-existing condition.

(Exception: If your new policy has a benefit that was not included in your old policy, a new six-month waiting period may be imposed on that particular benefit.)

Step 4: Use the "free-look" provision which allows you 30 days to review a Medigap policy once you've paid the first premium. If, during the first 30 days, you decide you don't want or need the policy you can return it to the company for a full refund.

Step 5: Do not cancel your old policy until your new policy is in force.

Part III: Medigap Premium Rates

PLAN A

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan A covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan A pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan A will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan A covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met Plan A will cover the coinsurance amount for Medicare-approved medical services, which is generally 20% of the approved amount.

Plan A now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

If you feel that Plan A fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan A depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan A

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,613	\$606	\$15,228	\$1,481
70	\$1,812	\$763	\$17,325	\$1,662
75	\$2,068	\$883	\$18,683	\$1,900
80	\$2,278	\$993	\$21,980	\$2,106
85	\$2,461	\$1,035	\$23,945	\$2,283
90	\$2,601	\$1,035	\$25,416	\$2,423
95	\$2,708	\$1,035	\$25,416	\$2,535

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,763	\$656	\$16,221	\$1,643
70	\$1,982	\$827	\$18,454	\$1,836
75	\$2,262	\$958	\$19,900	\$2,100
80	\$2,499	\$1,076	\$23,589	\$2,322
85	\$2,707	\$1,116	\$26,689	\$2,529
90	\$2,861	\$1,116	\$28,329	\$2,697
95	\$2,982	\$1,116	\$28,329	\$2,826

PLAN B

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan B covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan B pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan B will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan B covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met Plan B will cover the coinsurance amount for Medicare-approved medical services, which is generally 20% of the approved amount.

Plan B now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

Additional Features

Plan B includes the core Medigap coverage PLUS one extra benefit:

- It will pay for the \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019).

If you feel that Plan B fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan B depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan B

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,971	\$947	\$9,737	\$1,803
70	\$2,257	\$989	\$9,737	\$2,111
75	\$2,604	\$1,059	\$9,737	\$2,481
80	\$2,833	\$1,257	\$9,737	\$2,701
85	\$3,026	\$1,562	\$9,737	\$2,899
90	\$3,179	\$1,562	\$9,737	\$3,035
95	\$3,268	\$1,562	\$9,737	\$3,107

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,125	\$947	\$9,737	\$1,964
70	\$2,441	\$1,116	\$9,737	\$2,281
75	\$2,802	\$1,283	\$9,737	\$2,658
80	\$3,059	\$1,541	\$9,737	\$2,927
85	\$3,276	\$1,562	\$9,737	\$3,125
90	\$3,446	\$1,562	\$10,150	\$3,276
95	\$3,547	\$1,562	\$10,509	\$3,357

PLAN C

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan C covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan C pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan C will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan C covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan C will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Plan C now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

Additional Features

Plan C includes the core Medigap coverage, plus four extra benefits:

- Your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Your Medicare Part B deductible (\$185 per calendar year in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.

Note: The only difference between Plan C and Plan D is the Part B deductible. Compare the prices between the plans before making your choice.

If you feel that Plan C fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan C depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan C

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,370	\$1,081	\$6,266	\$2,141
70	\$2,712	\$1,231	\$6,814	\$2,506
75	\$3,141	\$1,478	\$7,833	\$3,000
80	\$3,422	\$1,699	\$8,471	\$3,276
85	\$3,645	\$1,699	\$10,404	\$3,501
90	\$3,785	\$1,699	\$10,404	\$3,640
95	\$3,893	\$1,699	\$10,404	\$3,754

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,536	\$1,142	\$6,286	\$2,331
70	\$2,909	\$1,378	\$7,833	\$2,714
75	\$3,348	\$1,656	\$9,010	\$3,207
80	\$3,659	\$1,699	\$10,006	\$3,528
85	\$3,908	\$1,699	\$12,588	\$3,780
90	\$4,064	\$1,699	\$12,588	\$3,938
95	\$4,186	\$1,699	\$12,588	\$4,059

PLAN D

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan D covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan D pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan D will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan D covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan D will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Plan D now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

Additional Features

Plan D includes the core Medigap coverage, plus three extra benefits.

- Your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.

Note: The only difference between Plan D and Plan C is the Part B deductible. Compare the prices between the plans before making your choice.

If you feel that Plan D fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan D depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan D

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,935	\$950	\$5,876	\$1,857
70	\$2,261	\$1,062	\$5,954	\$2,190
75	\$2,641	\$1,279	\$6,958	\$2,559
80	\$2,955	\$1,508	\$7,661	\$2,909
85	\$3,214	\$1,547	\$8,172	\$3,162
90	\$3,390	\$1,547	\$8,587	\$3,308
95	\$3,531	\$1,547	\$8,898	\$3,405

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,155	\$1,026	\$5,876	\$2,057
70	\$2,527	\$1,147	\$6,847	\$2,428
75	\$2,958	\$1,381	\$7,998	\$2,880
80	\$3,316	\$1,547	\$8,809	\$3,250
85	\$3,606	\$1,547	\$9,398	\$3,537
90	\$3,803	\$1,547	\$9,876	\$3,694
95	\$3,961	\$1,547	\$10,235	\$3,814

PLAN F

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan F covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan F pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan F will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan F covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan F will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount. A high-deductible option is available, requiring you to pay the first \$2,300 of Medicare covered costs before your Medigap policy pays anything.

Plan F now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

Additional Features

Plan F includes the core Medigap coverage plus five extra benefits.

- Your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.
- Your deductible for Medicare Part B (\$185 in 2019)
- 100% of any excess charges under Medicare Part B. Excess charges are the difference between the approved amount for Part B services and the actual charges (up to the charge limitations set by either Medicare or state law).

Note: The only difference between Plan F and Plan G is the Part B deductible. Compare the prices between the plans before making your choice.

If you feel that Plan F fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan F depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan F

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,207	\$1,155	\$7,405	\$2,010
70	\$2,490	\$1,199	\$7,405	\$2,304
75	\$2,899	\$1,379	\$8,167	\$2,713
80	\$3,225	\$1,620	\$8,527	\$3,043
85	\$3,527	\$1,620	\$9,294	\$3,348
90	\$3,768	\$1,620	\$9,482	\$3,591
95	\$3,959	\$1,620	\$10,124	\$3,770

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,405	\$1,226	\$7,405	\$2,207
70	\$2,717	\$1,378	\$7,886	\$2,510
75	\$3,157	\$1,586	\$9,071	\$2,952
80	\$3,524	\$1,620	\$9,810	\$3,322
85	\$3,865	\$1,620	\$10,414	\$3,679
90	\$4,127	\$1,620	\$10,904	\$3,958
95	\$4,343	\$1,620	\$11,255	\$4,158

PLAN F with High Deductible

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan F-High Deductible covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan F-High Deductible pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan F-High Deductible will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan F-High Deductible covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan F-High Deductible will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Plan F High Deductible now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

Additional Features

Plan F High Deductible includes the core Medigap coverage plus five extra benefits.

- Your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.
- Your deductible for Medicare Part B (\$185 in 2019)
- 100% of any excess charges under Medicare Part B. Excess charges are the difference between the approved amount for Part B services and the actual charges (up to the charge limitations set by either Medicare or state law).

Note: Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,300. These expenses include the Medicare deductibles for Part A & Part B, but do not include the plan's separate foreign travel emergency deductible.

