

WEISS RATINGS MEDIGAP REPORT

A Customized Guide to Help You
Choose the Best, and Most Affordable,
Medicare Supplement Insurance

Prepared for:

Jane Public

a 65-year-old Female in
North Canton, Ohio 44720

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Terms and Conditions, www.weissmedigap.com/terms-conditions

Introduction: Four Key Decisions to Make

First and foremost, we want to make one thing perfectly clear: We don't sell insurance — never have and never will. Nor do we get any fees from insurance agents or companies.

We earn our revenues strictly from the sale of information — not from the sale of financial products or investments. So we are 100% independent and 100% committed to helping you make critical decisions that are best for you and your family.

To get the best medical coverage with the least expense, we feel you need to make four key decisions:

Decision #1

Should I seek to get better health insurance coverage than Medicare alone can give me?

For nearly everyone, we feel the answer should be yes!

Why? Because there are gaps between what your doctor or hospital will charge you and what Medicare is authorized to pay you, or on your behalf. Moreover, often those gaps can be very big, potentially costing you a lot of money each year, or worse, preventing you from getting the medical care you need.

Decision #2

How should I cover that gap between my medical bills and what Medicare pays?

There are essentially two ways you can do it:

- A. **Medigap:** You can buy extra insurance that's designed to pay for a lot of what Medicare does not cover. That's called Medicare Supplement Insurance (Medigap). Or ...
- B. **Medicare Advantage:** You can sign over your Medicare coverage to a private company, like an HMO, and trust the company to hopefully do a good job of taking care of all your medical needs.

With Medigap, you pay more, but you retain your freedom of choice — so you can continue to select the doctors and medical facilities you feel are the best for you.

Medicare Advantage is usually cheaper, but you give up most of your freedom of choice. You have to seek care through their process, work strictly with their doctors, and be satisfied, hopefully, with the medical solutions they offer.

So, when boiled down to the bare bones, the big question is: *How much are you willing to pay for your freedom to choose?*

Naturally, we cannot answer that question for you. But the primary goal of this report is to help you have your cake and eat some of it too — to have both the freedom of choice and save as much money as possible. Our solution will still cost you money but, probably not nearly as much as it might have cost you without this report. In sum ...

The solution offered by this custom report is to help you find and select the best Medigap policy for you, with the strongest companies, for the least amount of money.

Decision #3

Which Medigap plan should I choose?

This is the next big decision — not only to get the coverage you feel you need, but also to avoid paying needlessly for coverage that you do not expect to need!

So this is the first key decision you must make in order to start saving money.

The key is this: There's a wide range of Medigap Plans you can choose in most states — all the way from the no-frills, basic **Plan A** ... to **Plan N**. Massachusetts, Minnesota and Wisconsin offer their own plans.

And unlike other kinds of insurance policies, the benefits of each are the same regardless of which company you decide to go with.

That's right. Medigap insurance is not like other kinds of health insurance, where you can customize your insurance policy, and your insurance contract is likely to be different in some way from nearly everyone else's.

The reason is that nearly all the Medigap plans in the U.S. are based on federal standards. So no matter which company you wind up buying from, the benefits of each policy will be virtually identical. For example, if you buy a Plan F from, say, Blue Cross Blue Shield, it should be exactly the same as the Plan F you buy from Vermont Health Plan.

That makes things a lot simpler than with other kinds of insurance policies; it makes it a lot easier to choose the Medigap plan that's best for you, and to shop around for the best deal, the focus of your next decision ...

Decision #4

Which insurance company should I buy my Medigap plan from?

Once you know which Medigap plan you want, then you can choose the best insurer for that plan. (It usually doesn't make much sense to shop first for the insurer. Reason: sometimes one insurer is cheaper with one plan, but more expensive on another, depending on what they're trying to promote.)

How This Report Helps You Make These Critical Decisions

Decision #1. Do you want better coverage than Medicare alone will give you? We assume your answer here is “yes.”

Decision #2. Do you want Medigap or Medicare Advantage? You don’t have to answer that question yet. But this report assumes that you will first give Medigap serious consideration. Then, after you have a better understanding of the costs and benefits of Medigap, you can always take a look at Medicare Advantage for a reality check.

Remember: We have no ax to grind. After all things considered, if you decide not to buy Medigap insurance, that’s fine.

Decision #3. Which Medigap plan is best for you? **Part I** of this report is dedicated to walking you through this critical decision, explaining the benefits of each plan — what’s covered and what’s not, in each.

Decision #4. Which insurance company should you get your Medigap policy from? **Part II** of this report gives you the valuable lists you need to make that decision. Rather than shopping around or making dozens of phone calls, you can see in black and white, the tables in this report show you exactly how much each insurance company will charge, based on your age, gender and zip code.

Part I: Answers to Your Questions About Medigap

What Does Medicare Cover?

Table 1			
MEDICARE (PART A): HOSPITAL INSURANCE-COVERED SERVICES FOR 2022			
Service	Benefit	Medicare Pays	You Pay
HOSPITAL CARE (IN PATIENT CARE)			
Semi-private rooms, meals, general nursing, and drugs as part of your inpatient treatment, and other hospital services and supplies. Limited to 90 days in a lifetime, inpatient psychiatric care in a freestanding psychiatric hospital.	First 60 days	All but \$1,556	\$1,556
	61st to 90th day	All but \$389 a day	\$389 a day
	91st to 150th day*	All but \$778 a day	\$778 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 \$185.50 a day	Up to \$185.50 a day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE			
Part-time or intermittent skilled care, home health services, physical and occupational therapy, durable medical equipment and supplies and other services.	For as long as you meet Medicare requirements for home health care benefits	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE			
Includes drugs for symptom control and pain relief, medical and support services from a Medicare-approved hospice, and other services not otherwise covered by Medicare. Hospice care is usually given in your home.	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
BLOOD			
When furnished by a hospital or a skilled nursing facility during a covered stay.	Unlimited during a benefit period if medically necessary	80% of the medicare-approved after the first 3 pints per calendar year	***100% of the first 3 pints then 20% of the approved cost of additional pints

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

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

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

Table 2			
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2022			
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 MEASUREMENT (BONE DENSITY)			
	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
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 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

Table 2			
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2022 (cont'd)			
Service	Benefit	Medicare Pays	You Pay
CERVICAL AND VAGINAL CANCER SCREENING			
	Once every 24 months. Every 12 months if you're at high risk for cervical or vaginal cancer or child-bearing age and had an abnormal Pap test in the past 36 months	100% if the doctor or provider accepts assignment	Nothing for services
COLORECTAL CANCER SCREENING			
Multi-target stool DNA test	Once every 3 years if you meet all conditions: between ages 50-85, show no symptoms of colorectal disease, at average risk for developing colorectal cancer	100% if the doctor or other qualified health care provider accepts assignment.	Nothing for services
Screening fecal occult blood test	Once every 12 months if you're 50 or older	100% if the doctor or other qualified health care provider accepts assignment.	Nothing for services
Screening flexible sigmoidoscopy	Once every 48 months if you're 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk.	100% if the doctor or other qualified health care provider accepts assignment.	Nothing for services
Screening colonoscopy	Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. There's no minimum age.	100% if the doctor or other qualified health care provider accepts assignment.	If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting.
Screening barium enema	Once every 48 months if you're 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy.	80% of the approved amount	You pay 20% for the doctor's services. In a hospital outpatient setting, you also pay the hospital a copayment.
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

Table 2			
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2022 (cont'd)			
Service	Benefit	Medicare Pays	You Pay
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
HEPATITIS 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: - 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
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

Table 2			
MEDICARE (PART B): PREVENTIVE SERVICES FOR 2022 (cont'd)			
Service	Benefit	Medicare Pays	You Pay
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	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 50th 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.
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 2022			
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 ground ambulance transportation when you need to be transported to a hospital, critical access hospital, or skilled nursing facility for medically necessary services.	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			
	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			
	Covers chemotherapy in a doctor's office, freestanding clinic, or hospital outpatient setting for people with cancer.	80% of approved amount	A copayment for chemotherapy in a hospital outpatient setting. Chemotherapy given in a doctor's office or freestanding clinic you pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Table 3			
MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2022 (cont'd)			
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 STUDIES			
	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 2022 (cont'd)			
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.	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 OR ECG (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. An EKG/ECG is also covered as a diagnostic test.
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.
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.

