

Financial Ratings Series



Consumer Guide to Medicare Supplement Insurance

SPRING 2024



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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Spring 2024

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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 2024			
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 \$1,632	\$1,632
	61st to 90th day	All but \$408 a day	\$408 a day
	91st to 150th day*	All but \$816 a day	\$816 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 \$204 a day	Up to \$204 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.Â 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 2024			
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 2024 (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.	Â 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.Â In a hospital outpatient setting, you also pay the hospital a copayment.

Table 2			
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2024 (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 2024 (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 2024 (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 2024			
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 2024

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 2024			
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.
EYEGASSES (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 2024			
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 2022			
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 2024

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 2024			
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 2024
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: <ul style="list-style-type: none"> – 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, \$81.41 per month for basic coverage, and \$63.43 per month for enhanced coverage
	First \$545 in drug costs	Nothing	Up to \$545 (this is the deductible)
	Costs between \$545 and \$5,030	\$3,116	\$1,121.25 (25% for branded companies, 25% for generic)
	Next \$2,970 drug costs	Nothing	Until out of pocket spending, including drug company discount total \$8,000
	All additional drug costs	All but co-pay	Co-pay \$5.50 generic \$15.50 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 \$1,632 deductible for the first 60 days of a hospital stay. Plus, this \$1,632 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 \$240 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 2024, you would be responsible for paying a \$408 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 \$816 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. 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 2020 Plans C and F are to be discontinued and a high deductible version of Plan G will be introduced. Only if you were first eligible for Medicare prior to January 1, 2020 will you be able to enroll in Plans C or F. Plans D and G have the same coverage as Plans C and F respectively, less the Part D deductible that was normally provided at a substantial premium by insurers. Note, not all insurers will continue to offer these plans, even to those who are eligible. In Part II we provide you with a table that outlines what each of the 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.

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 government¹ 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 vary² 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 \$204 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

% = the plan covers the percentage of this benefit

Medigap Plans										
Medigap Benefits	A	B	C ¹	D	F ²	G ³	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 ⁴
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							\$7,060	\$3,530		

1. Plan C will be discontinued in 2020. Only if you were first eligible for Medicare prior to January 1, 2020 will you be able to enroll.
2. The high deductible version of Plan F is only available to those who are not new to Medicare before 1/1/2020. Effective January 1, 2022, the annual deductible amount for this plan is \$2,800.
3. High deductible G is available to individuals who are new to Medicare on or after 1/1/2020. Effective January 1, 2022, the annual deductible amount for this plan is \$2,800.
4. 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.
5. 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.

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 \$7,050. 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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan A pays the \$816 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 \$240 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 2023 nationwide collection of insurance premiums.

Plan A

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,884	\$127	\$23,572	\$1,660
70	\$2,062	\$157	\$26,819	\$1,836
75	\$2,384	\$186	\$28,920	\$2,121
80	\$2,727	\$1,078	\$34,025	\$2,432
85	\$3,075	\$1,123	\$37,065	\$2,790
90	\$3,374	\$1,123	\$39,342	\$3,088
95	\$3,622	\$1,123	\$39,342	\$3,344

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,086	\$127	\$25,109	\$1,845
70	\$2,283	\$157	\$28,566	\$2,035
75	\$2,645	\$186	\$30,805	\$2,355
80	\$3,032	\$1,167	\$36,515	\$2,719
85	\$3,426	\$1,217	\$41,313	\$3,121
90	\$3,762	\$1,217	\$43,852	\$3,474
95	\$4,041	\$1,217	\$43,852	\$3,768

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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan B pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period).

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 2023 nationwide collection of insurance premiums.

Plan B

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,249	\$157	\$14,858	\$1,989
70	\$2,511	\$219	\$14,858	\$2,291
75	\$2,863	\$260	\$16,599	\$2,700
80	\$3,161	\$1,693	\$19,234	\$2,960
85	\$3,422	\$1,891	\$22,292	\$3,194
90	\$3,616	\$1,891	\$25,846	\$3,406
95	\$3,783	\$1,891	\$29,945	\$3,640

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,481	\$177	\$15,054	\$2,184
70	\$2,770	\$219	\$16,469	\$2,518
75	\$3,171	\$260	\$19,080	\$2,941
80	\$3,511	\$1,891	\$22,121	\$3,272
85	\$3,810	\$1,891	\$25,651	\$3,540
90	\$4,030	\$1,891	\$29,709	\$3,827
95	\$4,219	\$1,891	\$34,442	\$4,062

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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan C pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$204 per day)
- Your Medicare Part B deductible (\$240 per calendar year)
- 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 2023 nationwide collection of insurance premiums.

Plan C

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,863	\$214	\$9,227	\$2,544
70	\$3,259	\$264	\$9,861	\$3,080
75	\$3,734	\$314	\$11,427	\$3,608
80	\$4,123	\$1,980	\$12,986	\$3,973
85	\$4,428	\$1,980	\$14,336	\$4,186
90	\$4,569	\$1,980	\$14,336	\$4,327
95	\$4,656	\$1,980	\$14,336	\$4,391

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$3,123	\$214	\$10,405	\$2,772
70	\$3,571	\$264	\$10,405	\$3,313
75	\$4,112	\$314	\$12,373	\$3,918
80	\$4,556	\$2,075	\$14,618	\$4,355
85	\$4,900	\$2,075	\$16,942	\$4,578
90	\$5,058	\$2,075	\$16,942	\$4,754
95	\$5,155	\$2,075	\$16,942	\$4,846

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 \$480 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan D pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$204 per day)
- 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 2023 nationwide collection of insurance premiums.

Plan D

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,188	\$1,164	\$9,800	\$1,960
70	\$2,553	\$1,341	\$11,579	\$2,330
75	\$2,966	\$1,555	\$13,418	\$2,767
80	\$3,352	\$1,787	\$15,250	\$3,179
85	\$3,678	\$1,861	\$16,835	\$3,518
90	\$3,882	\$1,861	\$16,835	\$3,737
95	\$4,059	\$1,861	\$16,835	\$3,894

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,391	\$623	\$9,825	\$2,137
70	\$2,823	\$1,482	\$11,947	\$2,560
75	\$3,304	\$1,741	\$14,530	\$3,076
80	\$3,749	\$1,861	\$17,167	\$3,540
85	\$4,121	\$1,861	\$19,898	\$3,935
90	\$4,353	\$1,861	\$19,898	\$4,220
95	\$4,553	\$1,861	\$19,898	\$4,370

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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan F pays the \$816 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 \$240 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 \$2,800 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$204 per day)
- 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 (\$240)
- 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 2023 nationwide collection of insurance premiums.