If you feel that Plan F High Deductible fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan F High Deductible depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan F with High Deductible

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$634	\$232	\$2,008	\$588
70	\$729	\$303	\$2,162	\$668
75	\$861	\$334	\$2,476	\$782
80	\$980	\$389	\$2,715	\$906
85	\$1,086	\$389	\$3,178	\$1,011
90	\$1,163	\$389	\$3,908	\$1,087
95	\$1,228	\$389	\$3,908	\$1,145

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$688	\$266	\$2,304	\$633
70	\$794	\$340	\$2,465	\$728
75	\$942	\$389	\$2,722	\$861
80	\$1,076	\$389	\$2,931	\$989
85	\$1,197	\$389	\$3,416	\$1,108
90	\$1,276	\$389	\$4,201	\$1,207
95	\$1,348	\$389	\$4,201	\$1,275

PLAN G

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan G covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan G pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan G will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan G covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan G will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Plan G now includes coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

Additional Features

Plan G includes the core Medigap coverage plus four extra benefits.

- Your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.
- 100% of any excess charges under Medicare Part B. Excess charges are the difference between the approved amount for Part B services and the actual charges (up to the charge limitations set by either Medicare or state law).

Note: The only difference between Plan G and Plan F is the Part B deductible. Compare the prices between the plans before making your choice.

If you feel that Plan G fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan G depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan G

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,764	\$858	\$6,540	\$1,593
70	\$1,992	\$972	\$6,540	\$1,812
75	\$2,351	\$1,157	\$6,732	\$2,155
80	\$2,634	\$1,267	\$7,413	\$2,439
85	\$2,913	\$1,344	\$7,906	\$2,712
90	\$3,158	\$1,382	\$8,384	\$2,964
95	\$3,337	\$1,382	\$8,606	\$3,176

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,937	\$986	\$6,540	\$1,753
70	\$2,190	\$1,089	\$6,621	\$1,992
75	\$2,577	\$1,327	\$7,739	\$2,367
80	\$2,894	\$1,382	\$8,524	\$2,680
85	\$3,206	\$1,382	\$9,091	\$3,003
90	\$3,480	\$1,382	\$9,553	\$3,305
95	\$3,683	\$1,382	\$9,898	\$3,534

PLAN K

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan K covers Medicare Part A coinsurance amount of \$341 per day (in 2018) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan K pays the \$682 (in 2018) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan K will cover 100% of Medicare Part A eligible hospital expenses up to 365 days.

If the need arises, Plan K covers 50% of the costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan K will cover 50% of the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Additional Features

Plan K includes four additional benefits.

- 50% of your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2018)
- 50% of your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$170.50 per day in 2018)
- 100% coinsurance for Medicare-covered preventive medical care. Preventive care would include physical examinations, flu shots, serum cholesterol screening, hearing tests, diabetes screening, and thyroid function tests.
- 50% of hospice cost-sharing for all Part A Medicare-covered expenses and respite care.

Note: There is a \$5,560 out-of-pocket annual limit. Once you meet the annual limit, the plans pays 100% of the Medicare Part A and Part B co-payments and coinsurance for the rest of the calendar year. "Excess charges" are not covered and do not count toward the out-of-pocket limit.

If you feel that Plan K fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan K depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan K

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$991	\$376	\$2,360	\$929
70	\$1,151	\$465	\$2,508	\$1,115
75	\$1,306	\$553	\$2,880	\$1,282
80	\$1,428	\$588	\$3,271	\$1,411
85	\$1,528	\$588	\$3,609	\$1,520
90	\$1,578	\$588	\$3,609	\$1,560
95	\$1,610	\$588	\$3,609	\$1,575

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,040	\$376	\$2,442	\$979
70	\$1,215	\$465	\$2,577	\$1,197
75	\$1,377	\$553	\$3,117	\$1,359
80	\$1,517	\$588	\$3,680	\$1,493
85	\$1,635	\$588	\$4,263	\$1,600
90	\$1,680	\$588	\$4,263	\$1,623
95	\$1,716	\$588	\$4,263	\$1,644

PLAN L

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan L covers Medicare Part A coinsurance amount of \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan L pays the \$682 (in 2019) per day Medicare Part A coinsurance amount. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan L will cover 100% of Medicare Part A eligible hospital expenses up to 365 days.

If the need arises, Plan L covers 75% of the costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan L will cover 75% of the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Additional Features

Plan L includes four additional benefits.

- 75% of your \$1,364 Medicare Part A in-patient hospital deductible (per benefit period in 2019)
- 75% of your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- 100% coinsurance for Medicare-covered preventive medical care. Preventive care would include physical examinations, flu shots, serum cholesterol screening, hearing tests, diabetes screening, and thyroid function tests.
- 75% of hospice cost-sharing for all Part A Medicare-covered expenses and respite care.

Note: There is a \$2,780 out-of-pocket annual limit. Once you meet the annual limit, the plan pays 100% of the Medicare Part A and Part B co-payments and coinsurance for the rest of the calendar year. "Excess charges" are not covered and do not count toward the out-of-pocket limit.

If you feel that Plan L fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan L depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan L

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,617	\$674	\$4,177	\$1,525
70	\$1,866	\$832	\$4,177	\$1,827
75	\$2,105	\$990	\$4,177	\$2,108
80	\$2,280	\$1,053	\$4,366	\$2,268
85	\$2,419	\$1,053	\$5,051	\$2,371
90	\$2,506	\$1,053	\$5,945	\$2,371
95	\$2,560	\$1,053	\$6,453	\$2,371

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,707	\$674	\$4,177	\$1,662
70	\$1,980	\$832	\$4,177	\$1,988
75	\$2,220	\$990	\$4,177	\$2,223
80	\$2,419	\$1,053	\$4,769	\$2,376
85	\$2,583	\$1,053	\$5,612	\$2,479
90	\$2,663	\$1,053	\$6,605	\$2,461
95	\$2,723	\$1,053	\$7,170	\$2,461

PLAN M

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan M covers the Medicare Part A coinsurance amount, \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan M pays the Medicare Part A coinsurance amount, \$682 (in 2019) per day. "Hospital reserve days" are 60 nonrenewable hospital days that Medicare provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan M will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan M covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan M will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expense is included.

Additional Features

Plan M includes the core Medigap coverage, plus three extra benefits.

- 50% of your Medicare Part A in-patient hospital deductible (\$1,364 per benefit period in 2019)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.

If you feel that Plan M fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan M depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan M

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,863	\$954	\$5,774	\$1,775
70	\$2,228	\$1,224	\$5,774	\$2,148
75	\$2,655	\$1,347	\$5,774	\$2,593
80	\$3,059	\$1,460	\$6,662	\$3,005
85	\$3,406	\$1,544	\$7,257	\$3,340
90	\$3,684	\$1,609	\$7,703	\$3,490
95	\$3,854	\$1,650	\$7,837	\$3,595

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,050	\$954	\$5,774	\$1,956
70	\$2,458	\$1,335	\$5,774	\$2,368
75	\$2,942	\$1,550	\$6,032	\$2,884
80	\$3,394	\$1,650	\$7,150	\$3,354
85	\$3,781	\$1,650	\$8,089	\$3,740
90	\$4,090	\$1,650	\$8,586	\$3,933
95	\$4,279	\$1,650	\$8,708	\$4,032

PLAN N

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan N covers the Medicare Part A coinsurance amount, \$341 per day (in 2019) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan N pays the Medicare Part A coinsurance amount, \$682 (in 2019) per day. "Hospital reserve days" are 60 nonrenewable hospital days that provides you which can only be used once in a lifetime. After all Medicare hospital benefits are exhausted, Plan N will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan N covers costs for the first three pints of blood or equivalent quantities of packed red blood cells received each year in connection with Medicare Parts A and B covered services. Once you have met this 3-pint blood deductible under Medicare Part A, it does not have to be met again under Part B.

After your \$185 annual Medicare Part B deductible is met, Plan N will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

Coverage of cost sharing for all Part A Medicare-eligible hospice care and respite care expense is included.

Additional Features

Plan N includes the core Medigap coverage, plus four extra benefits.

- Your Medicare Part A in-patient hospital deductible (\$1,364 per benefit period in 2018)
- You will have a co-payment of up to \$20 per physician visit or \$50 per Emergency Room visit under Part B. The ER co-pay will be waived if admitted.
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$170.50 per day in 2019)
- Any emergency care you may require when you are in a foreign country after a \$250 deductible. This benefit pays 80% of the cost of your care for the first 60 days of each trip, up to \$50,000 in your lifetime.