Table 3			
MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2022 (cont'd)			
Service	Benefit	Medicare Pays	You Pay
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 a copayment.
HOME HEALTH SERVICES			
	Covers medically necessary part-time or intermittent skilled nursing care, and/or physical therapy, speech-language pathology services, and/or services if you have a continuing need for occupation therapy.	100% for health 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, certain tests on tissue specimens, and some screening tests.	Generally 100% of approved amount	Nothing for services

Table 3			
MEDICARE (PART B): MEDICAL INSURANCE-COVERED SERVICES FOR 2022 (cont'd)			
Service	Benefit	Medicare Pays	You Pay
MENTAL HEALTH CARE (OUTPATIENT)			
	Covers mental health care services to help with conditions like depression or anxiety. Includes services generally provided in an outpatient setting (like a doctor's or other health care provider's office or hospital outpatient department).	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, 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 2022 (cont'd)			
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 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 2022 (cont'd)			
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 health care 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 the 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

Table 4 MEDICARE (PART D): PRESCRIPTION DRUG COVERAGE FOR 2022 Coverage is provided by private companies that have been approved by Medicare			
Service	Costs	Medicare Provider Pays	You Pay
Medicare-approved drug plans will cover generic and brand-name drugs. Most plans will have a formulary, which is a list of drugs covered by the plan. This list must always meet Medicare's requirements, including: - Inclusion of at least two drugs in every drug category - Access to retail pharmacies - For drugs not covered, a procedure must be in place to obtain, if medically necessary.	Premium	---	On average, \$43.02 per month for basic coverage, and \$49.58 per month for enhanced coverage
	First \$480 in drug costs	Nothing	Up to \$480 (this is the deductible)
	Costs between \$480 and \$4,430	\$2,963	\$987.50 (25% for branded companies, 25% for generic)
	Next \$2,620 drug costs	Nothing	Until out of pocket spending, including drug company discount total \$7,050
	All additional drug costs	All but co-pay	Co-pay \$3.95 generic \$9.85 all other drugs

In fact, Medicare was never designed to cover chronic conditions or prolonged medical treatments. It was originally for Americans 65 or older who needed little more than minor or short-term care. We can't list all the possible gaps, but here are the ones that affect almost everyone:

Gap #1: Deductibles and co-payments.

As you probably know, Medicare has two parts:

- Part A acts as hospital insurance and
- Part B acts as medical insurance

Typically, you are responsible for 20% of the expenses under both parts. Here are just a few examples...

- **In the hospital:** after the first 60 days, you'll have to pay \$389 per day. After 91 days, you'll pay \$778 per day, and beyond 150 days, you are responsible for all costs. Even in the first 60 days, you're responsible for the first \$1,556 in bills.
- **In a nursing facility:** After you've left the hospital, approved care in a skilled nursing facility will cost you \$194.50 per day, after 80 days and beyond you are responsible for all costs.
- **Skilled home health care:** Fortunately, this is usually covered, provided it's part-time or intermittent. But for durable medical equipment, you have to pay 20% of the cost.
- **Ambulance:** You pay 20% of the Medicare-approved amount.
- **Ambulatory surgical centers:** You pay 20% of the Medicare-approved amount. If it's a procedure Medicare doesn't cover in these kinds of centers, you pay 100%.

- **Other:** You pay 20% (or a standard copayment) for cardiac rehab, chemotherapy, chiropractic services, clinical research, defibrillators, diabetic supplies, doctor and other health care providers, durable medical equipment, EKG screening, emergency services, home health services, kidney dialysis services, lab work, and more.

For a complete listing, see our online report, **What Medicare Covers and Does NOT Cover.**
www.weissmedigap.com/information-center/what-does-medicare-cover

Gap #2: Shortfalls.

If your doctors accept Medicare assignment (getting paid directly by Medicare), they cannot charge more than Medicare allows. They have to stick with the national fee schedule for their services. Then, Medicare will generally pay 80% of *that* amount and you pay the balance. But if your doctors are *not* on Medicare assignment, then they can charge you a lot more, and guess who is responsible for paying the difference? You!

Gap #3: Services not covered.

There are still many services and expenses that are not covered at all, or at least not directly. Those can include many kinds of 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 Medigap can be so important.

Which Medigap Plan Should You Choose?

Remember, you can save money in two ways:

First, you can save money by strictly buying the coverage you're most likely to need — and *not* paying for benefits that you probably won't need. To help make this possible, Medigap gives you ten different choices, from the no-frills Plan A through Plan N. In this section, we will walk you through some helpful steps to make that choice easier for you.

Second, you can save money by finding the least expensive (but still reliable) carrier. Why? Because no matter which company you buy from, the benefits of the plan you choose will be the same, making it a lot easier to shop around than with any other kind of insurance. (The way to save money is covered in Part II.)

All states other than Massachusetts, Minnesota and Wisconsin

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

X = the plan covers 100% of this benefit

Blank = the policy doesn't cover that benefit

% = the plan covers the percentage of this benefit

Medigap Benefits	Medigap Plans									
	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**							\$6,620	\$3,310		

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 \$2,490.
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 \$2,490.
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 do not 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.

Massachusetts, Minnesota and Wisconsin

In these states 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 for a cost.

Then consider these questions:

1. What is your income? If you are living on a fixed income and are able to afford only the most basic coverage, favor Plan A, the least expensive 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 copayments for approved medical services.

If you can afford a bit more, also 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.

2. Do you think you will want or need nursing care? Yes, it's sometimes hard to know such things ahead of time. But one way to find an answer is to look at your family's medical history. If you parents and grandparents have needed nursing care, you may also need similar care in the future. In any case, if you decide this is important to you, consider Plan C. Your \$194.50 per-day co-payment under Medicare would be covered for up to 100 days of skilled nursing facility care.

3. Do you travel a lot overseas? If so, you can get coverage for emergency care in a foreign country with Plan C through G, M and N. (Some states are a bit different, though: 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 plan: Weighing costs and benefits, which plan is the best overall? We can't answer that question - again, it depends on your personal needs and what you can afford. But we can tell you that the most popular Medigap insurance is **Plan F**. In fact, in 2019 57% of enrollees chose that plan. The next most popular, Plan G, had 18.2% of the enrollees.

Part II. Which Insurance Company Should You Choose?

Our firm is one of the only ones that collects — from state insurance departments around the country — nearly all Medigap premium rates offered by insurance companies. This means we have one of the most complete databases of its kind, designed exclusively to help you find the least expensive, reliable insurance companies for your Medigap plan.

Plus, we also are the only rating agency in the U.S. that rates insurance companies without any conflicts of interest. Unlike the Big Four rating agencies — A.M. Best, Fitch, Moody's, or Standard & Poor's — we never accept fees from the insurance companies to rate them. And we never remove a rating from circulation just because a company disagrees with it.

So here's what we've done with all of this information:

First, we've conducted a search for you, based on your age, your gender and where you live. We've found all the companies that will provide you a Medigap policy right now. We've found precisely which plans they will offer. And we've determined exactly what they say they'll charge you — all based on the latest reports they've filed with the authorities.

Second, in this section, we are giving you the results of our search for each plan, starting with Plan A — all the way to Plan N, or the plans available to you in MA/MN/WI.

Third, for each plan, we have organized your choices into three categories:

* Health insurance companies that earn a Weiss Rating of B (good) or A (excellent). These are the most secure and reliable.

* Companies earning a Weiss Rating of C (fair). These are stable. But if the economy suffers another severe recession, they may run into financial difficulties someday.

* Companies receiving a Weiss Rating of D (weak) or E (very weak). These are considered vulnerable. Our rating for this company is not a forecast of failure — many D and E companies do stay in business. But there is a significant risk, in our view.

So to use these tables, here are the steps we recommend:

Step 1. Begin by referring to the table for the plan you've chosen

Step 2. Check the list of companies with a Weiss Rating of B or A, and find the least expensive among them.

Step 3. If you can't find the policy you want among the companies with a Weiss Rating of B or A, also consider the next group, in the C range.

Step 4. Once you've made a selection, take a look at some other plans that offer more benefits. Why? Because sometimes you may actually be able to find a better plan that's not more expensive, or that costs only a few dollars more. (If so, refer to the summary of benefits shown for each plan immediately above each table. Or check back to our table in Part I to see what those extra benefits may be and whether or not it's worth it to you to pay a bit more.)

Step 5. Work with your agent to purchase the policy you've chosen. (For the contact information of Medigap insurance providers, check our list in the Appendix of this report.)

Step 6. With your purchase of this report, you also have access to more helpful information we provide, as follows:

What Medicare Does and Does NOT Cover

www.weissmedigap.com/information-center/what-does-medicare-cover

Medicare Prescription Drug Coverage

www.weissmedigap.com/information-center/the-medicare-prescription-drug-act

The pros and cons of Medicare Advantage

www.weissmedigap.com/information-center/what-are-medicare-advantage-plans

Frequently Asked Questions

www.weissmedigap.com/frequently-asked-questions

What the Weiss Ratings Mean

www.weissmedigap.com/what-our-ratings-mean

Step 7. If you'd like additional assistance, you can also consult with one of the many agencies that are dedicated to helping Medicare and Medigap participants, also in the Appendix.

Then, take full advantage of your policy, and congratulate yourself for doing everything you could to find the best and least expensive coverage.

Plus, if you have any additional questions in the future, you can always contact us at 877-934-7778, or ContactUs@weissinc.com.

Part III. Medigap Premium Rates

Explanation of These Tables

Insurance Company: The legally registered name (which can sometimes differ a bit from the name that the company uses for advertising). If the policy applies to a specific class of policyholders, it will be indicated in parenthesis following the company name. For instance (Tobacco) would mean that this premium rate applies to tobacco users.

Weiss Safety Rating: Rating scale: A= excellent, B = good, C = fair, D = weak, E = very weak. (+) plus sign = upper end of grade range; (-) minus sign = lower end of grade range.

Monthly and yearly premiums: The latest quotes available to us. Is it possible that the premium may have changed since we received this information? Yes. But it's rare.

Pricing method: There are three ways that insurance companies set 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. This is not to say that your premium will not 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.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare “hospital reserve day” you use, Plan A pays the \$778 (in 2022) 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 \$233 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.