Plan F

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,444	\$198	\$13,216	\$2,218
70	\$2,694	\$265	\$14,514	\$2,480
75	\$3,125	\$315	\$17,243	\$2,930
80	\$3,586	\$1,844	\$20,488	\$3,362
85	\$4,057	\$1,844	\$24,336	\$3,818
90	\$4,478	\$1,844	\$28,911	\$4,245
95	\$4,847	\$1,844	\$34,330	\$4,639

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,700	\$214	\$15,186	\$2,434
70	\$2,977	\$265	\$16,680	\$2,724
75	\$3,461	\$315	\$19,816	\$3,209
80	\$3,979	\$1,844	\$23,538	\$3,702
85	\$4,507	\$1,844	\$27,957	\$4,229
90	\$4,982	\$1,844	\$33,212	\$4,744
95	\$5,398	\$1,844	\$39,452	\$5,215

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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan F-High Deductible pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$204 per day)
- 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 (\$240)
- 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 \$2,800. These expenses include the Medicare deductibles for Part A & Part B, but do not include the plan’s separate foreign travel emergency deductible. The high deductible version of Plan

F is only available to those who are not new to Medicare before 1/1/2020.

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 2023 nationwide collection of insurance premiums.

Plan F with High Deductible

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$670	\$252	\$1,919	\$615
70	\$757	\$331	\$2,162	\$692
75	\$887	\$417	\$2,476	\$809
80	\$1,022	\$469	\$2,715	\$942
85	\$1,158	\$469	\$3,178	\$1,095
90	\$1,274	\$469	\$3,908	\$1,241
95	\$1,363	\$469	\$3,908	\$1,352

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$733	\$78	\$2,063	\$681
70	\$831	\$381	\$2,324	\$766
75	\$976	\$474	\$2,662	\$897
80	\$1,128	\$474	\$2,919	\$1,046
85	\$1,281	\$474	\$3,416	\$1,217
90	\$1,410	\$474	\$4,201	\$1,379
95	\$1,510	\$474	\$4,201	\$1,505

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 \$408 per day for each benefit period

For each Medicare “hospital reserve day” you use, Plan G pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$204 per day)
- 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 2023 nationwide collection of insurance premiums.

Plan G

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,995	\$168	\$11,257	\$1,750
70	\$2,190	\$207	\$11,589	\$1,955
75	\$2,546	\$246	\$13,439	\$2,322
80	\$2,931	\$1,566	\$15,571	\$2,691
85	\$3,340	\$418	\$18,051	\$3,108
90	\$3,710	\$1,566	\$20,929	\$3,510
95	\$4,038	\$1,566	\$24,256	\$3,851

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$2,204	\$168	\$12,941	\$1,932
70	\$2,422	\$207	\$13,322	\$2,166
75	\$2,822	\$246	\$15,454	\$2,577
80	\$3,256	\$1,029	\$17,910	\$3,006
85	\$3,718	\$1,283	\$20,755	\$3,490
90	\$4,133	\$1,566	\$24,065	\$3,937
95	\$4,503	\$1,566	\$27,898	\$4,312

PLAN G with High Deductible

If you stay in the hospital for longer than 60 days, but less than 90 days, Plan G with high deductible covers Medicare Part A coinsurance amount of \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan G with high deductible pays the \$816 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 with High Deductible will cover 100% of Medicare Part A eligible hospital expenses.

If the need arises, Plan G with 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 \$240 annual Medicare Part B deductible is met, Plan G with high deductible will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount.

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

Additional Features

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

- Your \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$204 per day)
- 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).

Important Notice: You must meet a \$2,800 deductible of unpaid Medicare eligible expenses before benefits are paid by this plan. *High deductible G is available to individuals who are new to

Medicare on or after 1/1/2020.

If you feel that Plan GH 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 GH depending on age and gender. These rates are based on our 2023 nationwide collection of insurance premiums.

Plan G with High Deductible

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$602	\$103	\$3,414	\$566
70	\$665	\$316	\$3,720	\$614
75	\$782	\$380	\$4,311	\$721
80	\$916	\$463	\$4,998	\$853
85	\$1,059	\$469	\$5,800	\$998
90	\$1,202	\$469	\$6,718	\$1,163
95	\$1,332	\$469	\$7,786	\$1,305

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$667	\$65	\$3,924	\$630
70	\$736	\$348	\$4,277	\$684
75	\$866	\$418	\$4,957	\$802
80	\$1,017	\$474	\$5,753	\$955
85	\$1,178	\$474	\$6,671	\$1,122
90	\$1,338	\$474	\$7,725	\$1,310
95	\$1,485	\$474	\$8,956	\$1,460

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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan K pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- 50% of your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$204 per day)
- 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 \$7,060 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 2023 nationwide collection of insurance premiums.

Plan K

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,080	\$67	\$4,488	\$956
70	\$1,223	\$82	\$4,753	\$1,128
75	\$1,360	\$98	\$5,508	\$1,315
80	\$1,479	\$689	\$6,385	\$1,432
85	\$1,560	\$778	\$7,398	\$1,528
90	\$1,598	\$778	\$8,582	\$1,559
95	\$1,633	\$778	\$9,942	\$1,589

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,192	\$67	\$5,154	\$1,041
70	\$1,356	\$82	\$5,460	\$1,250
75	\$1,518	\$98	\$6,338	\$1,459
80	\$1,658	\$777	\$7,344	\$1,604
85	\$1,743	\$778	\$8,507	\$1,696
90	\$1,786	\$778	\$9,867	\$1,746
95	\$1,826	\$778	\$11,438	\$1,791

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 \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan L pays the \$816 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 \$240 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 \$1,632 Medicare Part A in-patient hospital deductible (per benefit period)
- 75% of your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$204 per day)
- 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 \$3,530 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 2023 nationwide collection of insurance premiums.

Plan L

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,672	\$118	\$5,651	\$1,433
70	\$1,890	\$146	\$5,984	\$1,761
75	\$2,111	\$173	\$6,943	\$2,088
80	\$2,286	\$956	\$8,044	\$2,261
85	\$2,398	\$980	\$9,323	\$2,340
90	\$2,430	\$980	\$10,805	\$2,340
95	\$2,462	\$980	\$12,526	\$2,359

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,833	\$118	\$6,494	\$1,568
70	\$2,081	\$146	\$6,882	\$1,913
75	\$2,340	\$173	\$7,983	\$2,321
80	\$2,543	\$980	\$9,248	\$2,520
85	\$2,674	\$980	\$10,717	\$2,609
90	\$2,712	\$980	\$12,430	\$2,612
95	\$2,748	\$980	\$14,409	\$2,623

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, \$480 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan M pays the Medicare Part A coinsurance amount, \$816 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 \$240 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 (\$1,632 per benefit period)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$204 per day)
- 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 2023 nationwide collection of insurance premiums.

Plan M

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,781	\$794	\$6,806	\$1,603
70	\$2,064	\$845	\$7,743	\$1,986
75	\$2,402	\$1,028	\$8,350	\$2,387
80	\$2,747	\$1,215	\$9,823	\$2,787
85	\$3,067	\$1,245	\$10,701	\$3,096
90	\$3,239	\$1,245	\$11,359	\$3,114
95	\$3,292	\$1,245	\$11,359	\$3,158

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,945	\$898	\$7,249	\$1,744
70	\$2,271	\$955	\$8,248	\$2,206
75	\$2,670	\$1,162	\$8,894	\$2,673
80	\$3,066	\$1,245	\$10,542	\$3,154
85	\$3,430	\$1,245	\$11,928	\$3,491
90	\$3,624	\$1,245	\$12,661	\$3,524
95	\$3,684	\$1,245	\$12,661	\$3,553

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, \$408 per day for each benefit period.