If you feel that Plan N fits your needs, take a look at the two tables below to find out what price you should expect to be charged for this plan. The tables outline the typical annual premiums charged for Plan N depending on age and gender. These rates are based on our 2018 nationwide collection of insurance premiums.

Plan N

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,440	\$773	\$4,338	\$1,311
70	\$1,636	\$819	\$4,712	\$1,508
75	\$1,935	\$1,000	\$5,417	\$1,797
80	\$2,175	\$1,179	\$5,858	\$2,033
85	\$2,409	\$1,179	\$6,221	\$2,274
90	\$2,616	\$1,179	\$6,800	\$2,496
95	\$2,766	\$1,179	\$6,800	\$2,652

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,568	\$866	\$4,451	\$1,433
70	\$1,783	\$917	\$5,417	\$1,641
75	\$2,105	\$1,120	\$6,231	\$1,953
80	\$2,374	\$1,179	\$6,739	\$2,219
85	\$2,637	\$1,179	\$7,154	\$2,498
90	\$2,868	\$1,179	\$7,491	\$2,752
95	\$3,037	\$1,179	\$7,952	\$2,921

Part IV: Index of Medigap Insurers

**Following is a reference list of Medicare supplement insurers with their
Weiss Ratings Safety Rating, corporate address, phone number,
and the states in which they are licensed to do business.**

Important Warnings and Cautions

1. A rating alone cannot tell the whole story. Please read the explanatory information contained in this publication. It is provided in order to give you an understanding of our rating philosophy, as well as paint a more complete picture of how we arrive at our opinion of a company's strengths and weaknesses.
2. Weiss Safety Ratings represent our opinion of a company's insolvency risk. As such, a high rating means we feel that the company has less chance of running into financial difficulties. A high rating is not a guarantee of solvency nor is a low rating a prediction of insolvency. Weiss Safety Ratings are not deemed to be a recommendation concerning the purchase or sale of the securities of any insurance company that is publicly owned.
3. Company performance is only one factor in determining a rating. Conditions in the marketplace and overall economic conditions are additional factors that may affect the company's financial strength. Therefore, a rating upgrade or downgrade does not necessarily reflect changes in the company's profits, capital or other financial measures, but may be due to external factors. Likewise, changes in Weiss Ratings' indexes may reflect changes in our risk assessment of business or economic conditions as well as changes in company performance.
4. All firms that have the same Weiss Safety Rating should be considered to be essentially equal in safety. This is true regardless of any differences in the underlying numbers which might appear to indicate greater strengths. Weiss Safety Rating already takes into account a number of lesser factors which, due to space limitations, cannot be included in this publication.
5. A good rating requires consistency. If a company is excellent on four indicators and fair on one, the company may receive a fair rating. This requirement is necessary due to the fact that fiscal problems can arise from any one of several causes including speculative investments, inadequate capital resources or operating losses.
6. We are an independent rating agency and do not depend on the cooperation of the companies we rate. Our data are derived, for the most part, from annual and quarterly financial statements that we obtain from federal banking regulators and state insurance commissioners. The latter may be supplemented by information insurance companies voluntarily provide upon request. Although we seek to maintain an open line of communication with the companies, we do not grant them the right to stop or influence publication of the ratings. This policy stems from the fact that this publication is designed for the protection of the consumer.
7. Affiliated companies do not automatically receive the same rating. We recognize that a troubled company may expect financial support from its parent or affiliates. Weiss Safety Ratings reflect our opinion of the measure of support that may become available to a subsidiary, if the subsidiary were to experience serious financial difficulties. In the case of a strong parent and a weaker subsidiary, the affiliate relationship will generally result in a higher rating for the subsidiary than it would have on a stand-alone basis. Seldom, however, would the rating be brought up to the level of the parent. This treatment is appropriate because we do not assume the parent would have either the resources or the will to "bail out" a troubled subsidiary during a severe economic crisis. Even when there is a binding legal obligation for a parent corporation to honor the policy obligations of its subsidiaries, the possibility exists that the subsidiary could be sold and lose its parental support. Therefore, it is quite common for one affiliate to have a higher rating than another. This is another reason why it is especially important that you have the precise name of the company you are evaluating.

Company		Domicile State	Phone	Safety Rating
AETNA HEALTH & LIFE INS CO		CT	860-273-0123	C
Address	151 Farmington Avenue, Hartford, CT, 6156			
Licensed	All states except PR			
AETNA HEALTH INS CO		PA	800-872-3862	C
Address	1425 Union Meeting Rd, Blue Bell, PA, 19422			
Licensed	All states except CA,CT,MS,NY,PR			
AETNA LIFE INS CO		CT	860-273-0123	B
Address	151 Farmington Avenue, Hartford, CT, 6156			
Licensed	All states, the District of Columbia and Puerto Rico			
ALLCARE HEALTH PLAN INC		OR	541-471-4106	E
Address	740 Se 7th St, Grants Pass, OR, 97526			
Licensed	OR			
ALLIANCE HEALTH & LIFE INS CO		MI	313-872-8100	C
Address	2850 West Grand Blvd, Detroit, MI, 48202			
Licensed	MI			
AMERICAN CONTINENTAL INS CO		TN	800-264-4000	C+
Address	800 Crescent Centre Dr Ste 200, Franklin, TN, 37067			
Licensed	All states except AK,CA,CT,DC,DE,HI,ID,ME,MD,MA,NH,NJ,NY,OR,RI,VT,WA,PR			
AMERICAN NATIONAL LIFE INS CO OF TX		TX	409-763-4661	B-
Address	One Moody Plaza, Galveston, TX, 77550			
Licensed	All states except ME,NJ,NY,VT,PR			
AMERICAN REPUBLIC CORP INS CO		IA	866-705-9100	C
Address	1010 North 102nd St Ste 201, Des Moines, IA, 50309			
Licensed	All states except AK,CA,CT,FL,HI,ID,ME,MA,MI,NH,NJ,NY,RI,VT,WA,PR			
AMERICAN REPUBLIC INS CO		IA	800-247-2190	B-
Address	601 Sixth Avenue, Des Moines, IA, 50309			
Licensed	All states except NY,PR			
AMERICAN RETIREMENT LIFE INS CO		OH	512-451-2224	C+
Address	1300 East Ninth Street, Cleveland, OH, 44114			
Licensed	All states except AK,CT,DC,HI,ID,ME,MA,MI,NJ,NY,VT,WA,PR			

Safety Rating: A = Excellent; B = Good; C = Fair; D = Weak; E = Very Weak; F = Failed; U = Unrated

Company		Domicile State	Phone	Safety Rating
AMERICO FINANCIAL LIFE & ANNUITY INS		TX	816-391-2000	B-
Address	Po Box 139061, Dallas, TX, 75313			
Licensed	All states except NY			
AMERIGROUP INS CO		TX	757-490-6900	B-
Address	3800 Buffalo Speedway Ste 400, Houston, TX, 77098			
Licensed	TX			
AMERIHEALTH INSURANCE CO OF NJ		NJ	609-662-2400	C-
Address	8000 Midlantic Dr Ste 333, Cranbury, NJ, 08512			
Licensed	NJ			
ANTHEM HEALTH PLANS INC		CT	203-677-4000	B
Address	108 Leigus Rd, Wallingford, CT, 06492			
Licensed	CT			
ANTHEM HEALTH PLANS OF KENTUCKY INC		KY	800-331-1476	B+
Address	13550 Triton Park Blvd, Louisville, KY, 40223			
Licensed	KY			
ANTHEM HEALTH PLANS OF MAINE INC		ME	866-583-6182	A-
Address	2 Gannett Dr, South Portland, ME, 04106			
Licensed	ME			
ANTHEM HEALTH PLANS OF NEW HAMPSHIRE		NH	603-541-2000	B
Address	1155 Elm St, Manchester, NH, 3101			
Licensed	NH			
ANTHEM HEALTH PLANS OF VIRGINIA		VA	804-354-7000	B
Address	2015 Staples Mill Rd, Richmond, VA, 23230			
Licensed	VA			
ANTHEM INS COMPANIES INC		IN	317-488-6000	B-
Address	120 Monument Circle, Indianapolis, IN, 46204			
Licensed	All states except AK,CA,DC,DE,FL,HI,MD,MA,MI,MN,NJ,NY,PA,RI,VT,WV,PR			
ASSURED LIFE ASSOCIATION		CO		U
Address	9777 S Yosemite St, Lone Tree, CO, 80124			
Licensed	All states except AL,AK,CT,DC,IN,ME,MD,MA,MI,MN,NH,NY,NC,SC,VT,PR			