Part III: Medigap Premium Rates - Plan A

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
HUMANA BENEFIT PLAN OF ILLINOIS (PREFERRED)	B+	\$1,170.00	\$97.00	A
GARDEN STATE LIFE INS CO	A	\$1,176.00	NA	A
MEDICAL MUTUAL OF OHIO	A-	\$1,187.00	\$99.00	A
INDEPENDENCE AMERICAN INS CO	B-	\$1,262.00	\$105.00	A
ERIE FAMILY LIFE INS CO	B	\$1,282.00	NA	A
MEDICO INS CO (PREFERRED)	B-	\$1,306.00	\$109.00	A
UNION SECURITY INS CO (PREFERRED)	B	\$1,309.00	\$109.00	A
UNITED INSURANCE COMPANY OF AMERICA (PREFERR...	B-	\$1,324.00	NA	A
AMERICAN BENEFIT LIFE INS CO (PREFERRED)	B-	\$1,324.00	\$110.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (STANDARD)	B+	\$1,342.00	\$112.00	A
PAN-AMERICAN LIFE INS CO	B	\$1,358.00	NA	A
CHRISTIAN FIDELITY LIFE INS CO	A-	\$1,361.00	\$117.00	A
STATE FARM MUTUAL AUTOMOBILE INS CO	B	\$1,377.00	NA	A
USAA LIFE INSURANCE COMPANY	A	\$1,398.00	\$114.00	A
GARDEN STATE LIFE INS CO (TOBACCO)	A	\$1,400.00	NA	A
MEDICO INS CO (STANDARD I)	B-	\$1,437.00	\$120.00	A
INDEPENDENCE AMERICAN INS CO (TOBACCO)	B-	\$1,452.00	\$121.00	A
COMPBENEFITS INS CO (HUMANA ACHIEVE PREFERRED)	B-	\$1,452.00	NA	A
NATIONAL GUARDIAN LIFE INS CO	B	\$1,455.00	\$121.00	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (PREFERRED)	B	\$1,461.00	NA	A
ERIE FAMILY LIFE INS CO (TOBACCO)	B	\$1,475.00	NA	A
UNITED INSURANCE COMPANY OF AMERICA (STANDARD)	B-	\$1,483.00	NA	A
UNION SECURITY INS CO (STANDARD)	B	\$1,505.00	\$125.00	A
AMERICAN BENEFIT LIFE INS CO (STANDARD)	B-	\$1,523.00	\$127.00	A
USAA LIFE INSURANCE COMPANY (TOBACCO)	A	\$1,527.00	\$125.00	A
UNITED AMERICAN INS CO (PREFERRED)	B	\$1,532.00	\$128.00	A
PAN-AMERICAN LIFE INS CO (TOBACCO)	B	\$1,561.00	NA	A
CHRISTIAN FIDELITY LIFE INS CO (TOBACCO)	A-	\$1,565.00	\$135.00	A
MEDICO INS CO (STANDARD II)	B-	\$1,633.00	\$136.00	A
COMPBENEFITS INS CO (HUMANA ACHIEVE STANDARD)	B-	\$1,667.00	NA	A
NATIONAL GUARDIAN LIFE INS CO (TOBACCO)	B	\$1,673.00	\$139.00	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (STANDARD)	B	\$1,680.00	NA	A
GPM HEALTH & LIFE INS CO	B	\$1,688.00	\$141.00	A
PHYSICIANS LIFE INS CO	A-	\$1,690.00	NA	I
CIGNA HEALTH & LIFE INS CO (PREFERRED)	B	\$1,693.00	\$141.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
GUARANTEE TRUST LIFE INS CO (PREFERRED)	B	\$1,739.00	\$145.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$1,762.00	\$147.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$1,774.00	\$148.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$1,774.00	\$148.00	A
UNIFIED LIFE INS CO (PREFERRED)	B	\$1,796.00	\$150.00	A
CIGNA HEALTH & LIFE INS CO (STANDARD)	B	\$1,862.00	\$155.00	A
PHYSICIANS LIFE INS CO (TOBACCO)	A-	\$1,878.00	NA	I
GPM HEALTH & LIFE INS CO (TOBACCO)	B	\$1,940.00	\$162.00	A
OXFORD LIFE INS CO	B+	\$1,999.00	\$172.00	A
UNIFIED LIFE INS CO (STANDARD)	B	\$2,065.00	\$172.00	A
PEKIN LIFE INS CO	B	\$2,104.00	\$189.00	A
GUARANTEE TRUST LIFE INS CO (STANDARD)	B	\$2,174.00	\$181.00	A
OXFORD LIFE INS CO (TOBACCO)	B+	\$2,189.00	\$188.00	A
RESERVE NATIONAL INS CO (PREFERRED)	B-	\$2,589.00	\$216.00	A
RESERVE NATIONAL INS CO (PREFERRED TOBACCO)	B-	\$2,978.00	\$248.00	A
RESERVE NATIONAL INS CO (STANDARD)	B-	\$2,978.00	\$248.00	A
RESERVE NATIONAL INS CO (STANDARD TOBACCO)	B-	\$3,422.00	\$285.00	A

Companies with a Safety Rating of C- to C+

UNITEDHEALTHCARE (DISCOUNT) **	C	\$963.00	\$80.00	N
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,059.00	\$88.00	N
MUTUAL OF OMAHA INS CO	C+	\$1,076.00	\$90.00	A
CONTINENTAL LIFE INS OF BRENTWOOD (PREFERRED)	C+	\$1,123.00	\$94.00	A
GREAT SOUTHERN LIFE INS CO (DIRECT)	C+	\$1,129.00	NA	A
NEW ERA LIFE INS CO	C	\$1,146.00	\$115.00	A
MUTUAL OF OMAHA INS CO (TOBACCO)	C+	\$1,163.00	\$97.00	A
FEDERAL LIFE INS CO	C-	\$1,183.00	\$99.00	A
ELIPS LIFE INS CO (PREFERRED)	C	\$1,236.00	NA	A
HEARTLAND NATIONAL LIFE INS CO	C	\$1,239.00	\$103.00	A
CONTINENTAL LIFE INS OF BRENTWOOD (STANDARD)	C+	\$1,248.00	\$104.00	A
UNITED STATES FIRE INS CO (PREFERRED)	C	\$1,250.00	NA	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$1,260.00	\$126.00	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (PREFER...	C+	\$1,270.00	\$106.00	A
WISCONSIN PHYSICIANS SERVICE INS	C	\$1,283.00	\$107.00	A
ROYAL ARCANUM (PREFERRED)		\$1,289.00	NA	A
CAPITOL LIFE INS CO (PREFERRED)	C	\$1,292.00	NA	A
GREAT SOUTHERN LIFE INS CO (DIRECT TOBACCO)	C+	\$1,298.00	NA	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan A

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
TRANSAMERICA LIFE INS CO	C+	\$1,306.00	\$109.00	I
BANKERS FIDELITY ASSURANCE CO (PREFERRED)	C	\$1,314.00	\$110.00	A
SOUTHERN GUARANTY INS CO	C	\$1,315.00	NA	A
GREAT SOUTHERN LIFE INS CO	C+	\$1,325.00	NA	A
PARAMOUNT INS CO	C-	\$1,336.00	\$111.00	A
THP INSURANCE CO	C	\$1,344.00	\$112.00	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$1,360.00	\$113.00	A
ELIPS LIFE INS CO (STANDARD)	C	\$1,372.00	NA	A
UNITED STATES FIRE INS CO (STANDARD)	C	\$1,389.00	NA	A
HEARTLAND NATIONAL LIFE INS CO (TOBACCO)	C	\$1,425.00	\$119.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,436.00	\$120.00	I
NATIONAL HEALTH INS CO (PREFERRED)	C+	\$1,446.00	NA	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (STANDA...	C+	\$1,460.00	\$560.00	A
FIRST HEALTH LIFE & HEALTH INS CO (PREFERRED)	C+	\$1,479.00	\$123.00	A
ROYAL ARCANUM (STANDARD)		\$1,482.00	NA	A
CAPITOL LIFE INS CO (STANDARD)	C	\$1,485.00	NA	A
GLOBE LIFE & ACCIDENT INS CO (PREFERRED)	C+	\$1,489.00	NA	A
SOUTHERN GUARANTY INS CO (TOBACCO)	C	\$1,513.00	NA	A
GREAT SOUTHERN LIFE INS CO (TOBACCO)	C+	\$1,524.00	NA	A
SUMMA INS CO	C-	\$1,556.00	\$130.00	A
BANKERS FIDELITY ASSURANCE CO (STANDARD)	C	\$1,577.00	\$131.00	A
EVEREST REINSURANCE CO	C	\$1,618.00	\$135.00	A
FIRST HEALTH LIFE & HEALTH INS CO (STANDARD)	C+	\$1,627.00	\$136.00	A
NATIONAL HEALTH INS CO (STANDARD)	C+	\$1,663.00	NA	A
PURITAN LIFE INS CO OF AMERICA (PREFERRED)	C	\$1,700.00	\$142.00	A
GLOBE LIFE & ACCIDENT INS CO	C+	\$1,712.00	NA	A
COMBINED INS COMPANY OF AMERICA	C	\$1,723.00	\$144.00	A
EVEREST REINSURANCE CO (TOBACCO)	C	\$1,796.00	\$150.00	A
COMBINED INS COMPANY OF AMERICA (TOBACCO)	C	\$1,896.00	\$158.00	A
PURITAN LIFE INS CO OF AMERICA (STANDARD)	C	\$1,955.00	\$163.00	A
UNITEDHEALTHCARE (LEVEL 2) **	C	\$2,367.00	\$197.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$2,604.00	\$217.00	N