For each Medicare “hospital reserve day” you use, Plan N pays the Medicare Part A coinsurance amount, \$816 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 \$240 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 (\$1,632 per benefit period)
- 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 (\$204 per day)
- 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 2023 nationwide collection of insurance premiums.

Plan N

Female

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,547	\$142	\$7,668	\$1,328
70	\$1,720	\$175	\$7,668	\$1,502
75	\$2,016	\$209	\$8,786	\$1,811
80	\$2,318	\$1,208	\$10,184	\$2,125
85	\$2,633	\$1,208	\$11,800	\$2,449
90	\$2,919	\$1,208	\$13,687	\$2,752
95	\$3,170	\$1,208	\$15,863	\$3,010

Male

Age	Average Premium	Lowest Premium	Highest Premium	Median Premium
65	\$1,710	\$142	\$8,647	\$1,472
70	\$1,904	\$175	\$8,713	\$1,667
75	\$2,237	\$209	\$10,105	\$2,008
80	\$2,577	\$1,208	\$11,701	\$2,363
85	\$2,932	\$1,208	\$13,561	\$2,744
90	\$3,254	\$1,208	\$15,738	\$3,085
95	\$3,538	\$1,208	\$18,238	\$3,385

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
ACCENDO INS CO Address 3148 West 3500 South, West Valley City, UT, 84119 Licensed	UT	615-807-7500	C
ACE P&C INS CO Address 436 Walnut Street, Philadelphia, PA, 19106 Licensed All states, the District of Columbia and Puerto Rico	PA	215-640-5259	C
AETNA HEALTH & LIFE INS CO Address 151 Farmington Avenue, Hartford, CT, 06156 Licensed	CT	800-872-3862	U
AETNA HEALTH INS CO Address 1425 Union Meeting Road, Blue Bell, PA, 19422 Licensed	PA	800-872-3862	C
AETNA LIFE INS CO Address 151 Farmington Ave, Hartford, CT, 06156 Licensed All states, the District of Columbia and Puerto Rico	CT		B
ALLCARE HEALTH PLAN INC Address 1701 Northeast Seventh Street, Grants Pass, OR, 97526 Licensed	OR	541-471-4106	D
ALLIANCE HEALTH & LIFE INS CO Address 2850 West Grand Boulevard, Detroit, MI, 48202 Licensed	MI	888-999-4347	C-
AMERICAN BENEFIT LIFE INS CO Address 1605 Lbj Freeway Suite 710, Dallas, TX, 75234 Licensed All states except CT,NY,WA,WY,PR	OK	469-522-4400	B
AMERICAN CONTINENTAL INS CO Address 800 Crescent Centre Dr Ste 200, Franklin, TN, 37064 Licensed All states except AK,CA,CT,DC,DE,HI,ID,ME,MD,MA,NH,NJ,NY,OR,RI,VT,WA,PR	TN	800-264-4000	A
AMERICAN FINANCIAL SECURITY L I C Address 120 South Central Ave Ste 400, Clayton, MO, 63105 Licensed All states except AK,CA,DC,FL,ID,IA,LA,MA,MI,NH,NJ,NY,SC,TN,VT,WA,WV,WY,PR	MO	561-756-8130	D

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

Company	Domicile State	Phone	Safety Rating
AMERICAN HERITAGE LIFE INS CO Address 1776 American Heritage Life Dr, Jacksonville, FL, 32224 Licensed All states except NY	FL	904-992-1776	C+
AMERICAN HOME LIFE INS CO Address 400 S Kansas Avenue, Topeka, KS, 66603 Licensed All states except AK,CA,CT,DC,DE,HI,KY,ME,MA,NH,NJ,NY,OR,RI,VT,WA,PR	KS	785-235-6276	C-
AMERICAN REPUBLIC CORP INS CO Address Po Box 2780, Omaha, NE, 68103 Licensed All states except AK,CA,CT,FL,HI,ID,ME,MA,MI,NH,NJ,NY,RI,VT,WA,PR	IA		C
AMERICAN REPUBLIC INS CO Address 601 Sixth Avenue, Des Moines, IA, 50301 Licensed All states except NY,PR	IA		B-
AMERIGROUP INS CO Address 5800 Northampton Boulevard, Norfolk, VA, 23502 Licensed	TX	800-331-1476	B
AMERIHEALTH INS CO OF NJ Address 259 Prospect Plains Road, Cranbury, NJ, 08512 Licensed	NJ	609-662-2400	U
ANTHEM HEALTH PLANS INC Address 108 Leigus Road, Wallingford, CT, 06492 Licensed	CT	203-677-4000	B
ANTHEM HEALTH PLANS OF KY INC Address 13550 Triton Park Boulevard, Louisville, KY, 40223 Licensed	KY	888-641-5224	B+
ANTHEM HEALTH PLANS OF NH INC Address 1155 Elm Street, Manchester, NH, 03101 Licensed	NH	603-541-2000	B
ANTHEM HEALTH PLANS OF VA INC Address 2015 Staples Mill Road, Richmond, VA, 23230 Licensed	VA	804-354-7000	B-

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Company	Domicile State	Phone	Safety Rating
ANTHEM HLTH PLANS OF MAINE INC Address Two Gannett Drive, South Portland, ME, 04106 Licensed	ME	866-583-6182	B
ANTHEM INS COMPANIES INC Address 220 Virginia Avenue, Indianapolis, IN, 46204 Licensed	IN	317-432-6988	B-
ASSURED LIFE ASSN Address 6030 Greenwood Plaza Blvd #100, Centennial, CO, 80111 Licensed All states except AK,CT,DC,ME,MA,MN,NH,NY,VT,PR	CO	303-792-9777	D+
ASURIS NORTHWEST HEALTH Address 1621 Sw 1st Avenue, Portland, OR, 97201 Licensed	WA	503-721-7189	B+
ATLANTIC CAP LIFE ASSR CO Address 4370 Peachtree Road NE, Atlanta, GA, 30319 Licensed GA	GA		U
AULTCARE INS CO Address 2600 Sixth Street, Sw, Canton, OH, 44710 Licensed	OH	330-363-4057	C
AVALON INS CO Address 2500 Elmerton Avenue, Harrisburg, PA, 17177 Licensed	PA	717-541-7000	D+
AVERA HEALTH PLANS INC Address 5300 South Broadband Lane, Sioux Falls, SD, 57108 Licensed	SD	605-322-4500	E+
BANKERS CONSECO LIFE INS CO Address 350 Jericho Turnpike Suite 304, Jericho, NY, 11753 Licensed NY	NY	317-817-6100	D
BANKERS FIDELITY ASR CO Address 4370 Peachtree Rd NE, Atlanta, GA, 30319 Licensed All states except AK,CA,CT,ID,ME,MA,MN,NH,NJ,NY,OR,RI,VT,WA,WI,PR	GA	800-241-1439	C