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Company		Domicile State	Phone	Safety Rating
ASURIS NORTHWEST HEALTH		WA	206-464-3600	B-
Address	1800 Ninth Ave, Seattle, WA, 98101			
Licensed	OR,WA			
AVALON INS CO		PA	717-541-7000	C
Address	2500 Elmerton Ave, Harrisburg, PA, 17177			
Licensed	DC,DE,MD,PA,VA,WV			
AVERA HEALTH PLANS INC		SD	605-322-4500	C
Address	3816 S Elmwood Ave Suite 100, Sioux Falls, SD, 57105			
Licensed	IA,NE,SD			
BANKERS CONSECO LIFE INS CO		NY	317-817-6100	D
Address	350 Jericho Turnpike Suite 304, Jericho, NY, 11753			
Licensed	NY			
BANKERS FIDELITY ASR CO		GA	800-241-1439	C+
Address	4370 Peachtree Rd NE, Atlanta, GA, 30319			
Licensed	AL,AZ,AR,CO,FL,GA,IL,IN,IA,KS,KY,LA,MI,MS,MO,NE,NV,NM,NC,OH,OK,PA,SC,TN,TX,UT,WV			
BANKERS FIDELITY LIFE INS CO		GA	800-241-1439	C
Address	4370 Peachtree Road NE, Atlanta, GA, 30319			
Licensed	All states except CA,CT,NY,VT,PR			
BLUE CARE NETWORK OF MICHIGAN		MI	248-799-6400	B
Address	20500 Civic Center Drive, Southfield, MI, 48076			
Licensed	MI			
BLUE CROSS & BLUE SHIELD OF FLORIDA		FL	904-791-6111	B-
Address	4800 Deerwood Campus Parkway, Jacksonville, FL, 32246			
Licensed	FL,PA			
BLUE CROSS BLUE SHIELD OF ALABAMA		AL	205-220-2100	B
Address	450 Riverchase Parkway East, Birmingham, AL, 35244			
Licensed	AL			
BLUE CROSS BLUE SHIELD OF ARIZONA		AZ	602-864-4100	A+
Address	2444 W Las Palmaritas Dr, Phoenix, AZ, 85021			
Licensed	AZ			

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Company		Domicile State	Phone	Safety Rating
BLUE CROSS BLUE SHIELD OF GEORGIA		GA	404-842-8000	B-
Address	3350 Peachtree Rd NE, Atlanta, GA, 30326			
Licensed	GA			
BLUE CROSS BLUE SHIELD OF KANSAS INC		KS	785-291-7000	B
Address	1133 Sw Topeka Boulevard, Topeka, KS, 66629			
Licensed	KS			
BLUE CROSS BLUE SHIELD OF KC		MO	816-395-2222	C+
Address	2301 Main St, Kansas City, MO, 64108			
Licensed	KS,MO			
BLUE CROSS BLUE SHIELD OF MA		MA	617-246-5000	C+
Address	101 Huntington Ave, Boston, MA, 2199			
Licensed	MA			
BLUE CROSS BLUE SHIELD OF MICHIGAN		MI	313-225-9000	C
Address	600 Lafayette East, Detroit, MI, 48226			
Licensed	MI			
BLUE CROSS BLUE SHIELD OF MINNESOTA		MN	651-662-8000	C
Address	3535 Blue Cross Rd, Eagan, MN, 55122			
Licensed	MN			
BLUE CROSS BLUE SHIELD OF MS, MUTUAL		MS	601-664-4590	A-
Address	3545 Lakeland Dr, Flowood, MS, 39232			
Licensed	MS			
BLUE CROSS BLUE SHIELD OF NC		NC	919-489-7431	B
Address	4705 University Dr Bldg 700, Durham, NC, 27707			
Licensed	NC			
BLUE CROSS BLUE SHIELD OF NEBRASKA		NE	402-982-7000	C
Address	1919 Aksarben Dr, Omaha, NE, 68180			
Licensed	NE			
BLUE CROSS BLUE SHIELD OF RI		RI	401-459-5886	C
Address	500 Exchange St, Providence, RI, 2903			
Licensed	RI			

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Company		Domicile State	Phone	Safety Rating
BLUE CROSS BLUE SHIELD OF SC INC		SC	803-788-3860	B+
Address	2501 Faraway Dr, Columbia, SC, 29219			
Licensed	SC			
BLUE CROSS BLUE SHIELD OF VERMONT		VT	802-223-6131	B
Address	445 Industrial Lane, Berlin, VT, 5602			
Licensed	VT			
BLUE CROSS BLUE SHIELD OF WISCONSIN		WI	262-523-4020	B-
Address	N17 W24340 Riverwood Dr, Waukesha, WI, 53188			
Licensed	WI			
BLUE CROSS BLUE SHIELD OF WYOMING		WY	307-634-1393	B-
Address	4000 House Ave, Cheyenne, WY, 82001			
Licensed	WY			
BLUE CROSS OF CALIFORNIA		CA	916-403-0526	A+
Address	1 Wellpoint Way, Thousand Oaks, CA, 91362			
Licensed	CA			
BLUE CROSS OF IDAHO CARE PLUS INC		ID	208-345-4550	C
Address	3000 E Pine Ave, Meridian, ID, 83642			
Licensed	ID			
BLUECROSS BLUESHIELD OF TENNESSEE		TN	423-535-5600	B
Address	1 Cameron Hill Circle, Chattanooga, TN, 37402			
Licensed	TN			
CALIFORNIA PHYSICIANS SERVICE		CA	415-229-5195	A+
Address	50 Beale Street 22nd Floor, San Francisco, CA, 94105			
Licensed	CA			
CAPITAL ADVANTAGE INS CO		PA	717-541-7000	C
Address	2500 Elmerton Ave, Harrisburg, PA, 17177			
Licensed	PA			
CDPHP UNIVERSAL BENEFITS INC		NY	518-641-3000	C
Address	500 Patroon Creek Blvd, Albany, NY, 12206			
Licensed	NY			