Companies with a Safety Rating of D+ or lower

UNITEDHEALTHCARE INS CO AMERICA (DISCOUNT)	E+	\$1,028.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO DISC...	E+	\$1,130.00	NA	A
STATE MUTUAL INS CO (GOLD)	D	\$1,246.00	NA	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
AMERICAN FINANCIAL SECURITY LIFE INS (PREFERRED)	D	\$1,267.00	\$106.00	A
NASSAU LIFE INS CO OF KANSAS (PREFERRED)	D	\$1,269.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,385.00	NA	A
SENTINEL SECURITY LIFE INS CO	D	\$1,425.00	\$119.00	A
AMERICAN FINANCIAL SECURITY LIFE INS (STANDARD)	D	\$1,458.00	\$121.00	A
NASSAU LIFE INS CO OF KANSAS (STANDARD)	D	\$1,459.00	NA	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$1,618.00	\$135.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$1,620.00	NA	A
SENTINEL SECURITY LIFE INS CO (TOBACCO)	D	\$1,638.00	\$136.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$1,799.00	\$150.00	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$3,097.00	\$266.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$3,442.00	\$295.00	A
UNITEDHEALTHCARE INS CO AMERICA (LEVEL 2)	E+	\$3,718.00	NA	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$3,824.00	\$328.00	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO LEVE...	E+	\$4,090.00	NA	A

Unrated Companies

ACCENDO INS CO/CVS HEALTH (PREFERRED)	U	\$1,251.00	\$104.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,276.00	\$106.00	A
ACCENDO INS CO/CVS HEALTH (STANDARD)	U	\$1,390.00	\$116.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$1,501.00	\$125.00	A
EVERENCE ASSN INC	U	\$1,798.00	\$150.00	I
EVERENCE ASSN INC (TOBACCO)	U	\$2,067.00	\$172.00	I
KSKJ LIFE (PREFERRED)	U	\$2,210.00	\$184.00	A
ASSURED LIFE ASSN	U	\$2,362.00	\$197.00	A
KSKJ LIFE	U	\$2,454.00	\$205.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$3,120.00	\$260.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan B pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022).

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
UNITED AMERICAN INS CO (PREFERRED)	B	\$2,671.00	\$223.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$3,070.00	\$256.00	A
Companies with a Safety Rating of C- to C+				
CONTINENTAL LIFE INS OF BRENTWOOD (PREFERRED)	C+	\$1,325.00	\$110.00	A
UNITEDHEALTHCARE (DISCOUNT) **	C	\$1,447.00	\$121.00	N
CONTINENTAL LIFE INS OF BRENTWOOD (STANDARD)	C+	\$1,472.00	\$123.00	A
UNITED STATES FIRE INS CO (PREFERRED)	C	\$1,508.00	NA	A
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,592.00	\$133.00	N
UNITED STATES FIRE INS CO (STANDARD)	C	\$1,674.00	NA	A
FIRST HEALTH LIFE & HEALTH INS CO (PREFERRED)	C+	\$1,694.00	\$141.00	A
TRANSAMERICA LIFE INS CO	C+	\$1,724.00	\$144.00	I
FIRST HEALTH LIFE & HEALTH INS CO (STANDARD)	C+	\$1,865.00	\$155.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,896.00	\$158.00	I
UNITEDHEALTHCARE (LEVEL 2) **	C	\$3,559.00	\$297.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$3,915.00	\$326.00	N
Companies with a Safety Rating of D+ or lower				
STATE MUTUAL INS CO (GOLD)	D	\$1,475.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,639.00	NA	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$1,888.00	\$157.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$1,918.00	NA	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$2,099.00	\$175.00	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$2,598.00	\$223.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$2,887.00	\$248.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$3,207.00	\$275.00	A
Unrated Companies				
ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,405.00	\$117.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$1,653.00	\$138.00	A
KSKJ LIFE (PREFERRED)	U	\$2,687.00	\$224.00	A
ASSURED LIFE ASSN	U	\$2,743.00	\$229.00	A
KSKJ LIFE	U	\$2,985.00	\$249.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$3,387.00	\$282.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period. For each Medicare "hospital reserve day" you use, Plan C pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- Your Medicare Part B deductible (\$233 per calendar year in 2022)
- 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: that the only difference between Plan C and Plan D is the Part B deductible. Compare the prices between the plans before making your choice.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
CHRISTIAN FIDELITY LIFE INS CO	A-	\$1,577.00	\$136.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$1,685.00	\$140.00	A
CHRISTIAN FIDELITY LIFE INS CO (TOBACCO)	A-	\$1,814.00	\$156.00	A
MEDICAL MUTUAL OF OHIO	A-	\$1,916.00	\$160.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$1,937.00	\$161.00	A
STATE FARM MUTUAL AUTOMOBILE INS CO	B	\$2,075.00	NA	A
GPM HEALTH & LIFE INS CO	B	\$2,369.00	\$197.00	A
OXFORD LIFE INS CO	B+	\$2,432.00	\$209.00	A
GPM HEALTH & LIFE INS CO (TOBACCO)	B	\$2,723.00	\$227.00	A
OXFORD LIFE INS CO (TOBACCO)	B+	\$2,797.00	\$241.00	A
UNITED AMERICAN INS CO (PREFERRED)	B	\$2,833.00	\$236.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$3,256.00	\$271.00	A
RESERVE NATIONAL INS CO (PREFERRED)	B-	\$3,643.00	\$304.00	A
RESERVE NATIONAL INS CO (PREFERRED TOBACCO)	B-	\$4,189.00	\$349.00	A
RESERVE NATIONAL INS CO (STANDARD)	B-	\$4,189.00	\$349.00	A
RESERVE NATIONAL INS CO (STANDARD TOBACCO)	B-	\$4,817.00	\$401.00	A
Companies with a Safety Rating of C- to C+				
NEW ERA LIFE INS CO	C	\$1,451.00	\$145.00	A
FEDERAL LIFE INS CO	C-	\$1,467.00	\$122.00	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$1,596.00	\$160.00	A
HEARTLAND NATIONAL LIFE INS CO	C	\$1,650.00	\$138.00	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$1,686.00	\$140.00	A
PARAMOUNT INS CO	C-	\$1,744.00	\$145.00	A
UNITEDHEALTHCARE (DISCOUNT) **	C	\$1,799.00	\$150.00	N
WISCONSIN PHYSICIANS SERVICE INS	C	\$1,824.00	\$152.00	A
THP INSURANCE CO	C	\$1,846.00	\$154.00	A
HEARTLAND NATIONAL LIFE INS CO (TOBACCO)	C	\$1,898.00	\$158.00	A
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,979.00	\$165.00	N
EVEREST REINSURANCE CO	C	\$2,023.00	\$169.00	A
TRANSAMERICA LIFE INS CO	C+	\$2,039.00	\$170.00	I
SUMMA INS CO	C-	\$2,165.00	\$180.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$2,243.00	\$187.00	I
EVEREST REINSURANCE CO (TOBACCO)	C	\$2,245.00	\$187.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan C

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
UNITEDHEALTHCARE (LEVEL 2) **	C	\$4,423.00	\$369.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$4,866.00	\$405.00	N

Companies with a Safety Rating of D+ or lower

STATE MUTUAL INS CO (GOLD)	D	\$1,551.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,723.00	NA	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$1,860.00	\$160.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$2,016.00	NA	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$2,067.00	\$177.00	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$2,282.00	\$190.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$2,296.00	\$197.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$2,541.00	\$212.00	A

Unrated Companies

ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,697.00	\$141.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$1,997.00	\$166.00	A
EVERENCE ASSN INC	U	\$2,805.00	\$234.00	A
KSKJ LIFE (PREFERRED)	U	\$3,205.00	\$267.00	A
EVERENCE ASSN INC (TOBACCO)	U	\$3,225.00	\$269.00	A
KSKJ LIFE	U	\$3,562.00	\$297.00	A
ASSURED LIFE ASSN	U	\$3,747.00	\$312.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$4,626.00	\$386.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan D pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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: that the only difference between Plan D and Plan C is the Part B deductible. Compare the prices between the plans before making your choice.