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Company	Domicile State	Phone	Safety Rating
BANKERS FIDELITY LIFE INS CO Address 4370 Peachtree Road NE, Atlanta, GA, 30319 Licensed All states except CA,CT,NY,VT,PR	GA	800-241-1439	C
BANKERS RESERVE LIFE INS CO Address Po Box 16895, Clearwater, FL, 33766 Licensed All states except AK,CA,CT,HI,MA,MN,NY,VT,PR	MO	833-441-1564	B
BC&BS OF FLORIDA INC Address 4800 Deerwood Campus Parkway, Jacksonville, FL, 32246 Licensed	FL	904-791-6111	B
BC&BS OF KANSAS CITY Address 2301 Main Street, Kansas City, MO, 64108 Licensed	MO	816-395-2222	C
BC&BS OF MA HMO BLUE INC Address 101 Huntington Avenue, Boston, MA, 02199 Licensed	MA	617-246-5791	B+
BC&BS OF MASSACHUSETTS INC Address 101 Huntington Avenue, Boston, MA, 02199 Licensed	MA	617-246-5791	C+
BC&BS OF MS A MUTUAL INS CO Address 3545 Lakeland Drive, Flowood, MS, 39232 Licensed	MS	601-664-4590	A
BCBSM INC Address 3400 Yankee Drive, Eagan, MN, 55121 Licensed	MN	651-662-8000	C
BLUE CARE NETWORK OF MICHIGAN Address 20500 Civic Center Drive, Southfield, MI, 48076 Licensed	MI	248-799-6400	B+
BLUE CROSS & BLUE SHIELD OF AL Address 450 Riverchase Parkway East, Birmingham, AL, 35244 Licensed	AL	205-220-2100	A-

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Company	Domicile State	Phone	Safety Rating
BLUE CROSS & BLUE SHIELD OF NC Address 4613 University Drive, Durham, NC, 27707 Licensed	NC	919-489-7431	B+
BLUE CROSS & BLUE SHIELD OF RI Address 500 Exchange Street, Providence, RI, 02903 Licensed	RI	401-459-2183	B
BLUE CROSS & BLUE SHIELD OF SC Address 2501 Faraway Drive, Columbia, SC, 29219 Licensed	SC	803-788-3860	B
BLUE CROSS & BLUE SHIELD OF VT Address 445 Industrial Lane, Berlin, VT, 05602 Licensed	VT	802-223-6131	B-
BLUE CROSS BLUE SHIELD HLTHCR Address 220 Virginia Avenue, Indianapolis, IN, 46204 Licensed	GA	317-488-6000	B
BLUE CROSS BLUE SHIELD NE INC Address 1919 Aksarben Drive, Omaha, NE, 68180 Licensed	NE	402-819-4242	B
BLUE CROSS BLUE SHIELD OF AZ Address 8220 N. 23rd Avenue, Phoenix, AZ, 85021 Licensed	AZ	602-864-4100	A+
BLUE CROSS BLUE SHIELD OF GEORGIA Address 3550 Peachtree Road Ne., Atlanta, GA, 30326 Licensed GA	GA		B-
BLUE CROSS BLUE SHIELD OF MI Address 600 East Lafayette Boulevard, Detroit, MI, 48226 Licensed	MI	313-225-9000	B
BLUE CROSS BLUE SHIELD OF ND Address 4510 13th Avenue South, Fargo, ND, 58121 Licensed	ND	701-282-1149	B

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Company	Domicile State	Phone	Safety Rating
BLUE CROSS BLUE SHIELD OF WI Address N17 W24222 Riverwood Drive, Waukesha, WI, 53188 Licensed	WI	262-523-4020	B-
BLUE CROSS BLUE SHIELD OF WY Address 4000 House Avenue, Cheyenne, WY, 82001 Licensed	WY	307-432-2835	B-
BLUE CROSS OF CALIFORNIA Address Po Box 9074, Oxnard, CA, 93731 Licensed	CA		A+
BLUE CROSS OF ID CARE PLUS INC Address 3000 East Pine Avenue, Meridian, ID, 83642 Licensed	ID	208-345-4550	B+
BLUE CROSS OF IDAHO HEALTH SVC Address 3000 East Pine Avenue, Meridian, ID, 83642 Licensed	ID	208-345-4550	B+
BLUECROSS BLUESHIELD KANSAS Address 1133 Sw Topeka Blvd, Topeka, KS, 66629 Licensed	KS	866-710-6641	C+
BLUECROSS BLUESHIELD OF TN INC Address One Cameron Hill Circle, Chattanooga, TN, 37402 Licensed	TN	423-535-3865	B+
BRIDGESPAN HEALTH CO Address 1621 Sw 1st Avenue, Portland, OR, 97201 Licensed	UT	503-721-7189	B
CALIFORNIA PHYSICIANS SERVICE Address Medicare Plans Regional Sales, Woodland Hills, CA, 91367 Licensed CA	CA		A+
CAPITAL ADVANTAGE INS CO Address 2500 Elmerton Avenue, Harrisburg, PA, 17177 Licensed	PA	717-541-7000	C-

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Company	Domicile State	Phone	Safety Rating
CAPITAL BLUE CROSS INC Address 2500 Elmerton Avenue, Harrisburg, PA, 17177 Licensed	PA	717-541-7000	C+
CAPITOL LIFE INS CO Address 1605 Lbj Freeway Suite 710, Dallas, TX, 75234 Licensed All states except NY,PR	TX	469-522-4400	B-
CAREFIRST OF MARYLAND INC Address 10455 Mill Run Circle, Owings Mills, MD, 21117 Licensed	MD	410-581-3000	B+
CATHOLIC UNITED FINANCIAL Address 3499 Lexington Ave N, Arden Hills, MN, 55126 Licensed	MN	651-490-0170	D
CDPHP UNIVERSAL BENEFITS INC Address 500 Patroon Creek Boulevard, Albany, NY, 12206 Licensed	NY	518-641-3000	C+
CELTIC INS CO Address 200 East Randolph Street, Chicago, IL, 60601 Licensed	IL	800-714-4658	B
CHA HMO INC Address Po Box 14168, Lexington, KY, 40512 Licensed	KY	888-310-8482	B
CIGNA HEALTH & LIFE INS CO Address 900 Cottage Grove Road, Bloomfield, CT, 6002 Licensed All states, the District of Columbia and Puerto Rico	CT	860-226-6000	C+
CIGNA INSURANCE CO Address Po Box 5700, Scranton, PA, 18505 Licensed AL,AZ,CA,CO,DC,DE,GA,ID,IL,IN,KS,KY,LA,MO,MT,NE,NV,ND,OH,OK,OR,PA,SD,TN,TX,UT,WV	OH	866-459-4272	U
CIGNA NATIONAL HEALTH INS CO Address 1300 East Ninth Street, Cleveland, OH, 44114 Licensed All states except AK,CA,DC,FL,HI,ID,ME,MN,NH,NY,RI,VT,WA,PR	OH	512-451-2224	C-