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Company		Domicile State	Phone	Safety Rating
CENTRAL STATES INDEMNITY CO OF OMAHA		NE	402-997-8000	C+
Address	1212 North 96th Street, Omaha, NE, 68114			
Licensed	All states, the District of Columbia and Puerto Rico			
CHRISTIAN FIDELITY LIFE INS CO		TX	602-263-6666	B+
Address	1999 Bryan Street Suite 900, Dallas, TX, 75201			
Licensed	All states except AK,CA,CT,DC,DE,HI,IA,ME,MD,MA,MI,MN,NH,NJ,NY,NC,PA,RI,VT,WI,PR			
CIGNA HEALTH & LIFE INS CO		CT	860-226-6000	B
Address	900 Cottage Grove Road, Bloomfield, CT, 6002			
Licensed	All states, the District of Columbia and Puerto Rico			
COLONIAL PENN LIFE INS CO		PA	215-928-8000	D+
Address	399 Market Street, Philadelphia, PA, 19181			
Licensed	All states except NY			
COMBINED INS CO OF AMERICA		IL	800-225-4500	B-
Address	111 E Wacker Drive, Chicago, IL, 60601			
Licensed	All states except NY			
COMMUNITY INS CO		OH	513-872-8100	B
Address	4361 Irwin Simpson Rd, Mason, OH, 45040			
Licensed	IN,OH			
COMMUNITYCARE L&H INS CO		OK	918-594-5200	B-
Address	218 W 6th St, Tulsa, OK, 74103			
Licensed	OK			
COMPANION LIFE INS CO		SC	803-735-1251	B+
Address	2501 Faraway Drive, Columbia, SC, 29219			
Licensed	All states except CA,CT,HI,NJ,NY,PR			
CONSUMERS LIFE INS CO		OH	216-687-7000	B
Address	2060 East Ninth Street, Cleveland, OH, 44115			
Licensed	All states except AL,AK,CA,CT,FL,HI,ID,ME,MA,NH,NY,NC,RI,TN,VT,WA,PR			
CONTINENTAL LIFE INS CO OF BRENTWOOD		TN	800-264-4000	C+
Address	800 Crescent Centre Dr Ste 200, Franklin, TN, 37067			
Licensed	All states except AK,DC,HI,ME,MA,NY,WA,PR			

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Company		Domicile State	Phone	Safety Rating
COUNTRY LIFE INS CO		IL	309-821-3000	A+
Address	1701 N Towanda Avenue, Bloomington, IL, 61701			
Licensed	All states except CA,DC,HI,NH,NJ,NY,VT,PR			
COVENTRY HEALTH & LIFE INS CO		MO	800-843-7421	B
Address	550 Maryville Centre Dr #300, St. Louis, MO, 63141			
Licensed	All states except NY,PR			
CSI LIFE INS CO		NE	402-997-8000	B-
Address	1212 North 96th Street, Omaha, NE, 68114			
Licensed	All states except NH,NY,PR			
DEAN HEALTH PLAN INC		WI	608-836-1400	B+
Address	1277 Deming Way, Madison, WI, 53717			
Licensed	WI			
EMPIRE HEALTHCHOICE ASSURANCE INC		NY		B-
Address	622 Third Avenue, New York, NY, 10017			
Licensed	NY			
EPIC LIFE INSURANCE CO		WI	608-977-5000	C
Address	1717 West Broadway, Madison, WI, 53713			
Licensed	AZ,AR,CO,FL,IL,IN,IA,KS,KY,MD,MI,MN,MO,NE,NV,ND,OH,OK,OR,PA,SC,SD,TN,TX,VA,WV,WI			
EQUITABLE LIFE & CASUALTY INS CO		UT	801-579-3400	C+
Address	3 Triad Center, Salt Lake City, UT, 84111			
Licensed	All states except CA,MN,NJ,NY,PR			
EQUITABLE NATIONAL LIFE INS CO		CT	801-579-3400	U
Address	One American Row, Hartford, UT, 84111			
Licensed	All states except AL,CO,FL,LA,ME,MN,MS,MO,NV,NH,NM,NY,OK,RI,VT,VA,WI,WY,PR			
EVERENCE ASSN INC		IN		U
Address	1110 N Main St, Goshen, IN, 46526			
Licensed	AZ,CA,CO,DC,FL,ID,IL,IN,IA,KS,MD,MI,MN,MT,NE,OH,OK,OR,PA,SD,VA,WA			
EVEREST REINS CO		DE	908-604-3000	B-
Address	1209 Orange Street, Wilmington, DE, 19801			
Licensed	All states, the District of Columbia and Puerto Rico			

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Company		Domicile State	Phone	Safety Rating
EXCELLUS HEALTH PLAN INC		NY	585-453-6325	B+
Address	165 Court St, Rochester, NY, 14647			
Licensed	NY			
FALLON HEALTH & LIFE ASR CO		MA	508-799-2100	C
Address	10 Chestnut St, Worcester, MA, 01608			
Licensed	MA			
FIRST CARE INC		MD	410-581-3000	C+
Address	1501 S Clinton St, Baltimore, MD, 21224			
Licensed	DC,DE,MD,VA			
FIRST COMMUNITY HEALTH PLAN INC		AL	256-532-2780	B
Address	699 Gallatin St Sw Ste A2, Huntsville, AL, 35801			
Licensed	AL			
FIRST HEALTH LIFE & HEALTH INS CO		TX	630-737-7900	C+
Address	, Downers Grove, IL, 60515			
Licensed	All states except PR			
GEISINGER INDEMNITY INS CO		PA	570-271-8777	B-
Address	100 N Academy Ave Mc 32-51, Danville, PA, 17822			
Licensed	PA,WV			
GERBER LIFE INS CO		NY	914-272-4000	B+
Address	1311 Mamaroneck Avenue, White Plains, NY, 10605			
Licensed	All states, the District of Columbia and Puerto Rico			
GLOBE LIFE & ACCIDENT INS CO		NE	972-569-3744	C+
Address	10306 Regency Parkway Drive, Omaha, NE, 68114			
Licensed	All states except NY,PR			
GLOBE LIFE INSURANCE CO OF NY		NY	315-451-2544	B
Address	1020 Seventh North St Ste 130, Liverpool, NY, 13212			
Licensed	NY			
GOVERNMENT PERSONNEL MUTUAL L I C		TX	210-357-2222	B
Address	2211 NE Loop 410, San Antonio, TX, 78217			
Licensed	All states except NJ,NY,PR			

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Company		Domicile State	Phone	Safety Rating
GPM HEALTH & LIFE INS CO		WA	210-357-2222	B
Address	1124 W Riverside Ave Ste 400, Spokane, WA, 99201			
Licensed	AZ,CA,CO,GA,HI,ID,IL,IN,KS,KY,MD,MI,MS,MO,MT,NV,NM,NC,OH,OR,PA,SC,TX,UT,VA,WA,WY			
GREEK CATHOLIC UNION OF THE USA		PA	724-495-3421	U
Address	5400 Tuscarawas Rd, Beaver, PA, 15009			
Licensed	No States			
GROUP HEALTH COOP OF S CENTRAL WI		WI	608-251-4156	D+
Address	1265 John Q Hammons Drive, Madison, WI, 53717			
Licensed	WI			
GROUP HEALTH INCORPORATED		NY	646-447-5000	D
Address	55 Water St, New York, NY, 10041			
Licensed	NY			
GROUP HOSP & MEDICAL SERVICES INC		DC	410-581-3000	B
Address	840 First St NE, Washington, DC, 20065			
Licensed	DC,MD,VA			
GUARANTEE TRUST LIFE INS CO		IL	847-699-0600	B
Address	1275 Milwaukee Avenue, Glenview, IL, 60025			
Licensed	All states except NY			
GUNDERSEN HEALTH PLAN INC		WI	608-643-2491	C-
Address	1836 South Avenue, La Crosse, WI, 54601			
Licensed	IA,WI			
HEALTH ALLIANCE MEDICAL PLANS		IL	800-851-3379	B-
Address	301 S Vine, Champaign, IL, 61822			
Licensed	IL,MO			
HEALTH CARE SVC CORP A MUT LEG RES		IL	312-653-6000	B
Address	300 East Randolph St, Chicago, IL, 60601			
Licensed	All states except AL,CA,HI,IA,KS,LA,MS,NV,NH,NY,NC,ND,RI,SD,TN,VT,WA,WY,PR			
HEALTH NET LIFE INS CO		CA		C
Address	21281 Burbank Blvd, Woodland Hills, CA, 91367			
Licensed	All states except MI,NY,PR			