Part III: Medigap Premium Rates - Plan D

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$1,355.00	\$113.00	A
UNITED INSURANCE COMPANY OF AMERICA (PREFERR...	B-	\$1,367.00	NA	A
STATE FARM MUTUAL AUTOMOBILE INS CO	B	\$1,448.00	NA	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (PREFERRED)	B	\$1,475.00	NA	A
UNITED INSURANCE COMPANY OF AMERICA (STANDARD)	B-	\$1,532.00	NA	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$1,558.00	\$130.00	A
GPM HEALTH & LIFE INS CO	B	\$1,695.00	\$141.00	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (STANDARD)	B	\$1,697.00	NA	A
GPM HEALTH & LIFE INS CO (TOBACCO)	B	\$1,949.00	\$162.00	A
UNITED AMERICAN INS CO (PREFERRED)	B	\$2,667.00	\$222.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$3,066.00	\$255.00	A
Companies with a Safety Rating of C- to C+				
FEDERAL LIFE INS CO	C-	\$1,249.00	\$104.00	A
ROYAL ARCANUM (PREFERRED)		\$1,367.00	NA	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$1,435.00	\$120.00	A
ROYAL ARCANUM (STANDARD)		\$1,572.00	NA	A
THP INSURANCE CO	C	\$1,579.00	\$132.00	A
EVEREST REINSURANCE CO	C	\$1,637.00	\$136.00	A
TRANSAMERICA LIFE INS CO	C+	\$1,670.00	\$139.00	I
EVEREST REINSURANCE CO (TOBACCO)	C	\$1,817.00	\$151.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,837.00	\$153.00	I
SUMMA INS CO	C-	\$2,078.00	\$173.00	A
Companies with a Safety Rating of D+ or lower				
STATE MUTUAL INS CO (GOLD)	D	\$1,283.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,426.00	NA	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$1,599.00	\$137.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$1,668.00	NA	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$1,777.00	\$152.00	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$1,851.00	\$154.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$1,974.00	\$169.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$2,059.00	\$172.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Unrated Companies				
ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,433.00	\$119.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$1,686.00	\$140.00	A
KSKJ LIFE (PREFERRED)	U	\$2,381.00	\$198.00	A
KSKJ LIFE	U	\$2,647.00	\$221.00	A
ASSURED LIFE ASSN	U	\$2,891.00	\$241.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$3,570.00	\$297.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan F pays the \$778 (in 2022) 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 \$233 annual Medicare Part B deductible is met, Plan F will cover the coinsurance amount of Medicare-approved medical services, which is generally 20% of the approved amount. A high-deductible option is available, requiring you to pay the first \$2,300 of Medicare covered costs before your Medigap policy pays anything.

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

Additional Features

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

- Your \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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 (\$233 in 2022)
- 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: that the only difference between Plan F and Plan G is the Part B deductible. Compare the prices between the plans before making your choice.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
CENTRAL STATES HEALTH & LIFE OF OMAHA (PREFERRED)	B	\$1,490.00	NA	A
INDEPENDENCE AMERICAN INS CO	B-	\$1,525.00	\$127.00	A
ERIE FAMILY LIFE INS CO	B	\$1,589.00	NA	A
AMERICAN BENEFIT LIFE INS CO (PREFERRED)	B-	\$1,596.00	\$133.00	A
MEDICO INS CO (PREFERRED)	B-	\$1,598.00	\$133.00	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (STANDARD)	B	\$1,714.00	NA	A
UNION SECURITY INS CO (PREFERRED)	B	\$1,725.00	\$144.00	A
UNITED INSURANCE COMPANY OF AMERICA (PREFERR...	B-	\$1,725.00	NA	A
COMPBENEFITS INS CO (HUMANA ACHIEVE PREFERRED)	B-	\$1,727.00	NA	A
PAN-AMERICAN LIFE INS CO	B	\$1,750.00	NA	A
INDEPENDENCE AMERICAN INS CO (TOBACCO)	B-	\$1,753.00	\$146.00	A
MEDICO INS CO (STANDARD I)	B-	\$1,757.00	\$146.00	A
ERIE FAMILY LIFE INS CO (TOBACCO)	B	\$1,827.00	NA	A
PHYSICIANS LIFE INS CO	A-	\$1,829.00	NA	A
AMERICAN BENEFIT LIFE INS CO (STANDARD)	B-	\$1,835.00	\$153.00	A
NATIONAL GUARDIAN LIFE INS CO	B	\$1,854.00	\$155.00	A
USAA LIFE INSURANCE COMPANY	A	\$1,876.00	\$153.00	A
MEDICAL MUTUAL OF OHIO	A-	\$1,931.00	\$161.00	A
UNITED INSURANCE COMPANY OF AMERICA (STANDARD)	B-	\$1,932.00	NA	A
COMPBENEFITS INS CO (HUMANA ACHIEVE STANDARD)	B-	\$1,983.00	NA	A
UNION SECURITY INS CO (STANDARD)	B	\$1,984.00	\$165.00	A
MEDICO INS CO (STANDARD II)	B-	\$1,997.00	\$166.00	A
PAN-AMERICAN LIFE INS CO (TOBACCO)	B	\$2,011.00	NA	A
PHYSICIANS LIFE INS CO (TOBACCO)	A-	\$2,032.00	NA	A
HUMANA BENEFIT PLAN OF ILLINOIS (PREFERRED)	B+	\$2,038.00	\$170.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$2,052.00	\$171.00	A
USAA LIFE INSURANCE COMPANY (TOBACCO)	A	\$2,068.00	\$169.00	A
STATE FARM MUTUAL AUTOMOBILE INS CO	B	\$2,097.00	NA	A
NATIONAL GUARDIAN LIFE INS CO (TOBACCO)	B	\$2,133.00	\$178.00	A
GARDEN STATE LIFE INS CO	A	\$2,187.00	NA	A
CIGNA HEALTH & LIFE INS CO (PREFERRED)	B	\$2,199.00	\$183.00	A
GUARANTEE TRUST LIFE INS CO (PREFERRED)	B	\$2,206.00	\$184.00	A
UNIFIED LIFE INS CO (PREFERRED)	B	\$2,282.00	\$190.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (STANDARD)	B+	\$2,340.00	\$195.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$2,360.00	\$197.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan F

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
GPM HEALTH & LIFE INS CO	B	\$2,388.00	\$199.00	A
CIGNA HEALTH & LIFE INS CO (STANDARD)	B	\$2,419.00	\$201.00	A
PEKIN LIFE INS CO	B	\$2,490.00	\$224.00	A
GARDEN STATE LIFE INS CO (TOBACCO)	A	\$2,604.00	NA	A
UNIFIED LIFE INS CO (STANDARD)	B	\$2,624.00	\$219.00	A
GPM HEALTH & LIFE INS CO (TOBACCO)	B	\$2,745.00	\$229.00	A
GUARANTEE TRUST LIFE INS CO (STANDARD)	B	\$2,757.00	\$230.00	A
RESERVE NATIONAL INS CO (PREFERRED)	B-	\$2,853.00	\$238.00	A
UNITED AMERICAN INS CO (PREFERRED)	B	\$3,221.00	\$268.00	A
RESERVE NATIONAL INS CO (STANDARD)	B-	\$3,281.00	\$273.00	A
RESERVE NATIONAL INS CO (PREFERRED TOBACCO)	B-	\$3,281.00	\$273.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$3,703.00	\$309.00	A
RESERVE NATIONAL INS CO (STANDARD TOBACCO)	B-	\$3,772.00	\$314.00	A

Companies with a Safety Rating of C- to C+

GREAT SOUTHERN LIFE INS CO (DIRECT)	C+	\$1,409.00	NA	A
ELIPS LIFE INS CO (PREFERRED)	C	\$1,421.00	NA	A
MUTUAL OF OMAHA INS CO	C+	\$1,474.00	\$123.00	A
FEDERAL LIFE INS CO	C-	\$1,482.00	\$123.00	A
ROYAL ARCANUM (PREFERRED)		\$1,523.00	NA	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (PREFER...	C+	\$1,524.00	\$127.00	A
UNITED STATES FIRE INS CO (PREFERRED)	C	\$1,537.00	NA	A
GREAT SOUTHERN LIFE INS CO	C+	\$1,554.00	NA	A
CONTINENTAL LIFE INS OF BRENTWOOD (PREFERRED)	C+	\$1,562.00	\$130.00	A
CAPITOL LIFE INS CO (PREFERRED)	C	\$1,567.00	NA	A
ELIPS LIFE INS CO (STANDARD)	C	\$1,580.00	NA	A
MUTUAL OF OMAHA INS CO (TOBACCO)	C+	\$1,594.00	\$133.00	A
GREAT SOUTHERN LIFE INS CO (DIRECT TOBACCO)	C+	\$1,620.00	NA	A
BANKERS FIDELITY ASSURANCE CO (PREFERRED)	C	\$1,658.00	\$138.00	A
SOUTHERN GUARANTY INS CO	C	\$1,685.00	NA	A
NEW ERA LIFE INS CO	C	\$1,701.00	\$170.00	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$1,703.00	\$142.00	A
UNITED STATES FIRE INS CO (STANDARD)	C	\$1,708.00	NA	A
CONTINENTAL LIFE INS OF BRENTWOOD (STANDARD)	C+	\$1,736.00	\$145.00	A
ROYAL ARCANUM (STANDARD)		\$1,751.00	NA	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (STANDA...	C+	\$1,752.00	\$672.00	A
GREAT SOUTHERN LIFE INS CO (TOBACCO)	C+	\$1,788.00	NA	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
CAPITOL LIFE INS CO (STANDARD)	C	\$1,802.00	NA	A
UNITEDHEALTHCARE (DISCOUNT) **	C	\$1,813.00	\$151.00	N
WISCONSIN PHYSICIANS SERVICE INS	C	\$1,825.00	\$152.00	A
PARAMOUNT INS CO	C-	\$1,828.00	\$152.00	A
NATIONAL HEALTH INS CO (PREFERRED)	C+	\$1,839.00	NA	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$1,871.00	\$187.00	A
SOUTHERN GUARANTY INS CO (TOBACCO)	C	\$1,938.00	NA	A
THP INSURANCE CO	C	\$1,958.00	\$163.00	A
BANKERS FIDELITY ASSURANCE CO (STANDARD)	C	\$1,990.00	\$166.00	A
FIRST HEALTH LIFE & HEALTH INS CO (PREFERRED)	C+	\$1,991.00	\$166.00	A
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,995.00	\$166.00	N
EVEREST REINSURANCE CO	C	\$2,043.00	\$170.00	A
GLOBE LIFE & ACCIDENT INS CO (PREFERRED)	C+	\$2,045.00	NA	A
TRANSAMERICA LIFE INS CO	C+	\$2,051.00	\$171.00	I
NATIONAL HEALTH INS CO (STANDARD)	C+	\$2,114.00	NA	A
FIRST HEALTH LIFE & HEALTH INS CO (STANDARD)	C+	\$2,190.00	\$182.00	A
PURITAN LIFE INS CO OF AMERICA (PREFERRED)	C	\$2,191.00	\$183.00	A
COMBINED INS COMPANY OF AMERICA	C	\$2,206.00	\$184.00	A
COMBINED INS COMPANY OF AMERICA (TOBACCO)	C	\$2,247.00	\$187.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$2,256.00	\$188.00	I
EVEREST REINSURANCE CO (TOBACCO)	C	\$2,268.00	\$189.00	A
SUMMA INS CO	C-	\$2,283.00	\$190.00	A
GLOBE LIFE & ACCIDENT INS CO	C+	\$2,352.00	NA	A
PURITAN LIFE INS CO OF AMERICA (STANDARD)	C	\$2,520.00	\$210.00	A
UNITEDHEALTHCARE (LEVEL 2) **	C	\$4,459.00	\$372.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$4,905.00	\$409.00	N