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Company	Domicile State	Phone	Safety Rating
COMMUNITY INS CO (OH) Address 4361 Irwin Simpson Road, Mason, OH, 45040 Licensed	OH	513-872-8100	B-
COMMUNITYCARE L&H INS CO Address Two West Second Street, Tulsa, OK, 74103 Licensed	OK	918-594-5295	D+
COMPBENEFITS INS CO Address 500 West Main Street, Louisville, KY, 40202 Licensed	TX	502-580-1000	B
COMPCARE HEALTH SVCS INS CORP Address N17 W24222 Riverwood Drive, Waukesha, WI, 53188 Licensed	WI	262-523-4020	B+
CONNECTICARE INS CO Address 55 Water Street, New York, NY, 10041 Licensed CT	CT		C-
CONTINENTAL LIFE INS CO OF BRENTWOOD Address 800 Crescent Centre Dr Ste 200, Franklin, TN, 37064 Licensed All states except AK,DC,HI,ME,NY,PR	TN	800-264-4000	B-
COUNTRY LIFE INS CO Address 1701 N Towanda Avenue, Bloomington, IL, 61701 Licensed All states except CA,DC,HI,NH,NJ,NY,VT,PR	IL	309-821-3000	A+
COVENTRY HEALTH & LIFE INS CO Address 15400 Calhoun Drive, Rockville, MD, 20855 Licensed	MO	800-843-7421	B-
DEAN HEALTH PLAN INC Address 1277 Deming Way, Madison, WI, 53717 Licensed	WI	608-836-1400	B
EDUCATORS HLTH PLANS LIFE ACCD Address 5101 S Commerce Dr, Murray, UT, 84107 Licensed	UT	801-262-7476	B

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Company	Domicile State	Phone	Safety Rating
EDUCATORS MUTUAL INS ASSN Address 5101 South Commerce Drive, Murray, UT, 84107 Licensed	UT	801-262-7476	B
ELIPS LIFE INS CO Address 116 West Water Street, Jefferson City, MO, 65109 Licensed All states except NY,PR	MO	847-273-1261	C
EMBLEMHEALTH PLAN INC Address 55 Water Street, New York, NY, 10041 Licensed	NY	646-447-5000	C-
EMPHEYSYS INS CO Address 500 West Main Street, Louisville, KY, 40202 Licensed	TX	502-580-1000	B
EMPIRE HEALTHCHOICE ASSR INC Address One Penn Plaza, New York, NY, 10119 Licensed	NY	212-563-5570	B-
ERIE FAMILY LIFE INS CO Address 100 Erie Insurance Place, Erie, PA, 16530 Licensed DC,IL,IN,KY,MD,MN,NC,OH,PA,TN,VA,WV,WI	PA	814-870-2000	C+
EVERENCE ASSN INC Address 1110 N Main St, Goshen, IN, 46528 Licensed AZ,CA,CO,DE,FL,GA,ID,IL,IN,IA,KS,MD,MI,MN,MT,NE,NC,OH,OK,OR,PA,SC,SD,TN,TX,VA,WA,WV	IN	574-533-9515	C+
EXCELLUS HEALTH PLAN INC Address 165 Court Street, Rochester, NY, 14647 Licensed	NY	585-399-6652	B-
FALLON HEALTH & LIFE ASSR CO Address 10 Chestnut Street, Worcester, MA, 01608 Licensed	MA	508-799-2100	B-
FEDERAL LIFE INS CO Address 3750 W Deerfield Road, Riverwoods, IL, 60015 Licensed All states except ME,MA,NY,VT,PR	IL	847-520-1900	D+

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Company	Domicile State	Phone	Safety Rating
FIRST CARE INC Address 10455 Mill Run Circle, Owings Mills, MD, 21117 Licensed	MD	410-581-3000	C+
FIRST HEALTH L&H INS CO Address 3200 Highland Avenue, Downers Grove, IL, 60515 Licensed	TX	630-737-7900	U
FIRST HEALTH LIFE & HEALTH INS CO Address , Downers Grove, IL, 60515 Licensed All states except PR	TX	630-737-7900	C+
GEISINGER INDEMNITY INS CO Address , , , Licensed PA,WV	PA		C
GLOBE LIFE & ACCIDENT INS CO Address 10306 Regency Parkway Drive, Omaha, NE, 68114 Licensed All states except NY,PR	NE	972-569-3744	C
GLOBE LIFE INSURANCE CO OF NY Address 1020 Seventh North St Ste 130, Liverpool, NY, 13212 Licensed NY	NY	315-451-2544	B
GOLDEN RULE INS CO Address 7440 Woodland Drive, Indianapolis, IN, 46278 Licensed	IN	317-290-8100	C+
GPM HEALTH & LIFE INS CO Address 1124 W Riverside Ave Ste 400, San Antonio, TX, 78217 Licensed All states except AK,AR,CT,DC,DE,LA,ME,MA,MN,NH,NJ,NY,RI,SD,VT,PR	WA	210-357-2222	B
GROUP HLTH COOP OF EAU CLAIRE Address 2503 North Hillcrest Parkway, Altoona, WI, 54720 Licensed	WI	715-552-4300	E+
GRP HLTH COOP OF SOUTH CENTRAL Address 1265 John Q Hammons Drive, Madison, WI, 53717 Licensed	WI	608-251-4156	C

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Company	Domicile State	Phone	Safety Rating
GRP HOSPITALIZATION & MED SVCS Address 10455 Mill Run Circle, Owings Mills, MD, 21117 Licensed	DC	410-581-3000	A-
GUARANTEE TRUST LIFE INS CO Address 1275 Milwaukee Avenue, Glenview, IL, 60025 Licensed All states except NY	IL	847-699-0600	B
HAWAII MEDICAL SERVICE ASSN Address 818 Keeaumoku Street, Honolulu, HI, 96814 Licensed	HI	808-983-7243	B
HCSC INS SERVICES CO Address Po Box 3388, Scranton, PA, 18505 Licensed All states except CT,HI,ME,NH,NJ,NY,VT,PR	IL		B-
HEALTH ALLIANCE MED PLANS INC Address 3310 Fields South Drive, Champaign, IL, 61822 Licensed	IL	800-851-3379	C+
HEALTH FIRST INS INC Address 6450 US Highway One, Rockledge, FL, 32955 Licensed	FL	321-434-5600	U
HEALTH NET HLTH PLAN OF OR INC Address Centene Plaza, Saint Louis, MO, 63105 Licensed	OR	314-724-4477	C
HEALTH NET LIFE INS CO Address 21281 Burbank Boulevard B3, Woodland Hills, CA, 91367 Licensed All states except MI,NY,PR	CA	314-725-4477	B
HEALTH TRADITION HLTH PLAN INC Address 33 Nob Hill Road, Madison, WI, 53713 Licensed	WI	800-279-4000	D+
HEALTHPARTNERS INC Address 8170 33rd Avenue, South, Bloomington, MN, 55425 Licensed	MN	952-883-6000	C