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Company		Domicile State	Phone	Safety Rating
HEALTH TRADITION HEALTH PLAN		WI	507-538-5212	C
Address	1808 East Main Street, Onalaska, WI, 54650			
Licensed	WI			
HEALTHNOW NY INC		NY	716-887-6900	B-
Address	257 West Genesee St, Buffalo, NY, 14202			
Licensed	NY			
HEALTHY ALLIANCE LIFE INS CO		MO	314-923-4444	A
Address	1831 Chestnut St, St. Louis, MO, 63103			
Licensed	KS,MO			
HEARTLAND NATIONAL LIFE INS CO		IN	816-478-0120	B-
Address	401 Pennsylvania Pkwy Ste 300, Indianapolis, IN, 46280			
Licensed	All states except CA,CT,ID,ME,MA,MI,MN,NH,NJ,NY,RI,VT,WA,WI,PR			
HIGHMARK BCBSD INC		DE	302-421-3000	B
Address	800 Delaware Ave, Wilmington, DE, 19801			
Licensed	DE			
HIGHMARK INC		PA	412-544-7000	C
Address	1800 Center St, Camp Hill, PA, 17011			
Licensed	PA			
HIGHMARK WEST VIRGINIA INC		WV	304-424-7700	B
Address	614 Market St, Parkersburg, WV, 26101			
Licensed	WV			
HNE INS CO		MA	413-787-4000	C
Address	1 Monarch Place Ste 1500, Springfield, MA, MA, 1144			
Licensed	MA			
HOMETOWN HEALTH PROVIDERS INS CO		NV	775-982-3100	B
Address	830 Harvard Way, Reno, NV, 89521			
Licensed	NV			
HORIZON INS CO		NJ	973-466-5607	U
Address	3 Penn Plaza East Pp-15d, Newark, NJ, 07105			
Licensed	NJ			

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Company		Domicile State	Phone	Safety Rating
HPHC INS CO		MA	781-263-6000	D+
Address	93 Worcester St, Wellesley, MA, 02481			
Licensed	CT,ME,MA,NH			
HUMANA BENEFIT PLAN OF ILLINOIS		IL	502-580-1000	B
Address	7915 N Hale Ave Ste D, Peoria, IL, 61615			
Licensed	All states except CA,FL,NY,UT,PR			
HUMANA HEALTH BENEFIT PLAN LA		LA	504-219-6600	B
Address	One Galleria Blvd Suite 1200, Metairie, LA, 70001			
Licensed	LA			
HUMANA HEALTH INS CO OF FL INC		FL	305-626-5616	B-
Address	3501 Sw 160th Ave, Miramar, FL, 33027			
Licensed	AL,FL,KY			
HUMANA HEALTH PLAN INC		KY	502-580-1000	B
Address	321 West Main Street - 12th FL, Louisville, KY, 40202			
Licensed	AL,AZ,AR,CO,ID,IL,IN,KS,KY,MO,NE,NV,NM,OH,SC,TN,TX,VA,WA,WV			
HUMANA INS CO (WI)		WI	920-336-1100	A-
Address	1100 Employers Blvd, Depere, WI, 54115			
Licensed	All states except NY,PR			
HUMANA INS CO OF KENTUCKY		KY	502-580-1000	B
Address	500 West Main Street, Louisville, KY, 40202			
Licensed	KY			
HUMANA INS CO OF NY		NY	800-201-3687	B-
Address	845 Third Ave 7th FL, New York, NY, 10019			
Licensed	NY			
HUMANADENTAL INS CO		WI		U
Address	Po Box 14168, Lexington, KY, 40512			
Licensed	All states except AL,NY,PR			
INDEPENDENCE BLUE CROSS		PA	215-241-2400	C
Address	1901 Market St, Philadelphia, PA, 19103			
Licensed	PA			

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Company		Domicile State	Phone	Safety Rating
INDIVIDUAL ASR CO LIFE HEALTH & ACC		OK	405-285-0838	D
Address	3200 E Memorial Road, Edmond, OK, 73034			
Licensed	All states except CT,ME,MA,NH,NY,RI,VT,PR			
KAISER FNDTN HLTH PLAN WA OPTN		WA	206-448-5600	B
Address	320 Westlake Ave N Ste 100, Seattle, WA, 98101			
Licensed	ID,WA			
KSKJ LIFE		IL		U
Address	2439 Glenwood Ave, Joliet, IL, 60435			
Licensed	CA,CO,CT,DE,IL,IN,KS,MI,MN,MT,OH,PA,WI			
LA HEALTH SERVICE & INDEMNITY CO		LA	225-295-3307	B
Address	5525 Reitz Ave, Baton Rouge, LA, 70809			
Licensed	LA			
LIBERTY BANKERS LIFE INS CO		OK	469-522-4400	D+
Address	1605 Lbj Freeway Suite 710, Dallas, TX, 75234			
Licensed	All states except AL,MN,NY,PR			
LIBERTY NATIONAL LIFE INS CO		NE	972-569-4000	B
Address	10306 Regency Parkway Dr, Omaha, NE, 68114			
Licensed	All states except NY,PR			
LOYAL AMERICAN LIFE INS CO		OH	512-451-2224	B-
Address	1300 East Ninth Street, Cleveland, OH, 44114			
Licensed	All states except NY,PR			
LOYAL CHRISTIAN BENEFIT ASSN		PA	800-234-5222	U
Address	Po Box 13005, Erie, PA, 16514			
Licensed	No States			
LUMICO LIFE INSURANCE CO		MO	877-794-7773	C
Address	5025 N Central Ave Suite 546, Jefferson City, MO, 65101			
Licensed	All states except NY,PR			
MANHATTAN LIFE INS CO		NY	713-821-6457	B
Address	225 Community Drive Suite 11, Great Neck, NY, 11021			
Licensed	All states, the District of Columbia and Puerto Rico			

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Company		Domicile State	Phone	Safety Rating
MASSACHUSETTS MUTUAL LIFE INS CO		MA	413-788-8411	A-
Address	1295 State Street, Springfield, MA, 1111			
Licensed	All states, the District of Columbia and Puerto Rico			
MEDICA HEALTH PLANS		MN	952-992-2900	C
Address	401 Carlson Parkway, Minnetonka, MN, 55305			
Licensed	IA,MN,ND,SD			
MEDICAL MUTUAL OF OHIO		OH	216-687-7000	A
Address	2060 East Ninth St, Cleveland, OH, 44115			
Licensed	GA,IN,MI,NC,OH,PA,SC,WV,WI			
MEDICO CORP LIFE INS CO		NE	800-822-9993	B-
Address	1010 North 102nd St Ste 201, Des Moines, IA, 50309			
Licensed	All states except CA,CT,MA,NH,NJ,NY,PR			
MEDICO INS CO		NE	800-228-6080	B-
Address	1010 North 102nd St Ste 201, Des Moines, IA, 50309			
Licensed	All states except CT,NJ,NY,PR			
MEDICO LIFE & HEALTH INS CO		IA	800-228-6080	C
Address	Po Box 10386, Des Moines, IA, 50306			
Licensed	AZ,CO,ID,IN,IA,KS,KY,MI,MN,MT,NE,NC,ND,OH,OK,OR,PA,SD,UT,WI,WY			
MEMBERS HEALTH INS CO		AZ	931-560-0041	C-
Address	24 West Camelback Ave Ste A546, Phoenix, AZ, 85013			
Licensed	AL,AZ,AR,CO,GA,ID,IL,IN,KY,MD,MN,MS,MO,MT,NE,NM,ND,OK,OR,PA,SC,SD,TN,TX,UT,WA,WV			
MERCYCARE INS CO		WI	800-895-2421	D+
Address	580 N Washington, Janesville, WI, 53545			
Licensed	IL,WI			
MODA HEALTH PLAN INC		OR	503-228-6554	E
Address	601 Sw Second Ave, Portland, OR, 97204			
Licensed	AK,CA,ID,OR,TX,WA			
MUTUAL OF OMAHA INS CO		NE	402-342-7600	B
Address	Mutual of Omaha Plaza, Omaha, NE, 68175			
Licensed	All states, the District of Columbia and Puerto Rico			