Companies with a Safety Rating of D+ or lower

NASSAU LIFE INS CO OF KANSAS (PREFERRED)	D	\$1,469.00	NA	A
AMERICAN FINANCIAL SECURITY LIFE INS (PREFERRED)	D	\$1,478.00	\$123.00	A
STATE MUTUAL INS CO (GOLD)	D	\$1,567.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (DISCOUNT)	E+	\$1,635.00	NA	A
NASSAU LIFE INS CO OF KANSAS (STANDARD)	D	\$1,689.00	NA	A
AMERICAN FINANCIAL SECURITY LIFE INS (STANDARD)	D	\$1,700.00	\$142.00	A
STATE MUTUAL INS CO (SILVER)	D	\$1,741.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO DISC...)	E+	\$1,798.00	NA	A
SENTINEL SECURITY LIFE INS CO	D	\$1,815.00	\$151.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan F

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
STATE MUTUAL INS CO (BRONZE)	D	\$2,037.00	NA	A
SENTINEL SECURITY LIFE INS CO (TOBACCO)	D	\$2,086.00	\$174.00	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$2,345.00	\$195.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$2,601.00	\$217.00	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$2,887.00	\$248.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$3,208.00	\$275.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$3,564.00	\$306.00	A
UNITEDHEALTHCARE INS CO AMERICA (LEVEL 2)	E+	\$4,637.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO LEVE...	E+	\$5,101.00	NA	A

Unrated Companies

ACCENDO INS CO/CVS HEALTH (PREFERRED)	U	\$1,614.00	\$134.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,707.00	\$142.00	A
ACCENDO INS CO/CVS HEALTH (STANDARD)	U	\$1,793.00	\$149.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$2,007.00	\$167.00	A
EVERENCE ASSN INC	U	\$2,500.00	\$208.00	I
EVERENCE ASSN INC (TOBACCO)	U	\$2,875.00	\$240.00	I
KSKJ LIFE (PREFERRED)	U	\$3,249.00	\$271.00	A
KSKJ LIFE	U	\$3,611.00	\$301.00	A
ASSURED LIFE ASSN	U	\$3,762.00	\$314.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$4,644.00	\$387.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period. For each Medicare "hospital reserve day" you use, Plan F-High Deductible pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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 (\$233 in 2022)
- 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 \$2,490. 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

Part III: Medigap Premium Rates - Plan F with High Deductible

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
UNITED AMERICAN INS CO (PREFERRED)	B	\$391.00	\$33.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$442.00	\$37.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$448.00	\$37.00	A
MEDICO INS CO (PREFERRED)	B-	\$479.00	\$40.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$508.00	\$42.00	A
MEDICO INS CO (STANDARD I)	B-	\$527.00	\$44.00	A
PHYSICIANS LIFE INS CO	A-	\$540.00	NA	A
HUMANA BENEFIT PLAN OF ILLINOIS (PREFERRED)	B+	\$576.00	\$48.00	A
CIGNA HEALTH & LIFE INS CO (PREFERRED)	B	\$587.00	\$49.00	A
MEDICO INS CO (STANDARD II)	B-	\$599.00	\$50.00	A
PHYSICIANS LIFE INS CO (TOBACCO)	A-	\$600.00	NA	A
UNIFIED LIFE INS CO (PREFERRED)	B	\$619.00	\$52.00	A
RESERVE NATIONAL INS CO (PREFERRED)	B-	\$643.00	\$54.00	A
CIGNA HEALTH & LIFE INS CO (STANDARD)	B	\$646.00	\$54.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (STANDARD)	B+	\$658.00	\$55.00	A
UNIFIED LIFE INS CO (STANDARD)	B	\$712.00	\$59.00	A
RESERVE NATIONAL INS CO (PREFERRED TOBACCO)	B-	\$739.00	\$62.00	A
RESERVE NATIONAL INS CO (STANDARD)	B-	\$739.00	\$62.00	A
MEDICAL MUTUAL OF OHIO	A-	\$810.00	\$68.00	A
RESERVE NATIONAL INS CO (STANDARD TOBACCO)	B-	\$851.00	\$71.00	A
Companies with a Safety Rating of C- to C+				
NEW ERA LIFE INS CO	C	\$405.00	\$40.00	A
GREAT SOUTHERN LIFE INS CO	C+	\$437.00	NA	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$445.00	\$45.00	A
GREAT SOUTHERN LIFE INS CO (TOBACCO)	C+	\$502.00	NA	A
NATIONAL HEALTH INS CO (PREFERRED)	C+	\$576.00	NA	A
NATIONAL HEALTH INS CO (STANDARD)	C+	\$662.00	NA	A
THP INSURANCE CO	C	\$727.00	\$61.00	A
SUMMA INS CO	C-	\$881.00	\$73.00	A
Companies with a Safety Rating of D+ or lower				
STATE MUTUAL INS CO (GOLD)	D	\$470.00	NA	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$517.00	\$44.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan F with High Deductible

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
STATE MUTUAL INS CO (SILVER)	D	\$523.00	NA	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$574.00	\$49.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$611.00	NA	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$638.00	\$55.00	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$921.00	\$77.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$1,024.00	\$85.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan G pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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: that the only difference between Plan G and Plan F is the Part B deductible. Compare the prices between the plans before making your choice.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
ERIE FAMILY LIFE INS CO	B	\$1,150.00	NA	A
INDEPENDENCE AMERICAN INS CO	B-	\$1,269.00	\$106.00	A
OXFORD LIFE INS CO	B+	\$1,289.00	\$111.00	A
MEDICO INS CO (PREFERRED)	B-	\$1,320.00	\$110.00	A
ERIE FAMILY LIFE INS CO (TOBACCO)	B	\$1,323.00	NA	A
PEKIN LIFE INS CO	B	\$1,325.00	\$119.00	A
AMERICAN BENEFIT LIFE INS CO (PREFERRED)	B-	\$1,331.00	\$111.00	A
GARDEN STATE LIFE INS CO	A	\$1,351.00	NA	A
PAN-AMERICAN LIFE INS CO	B	\$1,361.00	NA	A
UNITED INSURANCE COMPANY OF AMERICA (PREFERR...	B-	\$1,381.00	NA	A
UNION SECURITY INS CO (PREFERRED)	B	\$1,384.00	\$115.00	A
STATE FARM MUTUAL AUTOMOBILE INS CO	B	\$1,450.00	NA	A
MEDICO INS CO (STANDARD I)	B-	\$1,452.00	\$121.00	A
NATIONAL GUARDIAN LIFE INS CO	B	\$1,458.00	\$121.00	A
INDEPENDENCE AMERICAN INS CO (TOBACCO)	B-	\$1,459.00	\$122.00	A
MEDICAL MUTUAL OF OHIO	A-	\$1,465.00	\$122.00	A
COMPBENEFITS INS CO (HUMANA ACHIEVE PREFERRED)	B-	\$1,468.00	NA	A
USAA LIFE INSURANCE COMPANY	A	\$1,471.00	\$120.00	A
OXFORD LIFE INS CO (TOBACCO)	B+	\$1,482.00	\$127.00	A
AMERICAN BENEFIT LIFE INS CO (STANDARD)	B-	\$1,531.00	\$128.00	A
PHYSICIANS LIFE INS CO	A-	\$1,535.00	NA	A
UNITED INSURANCE COMPANY OF AMERICA (STANDARD)	B-	\$1,547.00	NA	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$1,558.00	\$130.00	A
PAN-AMERICAN LIFE INS CO (TOBACCO)	B	\$1,564.00	NA	A
UNION SECURITY INS CO (STANDARD)	B	\$1,592.00	\$133.00	A
GARDEN STATE LIFE INS CO (TOBACCO)	A	\$1,608.00	NA	A
MEDICO INS CO (STANDARD II)	B-	\$1,650.00	\$137.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (PREFERRED)	B+	\$1,653.00	\$138.00	A
NATIONAL GUARDIAN LIFE INS CO (TOBACCO)	B	\$1,676.00	\$140.00	A
COMPBENEFITS INS CO (HUMANA ACHIEVE STANDARD)	B-	\$1,685.00	NA	A
USAA LIFE INSURANCE COMPANY (TOBACCO)	A	\$1,691.00	\$138.00	A
PHYSICIANS LIFE INS CO (TOBACCO)	A-	\$1,706.00	NA	A
GPM HEALTH & LIFE INS CO	B	\$1,709.00	\$142.00	A
CIGNA HEALTH & LIFE INS CO (PREFERRED)	B	\$1,723.00	\$143.00	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$1,792.00	\$149.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan G