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Company	Domicile State	Phone	Safety Rating
HEALTHY ALLIANCE LIFE INS CO Address 1831 Chestnut Street, Saint Louis, MO, 63103 Licensed	MO	314-923-4444	B
HEARTLAND NATIONAL LIFE INS CO Address Po Box 2878, Salt Lake City, UT, 84110 Licensed All states except CA,CT,ID,ME,MA,MI,MN,NH,NJ,NY,RI,VT,WA,WI,PR	IN		C-
HIGHMARK BCBSD INC Address 800 Delaware Avenue, Wilmington, DE, 19801 Licensed	DE	302-421-3000	B+
HIGHMARK INC Address 120 Fifth Avenue, Pittsburgh, PA, 15222 Licensed	PA	412-544-7000	B+
HIGHMARK WEST VIRGINIA INC Address 614 Market Street, Parkersburg, WV, 26101 Licensed	WV	304-424-7700	B+
HIGHMARK WESTERN & NERN NY INC Address 257 West Genesee Street, Buffalo, NY, 14202 Licensed	NY	716-887-6900	B
HLTHCARE SVC CORP A MUTUAL Address 300 E. Randolph St., Chicago, IL, 60601 Licensed	IL	800-654-7385	B+
HMO MINNESOTA Address 3400 Yankee Drive, Eagan, MN, 55121 Licensed	MN	651-662-8000	B
HNE INS CO Address One Monarch Place, Springfield, MA, 01144 Licensed	MA	413-787-4000	C
HOMETOWN HEALTH PRVDRS INS CO Address 850 Harvard Way, Reno, NV, 89502 Licensed NV	NV		C

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Company	Domicile State	Phone	Safety Rating
HORIZON INS CO Address Three Penn Plaza, East, Newark, NJ, 07105 Licensed	NJ	973-466-5607	U
HPHC INS CO Address One Wellness Way, Canton, MA, 02021 Licensed	MA	617-972-9400	C+
HUMANA BENEFIT PLAN OF IL INC Address 500 West Main Street, Louisville, KY, 40202 Licensed	IL	502-580-1000	A
HUMANA HEALTH INS CO OF FL INC Address 500 West Main Street, Louisville, KY, 40202 Licensed	FL	305-626-5616	B
HUMANA HEALTH PLAN INC Address 500 West Main Street, Louisville, KY, 40202 Licensed	KY	502-580-1000	B
HUMANA HLTH BENEFIT PLAN OF LA Address One Galleria Boulevard, Metairie, LA, 70001 Licensed	LA	504-219-6600	A-
HUMANA INS CO (WI) Address 1100 Employers Boulevard, DE Pere, WI, 54115 Licensed	WI	920-336-1100	A-
HUMANA INS CO OF KENTUCKY Address 500 West Main Street, Louisville, KY, 40202 Licensed CA,CO,IN,IA,KY,MI,MS,OR,PA,TX,UT,WA,WI	KY	502-580-1000	B
HUMANA INS CO OF NY Address 500 West Main Street, Louisville, KY, 40202 Licensed	NY	800-201-3687	B
HUMANADENTAL INS CO Address 1100 Employers Boulevard, DE Pere, WI, 54115 Licensed	WI	920-336-1100	B

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

Company	Domicile State	Phone	Safety Rating
INDEPDCE HOSP INDEM PLAN INC Address 1901 Market Street, Philadelphia, PA, 19103 Licensed	PA	215-241-2400	C
INDEPENDENCE AMERICAN INS CO Address 1209 Orange Street, Wilmington, DE, 19801 Licensed All states except PR	DE	212-355-4141	B-
KAISER FNDTN HLTH PLAN WA OPTN Address 1300 Southwest 27th Street, Renton, WA, 98057 Licensed	WA	888-901-4636	C
KSKJ LIFE AMERICAN SLOVENIAN Address 2439 Glenwood Ave, Joliet, IL, 60435 Licensed AZ,AR,CA,CO,CT,DC,IL,IN,IA,KS,KY,MI,MN,MS,MT,OH,PA,TN,WI	IL	800-843-5755	D
LIFESHIELD NATIONAL INS CO Address 5701 N Shartel 1st Floor, Oklahoma City, OK, 73118 Licensed All states except AK,HI,ME,NH,NY,RI,VT,WI,PR	OK	405-236-2640	C
LOUISIANA HLTH SVC & INDEM CO Address 5525 Reitz Avenue, Baton Rouge, LA, 70809 Licensed	LA	225-295-3307	B
LOYAL AMERICAN LIFE INS CO Address 1300 East Ninth Street, Cleveland, OH, 44114 Licensed All states except NY,PR	OH	512-451-2224	B-
LUMICO LIFE INSURANCE CO Address 5025 N Central Ave Suite 546, Jefferson City, MO, 65109 Licensed All states except NY,PR	MO	877-794-7773	C
MAGNA INS CO Address 895 Park Avenue, Mandeville, LA, 70448 Licensed	MS	985-327-5502	C
MANHATTANLIFE INS & ANNUITY CO Address 425 W Capitol Ave Ste 1800, Houston, TX, 77092 Licensed All states except NY,PR	AR	713-529-0045	C+

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Company	Domicile State	Phone	Safety Rating
MANHATTANLIFE OF AMERICA INS CO (PREFERRED) Address Po Box 925568, Houston, TX, 77292 Licensed	TX		
MCLAREN HEALTH PLAN COMMUNITY Address G-3245 Beecher Road, Flint, MI, 48532 Licensed	MI	888-327-0671	B
MED HLTH INSURING CORP OF OH Address 2060 East Ninth Street, Cleveland, OH, 44115 Licensed	OH	216-687-7000	B-
MEDICA HEALTH PLANS Address 401 Carlson Parkway, Minnetonka, MN, 55305 Licensed	MN	952-992-2900	B
MEDICA INS CO Address 401 Carlson Parkway, Minnetonka, MN, 55305 Licensed	MN	952-992-2900	B
MEDICAL MUTUAL OF OHIO Address 100 American Road, Cleveland, OH, 44144 Licensed	OH	216-687-7000	B+
MEDICO CORP LIFE INS CO Address 1010 North 102nd St Ste 201, Des Moines, IA, 50309 Licensed All states except CA,CT,MA,NH,NJ,NY,PR	NE	800-822-9993	B-
MEDICO INS CO Address 1010 North 102nd St Ste 201, Des Moines, IA, 50309 Licensed All states except CT,NJ,NY,PR	NE	800-228-6080	B-
MEDICO LIFE & HEALTH INS CO Address 601 6th Avenue, Des Moines, IA, 50309 Licensed AZ,AR,CO,ID,IL,IN,IA,KS,KY,MI,MN,MT,NE,NC,ND,OH,OK,OR,PA,SD,UT,WI,WY	IA	800-228-6080	C+
MEDISUN INC Address 2444 West Las Palmaritas Drive, Phoenix, AZ, 85021 Licensed	AZ	602-864-4100	D

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Company	Domicile State	Phone	Safety Rating
MEDMUTUAL LIFE INS CO 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	OH	216-687-7000	B
MEMBERS HEALTH INS CO Address 147 Bear Creek Pike, Columbia, TN, 38401 Licensed	AZ	931-560-0041	C
MERCYCARE HMO INC Address 580 North Washington Street, Janesville, WI, 53548 Licensed	WI	608-752-3431	C
MERCYCARE INS CO Address 3430 Palmer Dr, Janesville, WI, 53547 Licensed IL,WI	WI		C-
MISSOURI VALLEY L&H INS CO Address 2301 Main Street, Kansas City, MO, 64108 Licensed KS,MO	MO	800-867-9014	C-
MODA HEALTH PLAN INC Address 601 S.W. Second Ave, Portland, OR, 97204 Licensed	OR	503-228-6554	D
MONITOR LIFE INS CO OF NEW YORK Address 502 Court Street Suite 242, New York, NY, 10038 Licensed All states except MN,PR	NY	973-490-6600	C
MONTANA HEALTH COOPERATIVE Address 810 Hialeah Court, Helena, MT, 59601 Licensed	MT	406-447-9510	B-
MUTUAL OF OMAHA INS CO Address Mutual of Omaha Plaza, Omaha, NE, 68175 Licensed All states, the District of Columbia and Puerto Rico	NE		B
NASSAU LIFE INS CO OF KS Address 10851 Mastin Blvd Ste 1000, Overland Park, KS, 66210 Licensed All states except AK,CT,DC,HI,ME,NH,NJ,NY,RI,VT,WV,PR	KS	860-403-5000	D