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Company		Domicile State	Phone	Safety Rating
NATIONAL GUARDIAN LIFE INS CO		WI	608-257-5611	B-
Address	2 East Gilman Street, Madison, WI, 53703			
Licensed	All states except NY,PR			
NATIONAL HEALTH INS CO		TX	888-781-0580	C
Address	4455 Lbj Freeway Suite 375, Dallas, TX, 75244			
Licensed	All states except FL,NY,PR			
NEW ERA LIFE INS CO		TX	281-368-7200	C
Address	11720 Katy Freeway Suite 1700, Houston, TX, 77079			
Licensed	All states except AK,CT,DC,HI,ID,IL,IA,ME,MD,MA,MN,NV,NH,NJ,NY,OR,RI,VT,VA,WI,WY,PR			
NEW ERA LIFE INS CO OF THE MIDWEST		TX	281-368-7200	C+
Address	11720 Katy Freeway Suite 1700, Houston, TX, 77079			
Licensed	AZ,AR,CA,CO,FL,GA,IL,IN,KS,KY,LA,MI,MS,MO,MT,NE,NC,ND,OH,OK,PA,SC,TN,TX,UT,WA,WV,			
NEW WEST HEALTH SERVICES		MT	541-686-1242	U
Address	130 Neill Avenue, Missoula, MT, 59808			
Licensed	MT			
NORIDIAN MUTUAL INS CO		ND	701-282-1100	B
Address	4510 13th Ave S, Fargo, ND, 58121			
Licensed	ND			
OLD SURETY LIFE INS CO		OK	405-523-2112	C
Address	5201 North Lincol Blvd, Oklahoma City, OK, 73105			
Licensed	AR,CO,KS,MO,MT,NM,NC,OK,TX			
OMAHA INS CO		NE	402-342-7600	B-
Address	Mutual of Omaha Plaza, Omaha, NE, 68175			
Licensed	All states except CA,FL,ID,IL,NV,NH,NY,WI,PR			
ORDER UNITED COMM TRAVELERS OF AMER		OH		U
Address	632 N. Park Street, Columbus, OH, 43215			
Licensed	All states except AL,AK,HI,NM,PR			
OXFORD LIFE INS CO		AZ	602-263-6666	B+
Address	2721 North Central Avenue, Phoenix, AZ, 85004			
Licensed	All states except NY,VT,PR			

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Company		Domicile State	Phone	Safety Rating
PAN-AMERICAN LIFE INS CO		LA	504-566-1300	B
Address	Pan-American Life Center, New Orleans, LA, 70130			
Licensed	All states except ME,NY,VT			
PARAMOUNT INS CO (OH)		OH	419-887-2500	A
Address	1901 Indian Wood Circle, Maumee, OH, 43537			
Licensed	MI,OH			
PEKIN LIFE INS CO		IL	309-346-1161	B
Address	2505 Court Street, Pekin, IL, 61558			
Licensed	AL,AZ,AR,GA,IL,IN,IA,KS,KY,LA,MI,MN,MS,MO,NE,NC,OH,PA,TN,TX,UT,VA,WI			
PHILADELPHIA AMERICAN LIFE INS CO		TX	281-368-7200	B
Address	11720 Katy Freeway Suite 1700, Houston, TX, 77079			
Licensed	All states except NY,RI,PR			
PHYSICIANS MUTUAL INS CO		NE	402-633-1000	A+
Address	2600 Dodge Street, Omaha, NE, 68131			
Licensed	All states except PR			
PHYSICIANS PLUS INS CORP		WI	608-643-2491	D+
Address	2650 Novation Parkway, Madison, WI, 53713			
Licensed	IL,WI			
POLISH FALCONS OF AMERICA		PA	800-247-1423	U
Address	Po Box 27248, Salt Lake City, UT, 84127			
Licensed	CT,IL,IN,MA,MI,NJ,NY,PA,WI			
PREMERA BLUE CROSS		WA	425-918-4000	B
Address	7001 220th St Sw, Mountlake Terrace, WA, 98043			
Licensed	AK,WA			
PRIORITY HEALTH INS CO		MI	616-942-0954	B
Address	1231 East Beltline NE, Grand Rapids, MI, 49525			
Licensed	MI			
PURITAN LIFE INS CO OF AMERICA		TX		D+
Address	Po Box 10860, Clearwater, FL, 33757			
Licensed	All states except AL,AK,DC,DE,ME,MA,MI,NE,NH,NJ,NY,NC,RI,SC,VT,VA,WA,PR			

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Company		Domicile State	Phone	Safety Rating
QUALCHOICE L&H INS CO		AR	501-219-5109	D
Address	12615 Chenal Parkway Ste 300, Little Rock, AR, 72211			
Licensed	AR,NE			
REGENE BL CROSS BL SHIELD OREGON		OR	503-225-5221	B+
Address	100 Sw Market St, Portland, OR, 97201			
Licensed	OR,WA			
REGENE BLUE CROSS BLUE SHIELD OF UT		UT	801-333-2000	B
Address	2890 East Cottonwood Parkway, Salt Lake City, UT, 84121			
Licensed	UT			
REGENE BLUESHIELD		WA	206-464-3600	B
Address	1800 Ninth Ave, Seattle, WA, 98101			
Licensed	WA			
REGENE BLUESHIELD OF IDAHO INC		ID	208-746-2671	B
Address	1602 21st Ave, Lewiston, ID, 83501			
Licensed	ID,WA			
RENAISSANCE L&H INS CO OF AMERICA		IN	844-202-4150	U
Address	Po Box 27248, Salt Lake City, UT, 84127			
Licensed	All states except AL,NY,PR			
RESERVE NATIONAL INS CO		OK	405-848-7931	B-
Address	601 East Britton Road, Oklahoma City, OK, 73114			
Licensed	All states except NY,PR			
ROCKY MOUNTAIN HOSPITAL & MEDICAL		CO	303-831-2131	B
Address	700 Broadway, Denver, CO, 80273			
Licensed	CO,NV			
S USA LIFE INS CO INC		AZ	212-356-0300	B
Address	3800 N Central Ave Ste 460, Phoenix, AZ, 85003			
Licensed	All states except CT,NH,NY,PR			
SANFORD HEALTH PLAN		SD	605-328-6868	C
Address	300 Cherapa Place Suite 201, Sioux Falls, SD, 57103			
Licensed	IA,ND,SD			

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Company		Domicile State	Phone	Safety Rating
SANFORD HEALTH PLAN OF MINNESOTA		MN	605-328-6868	D
Address	300 Cherapa Place Suite 201, Sioux Falls, SD, 57109			
Licensed	MN			
SBLI USA MUT LIFE INS CO INC		NY	212-356-0300	B
Address	100 West 33rd Street Ste 1007, New York, NY, 10001			
Licensed	AZ,AR,CO,DC,IL,IA,MI,MS,NH,NJ,NY,NC,OH,OK,PA,SD,TN,TX,UT,VT,WA,WV,PR			
SECURITY HEALTH PLAN OF WI INC		WI	715-221-9555	B+
Address	1515 St Joseph Ave, Marshfield, WI, 54449			
Licensed	WI			
SENTINEL SECURITY LIFE INS CO		UT	801-484-8514	C-
Address	1405 West 2200 South, Salt Lake City, UT, 84119			
Licensed	All states except AL,AK,CT,DC,ME,MA,MI,MO,NH,NJ,NY,SC,TN,VT,VA,WV,WI,PR			
SHENANDOAH LIFE INS CO		VA	540-985-4400	B-
Address	4415 Pheasant Ridge Rd Ste 300, Roanoke, VA, 24014			
Licensed	All states except AK,CA,CT,HI,ID,ME,MA,MT,NV,NY,ND,OR,RI,SD,PR			
STANDARD LIFE & ACCIDENT INS CO		TX	409-763-4661	A-
Address	One Moody Plaza, Galveston, TX, 77550			
Licensed	All states except ME,NH,NJ,NY,PR			
STANDARD LIFE & CAS INS CO		UT	801-538-0376	D
Address	420 E South Temple Suite 555, Salt Lake City, UT, 84111			
Licensed	AL,AR,CO,FL,GA,IN,KY,LA,MS,MO,NV,NC,ND,OH,OK,SC,SD,TN,TX,UT			
STATE FARM MUTUAL AUTOMOBILE INS CO		IL	309-766-2311	B
Address	One State Farm Plaza, Bloomington, IL, 61710			
Licensed	All states except PR			
STATE MUTUAL INS CO		GA	706-291-1054	D+
Address	210 E Second Avenue Suite 301, Rome, GA, 30161			
Licensed	All states except CA,CT,ME,NH,NJ,NY,PR			
SUMMA INS CO		OH	330-996-8410	C-
Address	10 N Main St, Akron, OH, 44308			
Licensed	OH			