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
UNIFIED LIFE INS CO (PREFERRED)	B	\$1,802.00	\$150.00	A
GUARANTEE TRUST LIFE INS CO (PREFERRED)	B	\$1,808.00	\$151.00	A
CIGNA HEALTH & LIFE INS CO (STANDARD)	B	\$1,895.00	\$158.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (STANDARD)	B+	\$1,897.00	\$158.00	A
GPM HEALTH & LIFE INS CO (TOBACCO)	B	\$1,964.00	\$164.00	A
RESERVE NATIONAL INS CO (PREFERRED)	B-	\$2,063.00	\$172.00	A
UNIFIED LIFE INS CO (STANDARD)	B	\$2,072.00	\$173.00	A
UNITED AMERICAN INS CO (PREFERRED)	B	\$2,233.00	\$186.00	A
GUARANTEE TRUST LIFE INS CO (STANDARD)	B	\$2,260.00	\$188.00	A
RESERVE NATIONAL INS CO (PREFERRED TOBACCO)	B-	\$2,371.00	\$198.00	A
RESERVE NATIONAL INS CO (STANDARD)	B-	\$2,371.00	\$198.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$2,568.00	\$214.00	A
RESERVE NATIONAL INS CO (STANDARD TOBACCO)	B-	\$2,729.00	\$227.00	A

Companies with a Safety Rating of C- to C+

UNITEDHEALTHCARE (SELECT DISCOUNT) **	C	\$1,050.00	\$88.00	N
UNITEDHEALTHCARE (SELECT TOBACCO DISCOUNT) **	C	\$1,155.00	\$96.00	N
GREAT SOUTHERN LIFE INS CO (DIRECT)	C+	\$1,183.00	NA	A
NEW ERA LIFE INS CO	C	\$1,232.00	\$123.00	A
CONTINENTAL LIFE INS OF BRENTWOOD (PREFERRED)	C+	\$1,243.00	\$104.00	A
ELIPS LIFE INS CO (PREFERRED)	C	\$1,247.00	NA	A
MUTUAL OF OMAHA INS CO	C+	\$1,249.00	\$104.00	A
FEDERAL LIFE INS CO	C-	\$1,261.00	\$105.00	A
UNITED STATES FIRE INS CO (PREFERRED)	C	\$1,263.00	NA	A
HEARTLAND NATIONAL LIFE INS CO	C	\$1,273.00	\$106.00	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (PREFER...	C+	\$1,282.00	\$107.00	A
CAPITOL LIFE INS CO (PREFERRED)	C	\$1,305.00	NA	A
SOUTHERN GUARANTY INS CO	C	\$1,320.00	NA	A
WISCONSIN PHYSICIANS SERVICE INS	C	\$1,335.00	\$111.00	A
MUTUAL OF OMAHA INS CO (TOBACCO)	C+	\$1,350.00	\$113.00	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$1,355.00	\$136.00	A
GREAT SOUTHERN LIFE INS CO (DIRECT TOBACCO)	C+	\$1,361.00	NA	A
CONTINENTAL LIFE INS OF BRENTWOOD (STANDARD)	C+	\$1,381.00	\$115.00	A
BANKERS FIDELITY ASSURANCE CO (PREFERRED)	C	\$1,382.00	\$115.00	A
GREAT SOUTHERN LIFE INS CO	C+	\$1,383.00	NA	A
ELIPS LIFE INS CO (STANDARD)	C	\$1,387.00	NA	A
UNITEDHEALTHCARE (DISCOUNT) **	C	\$1,400.00	\$117.00	N

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
UNITED STATES FIRE INS CO (STANDARD)	C	\$1,403.00	NA	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$1,450.00	\$121.00	A
HEARTLAND NATIONAL LIFE INS CO (TOBACCO)	C	\$1,464.00	\$122.00	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (STANDA...	C+	\$1,476.00	\$566.00	A
GLOBE LIFE & ACCIDENT INS CO (PREFERRED)	C+	\$1,490.00	NA	A
CAPITOL LIFE INS CO (STANDARD)	C	\$1,500.00	NA	A
NATIONAL HEALTH INS CO (PREFERRED)	C+	\$1,509.00	NA	A
SOUTHERN GUARANTY INS CO (TOBACCO)	C	\$1,518.00	NA	A
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,540.00	\$128.00	N
PARAMOUNT INS CO	C-	\$1,572.00	\$131.00	A
THP INSURANCE CO	C	\$1,580.00	\$132.00	A
GREAT SOUTHERN LIFE INS CO (TOBACCO)	C+	\$1,591.00	NA	A
EVEREST REINSURANCE CO	C	\$1,655.00	\$138.00	A
BANKERS FIDELITY ASSURANCE CO (STANDARD)	C	\$1,658.00	\$138.00	A
TRANSAMERICA LIFE INS CO	C+	\$1,669.00	\$139.00	I
PURITAN LIFE INS CO OF AMERICA (PREFERRED)	C	\$1,709.00	\$142.00	A
GLOBE LIFE & ACCIDENT INS CO	C+	\$1,714.00	NA	A
FIRST HEALTH LIFE & HEALTH INS CO (PREFERRED)	C+	\$1,719.00	\$143.00	A
NATIONAL HEALTH INS CO (STANDARD)	C+	\$1,734.00	NA	A
COMBINED INS COMPANY OF AMERICA	C	\$1,737.00	\$145.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,836.00	\$153.00	I
EVEREST REINSURANCE CO (TOBACCO)	C	\$1,838.00	\$153.00	A
FIRST HEALTH LIFE & HEALTH INS CO (STANDARD)	C+	\$1,891.00	\$158.00	A
COMBINED INS COMPANY OF AMERICA (TOBACCO)	C	\$1,910.00	\$159.00	A
PURITAN LIFE INS CO OF AMERICA (STANDARD)	C	\$1,966.00	\$164.00	A
UNITEDHEALTHCARE (SELECT LEVEL 2) **	C	\$3,702.00	\$309.00	N
UNITEDHEALTHCARE (SELECT TOBACCO LEVEL 2) **	C	\$4,072.00	\$339.00	N
UNITEDHEALTHCARE (LEVEL 2) **	C	\$4,292.00	\$358.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$4,721.00	\$393.00	N

Companies with a Safety Rating of D+ or lower

AMERICAN FINANCIAL SECURITY LIFE INS (PREFERRED)	D	\$1,274.00	\$106.00	A
NASSAU LIFE INS CO OF KANSAS (PREFERRED)	D	\$1,282.00	NA	A
STATE MUTUAL INS CO (GOLD)	D	\$1,296.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (DISCOUNT)	E+	\$1,303.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO DISC...	E+	\$1,433.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,440.00	NA	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan G

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
SENTINEL SECURITY LIFE INS CO	D	\$1,445.00	\$120.00	A
AMERICAN FINANCIAL SECURITY LIFE INS (STANDARD)	D	\$1,465.00	\$122.00	A
NASSAU LIFE INS CO OF KANSAS (STANDARD)	D	\$1,474.00	NA	A
SENTINEL SECURITY LIFE INS CO (TOBACCO)	D	\$1,661.00	\$138.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$1,684.00	NA	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$1,861.00	\$155.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$2,069.00	\$172.00	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$2,685.00	\$230.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$2,984.00	\$256.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$3,315.00	\$285.00	A
UNITEDHEALTHCARE INS CO AMERICA (LEVEL 2)	E+	\$4,382.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO LEVE...	E+	\$4,820.00	NA	A

Unrated Companies

ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,396.00	\$116.00	A
ACCENDO INS CO/CVS HEALTH (PREFERRED)	U	\$1,405.00	\$117.00	A
ACCENDO INS CO/CVS HEALTH (STANDARD)	U	\$1,561.00	\$130.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$1,641.00	\$137.00	A
EVERENCE ASSN INC	U	\$1,804.00	\$150.00	I
EVERENCE ASSN INC (TOBACCO)	U	\$2,074.00	\$173.00	I
KSKJ LIFE (PREFERRED)	U	\$2,350.00	\$196.00	A
KSKJ LIFE	U	\$2,610.00	\$217.00	A
ASSURED LIFE ASSN	U	\$2,768.00	\$231.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$3,381.00	\$282.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan G with high deductible pays the \$778 (in 2022) 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 \$233 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 G with high deductible includes the core Medigap coverage plus four extra benefits:

- Your \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- Your coinsurance amount for skilled nursing care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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 \$2,490 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.