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Company	Domicile State	Phone	Safety Rating
NATIONAL HEALTH INS CO Address 4455 Lbj Freeway Suite 375, Dallas, TX, 75244 Licensed All states except NY,PR	TX	888-781-0580	A-
NEW ERA LIFE INS CO Address Po. Box 79326, Houston, TX, 77279 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	TX		B-
NEW ERA LIFE INS CO OF THE MIDWEST 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,W	TX	281-368-7159	C+
NEW WEST HEALTH SERVICES Address Po Box 548, Kalispell, MT, 59903 Licensed MT	MT		E-
OLD SURETY LIFE INS CO Address 5201 North Lincol Blvd, Oklahoma City, OK, 73105 Licensed AL,AR,CO,GA,KS,MS,MO,MT,NE,NM,NC,OK,SC,TX	OK	405-523-2112	C
OMAHA INS CO Address Mutual of Omaha Plaza, Omaha, NE, 68175 Licensed All states except FL,NH,NY,PR	NE	402-342-7600	B-
OMAHA SUPPLEMENTAL INS CO Address , Omaha, NE, 68175 Licensed	NE	402-342-7600	B-
PACIFICARE L&H INS CO Address 9800 Health Care Lane, Minnetonka, MN, 55343 Licensed	IN	612-383-4182	C+
PACIFICSOURCE HEALTH PLANS Address 555 International Way, Springfield, OR, 97477 Licensed	OR	541-686-1242	B-
PARAMOUNT INS CO (OH) Address 300 Madison Avenue, Toledo, OH, 43604 Licensed	OH	419-887-2500	B-

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

Company	Domicile State	Phone	Safety Rating
PEKIN LIFE INS CO Address 2505 Court Street, Pekin, IL, 61558 Licensed AL,AZ,AR,GA,IL,IN,IA,KS,KY,LA,MI,MN,MS,MO,NE,NV,NC,OH,PA,TN,TX,UT,VA,WI	IL	800-322-0160	B-
PHILADELPHIA AMERICAN LIFE INS CO Address 11720 Katy Freeway Suite 1700, Houston, TX, 77079 Licensed All states except NY,RI,PR	TX	281-368-7159	B
PHYSICIANS LIFE INS CO Address 2600 Dodge Street, Omaha, NE, 68131 Licensed All states except NY,PR	NE	402-633-1000	B+
PHYSICIANS SELECT INS CO Address 2600 Dodge Street, Omaha, NE, 68131 Licensed	NE		
PREMERA BLUE CROSS Address 7001 220th Street, Sw, Mountlake Terrace, WA, 98043 Licensed	WA	425-918-4000	C+
PRIORITY HEALTH Address 1231 East Beltline, NE, Grand Rapids, MI, 49525 Licensed	MI	616-464-8931	A
PRIORITY HEALTH INS CO Address 1231 E Beltline NE, Grand Rapids, MI, 49525 Licensed MI	MI		B
PROVIDENCE HEALTH ASSURANCE Address 3601 Southwest Murray Boulevard, Beaverton, OR, 97005 Licensed	OR	503-574-7500	U
QCC INS CO Address 1901 Market Street, Philadelphia, PA, 19103 Licensed	PA	215-241-2400	B
QUALCHOICE L&H INS CO Address Centene Plaza, Saint Louis, MO, 63105 Licensed	AR	314-725-4477	B

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

Company	Domicile State	Phone	Safety Rating
QUARTZ HEALTH INS CORP Address 2650 Novation Pkwy, Madison, WI, 53713 Licensed	WI	608-643-2491	C
QUARTZ HEALTH PLAN CORP Address 2650 Novation Pkwy, Fitchburg, WI, 53713 Licensed	WI	608-643-2491	B
QUARTZ HLTH BENEFIT PLANS CORP Address 2650 Novation Parkway, Madison, WI, 53713 Licensed	WI	608-643-2491	B
REGENCE BCBS OF OR Address 1621 Sw 1st Avenue, Portland, OR, 97201 Licensed	OR	503-721-7189	A-
REGENCE BCBS OF UT Address 1621 Sw 1st Avenue, Portland, OR, 97201 Licensed	UT	503-721-7189	A-
REGENCE BLUESHIELD Address 1621 Sw 1st Avenue, Portland, OR, 97201 Licensed	WA	503-721-7189	B
REGENCE BLUESHIELD OF ID INC Address 1621 Sw 1st Avenue, Portland, OR, 97201 Licensed	ID	503-721-7189	B+
RESOURCE LIFE INS CO Address 175 W Jackson Blvd, Chicago, IL, 60601 Licensed All states except MI,NJ,NM,NY,PR	IL	312-396-6000	U
ROCKY MTN HOSP & MED SVC INC Address 700 Broadway, Denver, CO, 80273 Licensed	CO	303-831-2131	B
RYDER HEALTH PLAN INC Address 353 Font Martelo Avenue, Humacao, PR, 00791 Licensed	PR	787-852-0846	C+

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

Company	Domicile State	Phone	Safety Rating
SANFORD HEALTH PLAN Address 300 Cherapa Place, Sioux Falls, SD, 57103 Licensed	SD	605-328-6868	C
SANFORD HEALTH PLAN OF MN Address 300 Cherapa Place, Sioux Falls, SD, 57109 Licensed	MN	605-328-6868	C-
SBLI USA MUT LIFE INS CO INC Address 100 West 33rd Street Ste 1007, New York, NY, 10119 Licensed All states except CA,CT,FL,ID,KS,LA,ME,MA	NY	212-356-0300	B-
SECURITY HEALTH PLAN OF WI INC Address 1515 North Saint Joseph Avenue, Marshfield, WI, 54449 Licensed	WI	715-221-9555	B
SIERRA H&L INS CO Address 2720 North Tenaya Way, Las Vegas, NV, 89128 Licensed	NV	702-242-7732	A+
SILVERSCRIPT INS CO Address 1021 Reams Fleming Boulevard, Franklin, TN, 37064 Licensed	TN	615-807-7500	C
SOUTHERN GUARANTY INS CO Address 13600 Icot Boulevard, Clearwater, FL, 33760 Licensed	WI	727-483-1114	U
SOUTHERN GUARANTY INS CO Address 13600 Icot Blvd Bldg A, Clearwater, FL, 33760 Licensed AL,AZ,AR,FL,GA,IL,IN,IA,KS,KY,LA,MD,MI,MS,NE,NV,NM,NC,OH,OK,OR,PA,SC,TN,TX,UT,WA,WI	WI	608-825-5160	C
STANDARD LIFE & CAS INS CO Address 420 E South Temple Suite 555, Salt Lake City, UT, 84124 Licensed All states except AK,CA,CT,DC,HI,IL,ME,MI,MN,NJ,NY,OR,RI,VA,WA,PR	UT	713-529-0045	B-
STATE FARM MUTUAL AUTOMOBILE INS CO Address One State Farm Plaza, Bloomington, IL, 61710 Licensed All states except PR	IL	309-766-2991	B