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Company		Domicile State	Phone	Safety Rating
THP INS CO		WV	740-695-3585	D+
Address	52160 National Rd East E, Wheeling, WV, 26003			
Licensed	OH,PA,WV			
THRIVENT FINANCIAL FOR LUTHERANS		WI		U
Address	4321 N Ballard Rd, Appleton, WI, 54919			
Licensed	All states except AL,PR			
TRANSAMERICA LIFE INS CO		IA	319-355-8511	B
Address	4333 Edgewood Rd NE, Cedar Rapids, IA, 52499			
Licensed	All states except NY			
TRANSAMERICA PREMIER LIFE INS CO		IA	319-355-8511	C+
Address	4333 Edgewood Rd NE, Cedar Rapids, IA, 52499			
Licensed	All states except NY			
TRH HEALTH INS CO		TN	931-560-0041	C
Address	147 Bear Creek Pike, Columbia, TN, 38401			
Licensed	TN			
TUFTS ASSOCIATED HEALTH MAINT ORG		MA	617-972-9400	C
Address	705 Mount Auburn Street, Watertown, MA, 02472			
Licensed	MA,RI			
UNIFIED LIFE INS CO		TX	877-492-4678	B
Address	Csc-Lawyers Inc Serv 211 E 7th, Dallas, TX, 75201			
Licensed	All states except NY,PR			
UNION SECURITY INS CO		KS	651-361-4000	B
Address	2323 Grand Boulevard, Topeka, KS, 66614			
Licensed	All states except NY,PR			
UNITED AMERICAN INS CO		NE	972-529-5085	B-
Address	10306 Regency Parkway Dr, Omaha, NE, 68114			
Licensed	All states except NY,PR			
UNITED HEALTHCARE INS CO		CT		C
Address	P.O. Box 7000, Allentown, PA, 18175			
Licensed	All states except NY			

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Company		Domicile State	Phone	Safety Rating
UNITED HEALTHCARE INS CO OF NY		NY	877-832-7734	B-
Address	2950 Expressway Dr S Ste 240, Islandia, NY, 11749			
Licensed	DC,NY			
UNITED NATIONAL LIFE INS CO OF AM		IL	847-803-5252	B
Address	1275 Milwaukee Avenue, Glenview, IL, 60025			
Licensed	AZ,AR,CO,ID,IL,IN,IA,KS,KY,LA,MN,MO,NE,NV,NM,NC,ND,OH,OK,SC,SD,TN,TX,UT,WV,WY			
UNITED OF OMAHA LIFE INS CO		NE	402-342-7600	B
Address	Mutual of Omaha Plaza, Omaha, NE, 68175			
Licensed	All states except NY			
UNITED WORLD LIFE INS CO		NE	402-342-7600	B+
Address	Mutual of Omaha Plaza, Omaha, NE, 68175			
Licensed	All states except CT,NY,PR			
UNITY HEALTH PLANS INS CORP		WI	608-643-2491	C
Address	840 Carolina Street, Sauk City, WI, 53583			
Licensed	WI			
UNIVERSAL FIDELITY LIFE INS CO		OK	800-366-8354	D
Address	13931 Quail Pointe Drive, Oklahoma City, OK, 73134			
Licensed	AZ,AR,MS,NE,NM,OK,TX			
USAA LIFE INS CO		TX	210-498-1411	A
Address	9800 Fredericksburg Rd, San Antonio, TX, 78288			
Licensed	All states except NY,PR			
USABLE MUTUAL INS CO		AR	501-378-2000	A
Address	601 S Gaines, Little Rock, AR, 72201			
Licensed	AR,TX			
VERMONT HEALTH PLAN LLC		VT	802-223-6131	C+
Address	445 Industrial Lane, Berlin, VT, 5602			
Licensed	VT			
WELLMARK INC		IA	515-376-4500	B-
Address	1331 Grand Ave, Des Moines, IA, 50309			
Licensed	IA,SD			

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Company		Domicile State	Phone	Safety Rating
WELLMARK OF SOUTH DAKOTA INC		SD	605-373-7200	B+
Address	1601 West Madison St, Sioux Falls, SD, 57104			
Licensed	SD			
WESTERN CATHOLIC UNION		IL		U
Address	510 Maine St, Quincy, IL, 62301			
Licensed	No States			
WESTERN UNITED LIFE ASR CO		WA	800-247-2045	B-
Address	929 West Sprague Ave, Spokane, WA, 99201			
Licensed	All states except CA,MN,NY,PR			
WISCONSIN PHYSICIANS SERVICE INS		WI	608-977-5000	C
Address	1717 West Brdway, Madison, WI, 53713			
Licensed	IL,IN,MI,OH,WI			
WMI MUTUAL INS CO		UT	801-263-8000	C
Address	4393 S Riverboat Rd #380, Taylorsville, UT, 84123			
Licensed	AZ,ID,MT,NV,NM,UT,WA			

Appendix

Reference Organizations

Agencies on aging

National Association of Area Agencies on Aging

1730 Rhode Island Ave, NW Suite 1200
Washington, DC 20036
202-872-0888
Email: info@n4a.org
www.n4a.org

National Council on the Aging

251 18th St South Suite 500
Arlington, VA 22202
571-527-3900
www.ncoa.org

Federal help available on the Internet

Centers for Medicare and Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850
877-267-2323 or 410-786-3000
www.cms.gov

Medicare

www.medicare.gov

Insurance Department

Department of Insurance

www.naic.org/state_web_map.htm

U.S. Department of Health and Human Services

205 Independence Ave SW,
Washington, DC 20201
887-696-6775
www.hhs.gov

Organizations Available to Counsel You

American Association of Homes and Services for the Aging

2519 Connecticut Ave, NW
Washington, DC 20008
202-783-2242
email: info@leadingage.org
www.leadingage.org

AARP

601 E. Street, N.W.
Washington, DC 20049
888-687-2277
<http://www.aarp.org>

American Health Care Association

1201 L Street, N.W.
Washington, DC 20005
202-842-4444
email: help@ltctrendtracker.com
www.ahcancal.org

America's Health Insurance Plans

601 Pennsylvania Ave, NW
South Building, Suite 500
Washington, DC 20004-2601
202-778-3200
email: ahip@ahip.org
www.ahip.org

Medicare Rights Center

266 West 37th Street 3rd Floor
New York, NY 10018
800-333-4114
212-869-3850
www.medicarerights.org

National Adult Day Services Association

11350 Random Hills Rd, Suite 800
Fairfax, VA 22030
Email: info@nadsa.org/memberservices@nadsa.org
877-745-1440
www.nadsa.org

National Association for Home Care & Hospice

228 Seventh Street, S.E.
Washington, DC 20003
202-547-7424
www.nahc.org

Aging Life Care Association

3275 West Ina Road Suite 130
Tucson, AZ 85741
520-881-8008
www.aginglifecare.org

National Consumers League

1701 K Street, N.W. #1200
Washington, DC 20006
202-835-3323
Email: info@nclnet.org
www.nclnet.org

National Hospice and Palliative Care Organization

1731 King Street
Suite 100
Alexandria, VA 22314
703-837-1500
email: nhpco_info@nhpco.org www.nhpco.org

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