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Company	Domicile State	Phone	Safety Rating
SUMMA INS CO Address 1200 East Market Street, Akron, OH, 44305 Licensed	OH	330-996-8410	B
SUPREME COUNCIL OF THE ROYAL Address 61 Batterymarch Street, Boston, MA, 2110 Licensed	MA	617-426-4135	C-
TAKECARE INS CO Address 219 S Marine Corps Drive, Tamuning, GU, 96913 Licensed	GU	671-300-7143	E+
THE EPIC LIFE INSURANCE CO 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	WI	608-977-5000	C-
THP INS CO Address 1110 Main Street, Wheeling, WV, 26003 Licensed	WV	740-695-3585	C
TIER ONE INSURANCE CO Address 1833 South Morgan Road, Omaha, NE, 68114 Licensed All states except NY,PR	NE	706-243-8708	B
TRANSAMERICA FINANCIAL LIFE INS CO Address 440 Mamaroneck Avenue, Harrison, NY, 10528 Licensed All states except PR	NY	914-627-3630	B
TRANSAMERICA LIFE INS CO Address 4333 Edgewood Rd NE, Cedar Rapids, IA, 52499 Licensed All states except NY	IA	319-355-8511	B
TRANSAMERICA PREMIER LIFE INS CO Address , , , Licensed All states except NY	IA		C+
TRH HEALTH INS CO Address 147 Bear Creek Pike, Columbia, TN, 38401 Licensed	TN	931-560-0041	B-

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Company	Domicile State	Phone	Safety Rating
TRIPLE-S SALUD INC Address 1441 F.D. Roosevelt Avenue, San Juan, PR, 00920 Licensed	PR	787-749-4949	C+
TUFTS ASSOCIATED HEALTH MAINT ORG Address 705 Mount Auburn St, Watertown, MA, 02472 Licensed MA,RI	MA		B
TUFTS INS CO Address One Wellness Way, Canton, MA, 02021 Licensed	MA	617-972-9400	B
UCARE HEALTH INC Address 500 Stinson Boulevard, NE, Minneapolis, MN, 55413 Licensed	WI	612-676-6500	B-
UCARE MINNESOTA Address 500 Stinson Boulevard, NE, Minneapolis, MN, 55413 Licensed	MN	612-676-6500	B
UNIFIED LIFE INS CO Address Csc-Lawyers Inc Serv 211 E 7th, Dallas, TX, 75201 Licensed All states except NY,PR	TX	877-492-4678	C+
UNION SECURITY INS CO Address 2323 Grand Boulevard, Topeka, KS, 66614 Licensed All states except NY,PR	KS	651-361-4000	B-
UNITED AMERICAN INS CO Address 10306 Regency Parkway Dr, Omaha, NE, 68114 Licensed All states except NY,PR	NE	972-529-5085	B
UNITED HEALTHCARE INS CO Address 185 Asylum Street, Hartford, CT, 06103 Licensed All states except NY	CT	877-832-7734	C+
UNITED INS CO OF AMERICA Address One East Wacker Drive, Chicago, IL, 60601 Licensed All states except AK,NY,PR	IL	314-819-4300	C+

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Company	Domicile State	Phone	Safety Rating
UNITED OF OMAHA LIFE INS CO Address Mutual of Omaha Plaza, Omaha, NE, 68175 Licensed All states except NY	NE		B
UNITED WORLD LIFE INS CO Address Mutual of Omaha Plaza, Omaha, NE, 68175 Licensed All states except CT,NY,PR	NE	402-342-7600	B+
UNITEDHEALTHCARE INS CO OF AM Address 1600 McConnor Parkway, Schaumburg, IL, 60173 Licensed	IL	224-231-1451	C+
UNITEDHEALTHCARE INS CO OF NY Address 2950 Expressway Drive, South, Islandia, NY, 11749 Licensed	NY	877-832-7734	B+
UNITEDHEALTHCARE OF AL INC Address 22 Inverness Center Parkway, Birmingham, AL, 35242 Licensed	AL	205-437-8500	B-
UNITEDHEALTHCARE OF AZ INC Address 9800 Health Care Lane, Minnetonka, MN, 55343 Licensed	AZ	952-979-6171	C+
UNIVERSAL FIDELITY LIFE INS CO Address 13931 Quail Pointe Drive, Oklahoma City, OK, 73134 Licensed AZ,AR,MS,NE,NM,OK,TX	OK	800-366-8354	C-
US FIRE INS CO Address 1209 Orange Street, Wilmington, DE, 19801 Licensed All states, the District of Columbia and Puerto Rico	DE	973-490-6887	C
US HEALTH & LIFE INS CO Address 800 Tower Drive, Troy, MI, 48098 Licensed	MI	586-693-4300	C
USAA LIFE INS CO Address 9800 Fredericksburg Rd, San Antonio, TX, 78288 Licensed All states except NY,PR	TX	210-531-8722	B+

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Company	Domicile State	Phone	Safety Rating
USABLE MUTUAL INS CO Address 601 South Gaines Street, Little Rock, AR, 72201 Licensed	AR	501-378-2000	B+
UTMB HEALTH PLANS INC Address 301 University Boulevard, Galveston, TX, 77555 Licensed	TX	409-766-4000	C+
VERMONT HEALTH PLAN LLC Address 445 Industrial Lane, Berlin, VT, 05602 Licensed	VT	802-223-6131	C+
WASHINGTON NATIONAL INS CO Address 11825 North Pennsylvania Stree, Carmel, IN, 46032 Licensed All states except NY	IN	317-817-6100	D+
WELLMARK INC Address 1331 Grand Avenue, Des Moines, IA, 50309 Licensed	IA	515-376-4500	B-
WELLMARK OF SOUTH DAKOTA INC Address 1601 West Madison Street, Sioux Falls, SD, 57104 Licensed	SD	605-373-7200	B
WESTERN UNITED LIFE ASR CO Address 929 West Sprague Ave, Spokane, WA, 99201 Licensed All states except NY,PR	WA	713-529-0045	B-
WI PHYSICIANS SVC INS CORP Address 1717 West Broadway, Madison, WI, 53713 Licensed	WI	608-977-5000	C
WMI MUTUAL INS CO Address 4393 South Riverboat Road, Taylorsville, UT, 84123 Licensed	UT	801-263-8000	B-
WOODMEN OF THE WORLD LIFE INS Address 1700 Farnam Street, Omaha, NE, 68102 Licensed All states except PR	NE	402-342-1890	C+

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Company	Domicile State	Phone	Safety Rating
WPS HEALTH PLAN INC Address 1400 Lombardi Avenue, Green Bay, WI, 54304 Licensed	WI	920-490-6900	D+

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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