Part III: Medigap Premium Rates - Plan GH

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
UNITED AMERICAN INS CO (PREFERRED)	B	\$391.00	\$33.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$448.00	\$37.00	A
MEDICO INS CO (PREFERRED)	B-	\$455.00	\$38.00	A
GARDEN STATE LIFE INS CO	A	\$469.00	NA	A
MEDICO INS CO (STANDARD I)	B-	\$501.00	\$42.00	A
PHYSICIANS LIFE INS CO	A-	\$517.00	NA	A
UNITED INSURANCE COMPANY OF AMERICA (PREFERR...	B-	\$535.00	NA	A
COMPBENEFITS INS CO (HUMANA ACHIEVE PREFERRED)	B-	\$536.00	NA	A
GARDEN STATE LIFE INS CO (TOBACCO)	A	\$558.00	NA	A
MEDICO INS CO (STANDARD II)	B-	\$569.00	\$47.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (PREFERRED)	B+	\$570.00	\$47.00	A
PHYSICIANS LIFE INS CO (TOBACCO)	A-	\$575.00	NA	A
UNITED INSURANCE COMPANY OF AMERICA (STANDARD)	B-	\$598.00	NA	A
COMPBENEFITS INS CO (HUMANA ACHIEVE STANDARD)	B-	\$613.00	NA	A
HUMANA BENEFIT PLAN OF ILLINOIS (STANDARD)	B+	\$690.00	\$57.00	A
Companies with a Safety Rating of C- to C+				
NEW ERA LIFE INS CO	C	\$372.00	\$37.00	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$409.00	\$41.00	A
FEDERAL LIFE INS CO	C-	\$462.00	\$38.00	A
UNITED STATES FIRE INS CO (PREFERRED)	C	\$464.00	NA	A
BANKERS FIDELITY ASSURANCE CO (PREFERRED)	C	\$475.00	\$40.00	A
GLOBE LIFE & ACCIDENT INS CO (PREFERRED)	C+	\$482.00	NA	A
MUTUAL OF OMAHA INS CO	C+	\$487.00	\$41.00	A
ELIPS LIFE INS CO (PREFERRED)	C	\$499.00	NA	A
UNITED STATES FIRE INS CO (STANDARD)	C	\$517.00	NA	A
MUTUAL OF OMAHA INS CO (TOBACCO)	C+	\$526.00	\$44.00	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$531.00	\$44.00	A
CONTINENTAL LIFE INS OF BRENTWOOD (PREFERRED)	C+	\$534.00	\$44.00	A
GLOBE LIFE & ACCIDENT INS CO	C+	\$554.00	NA	A
ELIPS LIFE INS CO (STANDARD)	C	\$554.00	NA	A
BANKERS FIDELITY ASSURANCE CO (STANDARD)	C	\$570.00	\$48.00	A
CONTINENTAL LIFE INS OF BRENTWOOD (STANDARD)	C+	\$593.00	\$49.00	A
THP INSURANCE CO	C	\$727.00	\$61.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of D+ or lower				
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$474.00	\$41.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$527.00	\$45.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$585.00	\$50.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan K pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- 50% of your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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 \$6,620 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.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
UNITED AMERICAN INS CO (PREFERRED)	B	\$1,279.00	\$107.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$1,470.00	\$122.00	A
Companies with a Safety Rating of C- to C+				
UNITEDHEALTHCARE (DISCOUNT) **	C	\$562.00	\$47.00	N
UNITED STATES FIRE INS CO (PREFERRED)	C	\$608.00	NA	A
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$618.00	\$51.00	N
UNITED STATES FIRE INS CO (STANDARD)	C	\$675.00	NA	A
TRANSAMERICA LIFE INS CO	C+	\$763.00	\$64.00	I
WISCONSIN PHYSICIANS SERVICE INS	C	\$802.00	\$67.00	A
BANKERS FIDELITY ASSURANCE CO (PREFERRED)	C	\$817.00	\$68.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$839.00	\$70.00	I
BANKERS FIDELITY ASSURANCE CO (STANDARD)	C	\$981.00	\$82.00	A
UNITEDHEALTHCARE (LEVEL 2) **	C	\$1,381.00	\$115.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$1,520.00	\$127.00	N
Companies with a Safety Rating of D+ or lower				
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$905.00	\$78.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$1,006.00	\$86.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$1,118.00	\$96.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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 \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan L pays the \$778 (in 2022) 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 \$233 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 \$1,556 Medicare Part A in-patient hospital deductible (per benefit period in 2022)
- 75% of your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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 \$3,310 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.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
UNITED AMERICAN INS CO (PREFERRED)	B	\$1,798.00	\$150.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$2,066.00	\$172.00	A
Companies with a Safety Rating of C- to C+				
UNITED STATES FIRE INS CO (PREFERRED)	C	\$765.00	NA	A
UNITED STATES FIRE INS CO (STANDARD)	C	\$850.00	NA	A
WISCONSIN PHYSICIANS SERVICE INS	C	\$1,053.00	\$88.00	A
UNITEDHEALTHCARE (DISCOUNT) **	C	\$1,080.00	\$90.00	N
TRANSAMERICA LIFE INS CO	C+	\$1,133.00	\$94.00	I
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,188.00	\$99.00	N
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,246.00	\$104.00	I
UNITEDHEALTHCARE (LEVEL 2) **	C	\$2,655.00	\$221.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$2,920.00	\$243.00	N
Companies with a Safety Rating of D+ or lower				
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$2,085.00	\$179.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$2,316.00	\$199.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$2,573.00	\$221.00	A
Unrated Companies				
EVERENCE ASSN INC	U	\$1,126.00	\$94.00	I
EVERENCE ASSN INC (TOBACCO)	U	\$1,294.00	\$108.00	I

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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, \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan M pays the Medicare Part A coinsurance amount, \$778 (in 2022) 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 \$233 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 (\$1,556 per benefit period in 2022)
- Your coinsurance amount for skilled nursing facility care for the 21st through the 100th day of your stay (\$194.50 per day in 2022)
- 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.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
GARDEN STATE LIFE INS CO	A	\$1,195.00	NA	A
GARDEN STATE LIFE INS CO (TOBACCO)	A	\$1,422.00	NA	A
Companies with a Safety Rating of C- to C+				
NEW ERA LIFE INS CO	C	\$907.00	\$91.00	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$998.00	\$100.00	A
TRANSAMERICA LIFE INS CO	C+	\$1,395.00	\$116.00	I
SUMMA INS CO	C-	\$1,433.00	\$119.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,534.00	\$128.00	I
Companies with a Safety Rating of D+ or lower				
STATE MUTUAL INS CO (GOLD)	D	\$1,215.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,350.00	NA	A
STATE MUTUAL INS CO (BRONZE)	D	\$1,579.00	NA	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$1,778.00	\$148.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$1,981.00	\$165.00	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$2,370.00	\$203.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$2,633.00	\$226.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$2,925.00	\$251.00	A
Unrated Companies				
KSKJ LIFE (PREFERRED)	U	\$1,877.00	\$156.00	A
KSKJ LIFE	U	\$2,087.00	\$174.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

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, \$389 per day (in 2022) for each benefit period.

For each Medicare "hospital reserve day" you use, Plan N pays the Medicare Part A coinsurance amount, \$778 (in 2022) 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 \$233 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 (\$1,556 per benefit period in 2022)
- 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 (\$194.50 per day in 2022)
- 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.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
Companies with a Safety Rating of B- or higher				
UNION SECURITY INS CO (PREFERRED)	B	\$955.00	\$80.00	A
AMERICAN BENEFIT LIFE INS CO (PREFERRED)	B-	\$955.00	\$80.00	A
INDEPENDENCE AMERICAN INS CO	B-	\$986.00	\$82.00	A
MEDICO INS CO (PREFERRED)	B-	\$1,025.00	\$85.00	A
PAN-AMERICAN LIFE INS CO	B	\$1,046.00	NA	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (PREFERRED)	B	\$1,058.00	NA	A
PEKIN LIFE INS CO	B	\$1,063.00	\$96.00	A
ERIE FAMILY LIFE INS CO	B	\$1,095.00	NA	A
AMERICAN BENEFIT LIFE INS CO (STANDARD)	B-	\$1,098.00	\$91.00	A
UNION SECURITY INS CO (STANDARD)	B	\$1,098.00	\$92.00	A
STATE FARM MUTUAL AUTOMOBILE INS CO	B	\$1,100.00	NA	A
GPM HEALTH & LIFE INS CO	B	\$1,104.00	\$92.00	A
MEDICO INS CO (STANDARD I)	B-	\$1,127.00	\$94.00	A
GARDEN STATE LIFE INS CO	A	\$1,130.00	NA	A
CHRISTIAN FIDELITY LIFE INS CO	A-	\$1,132.00	\$97.00	A
INDEPENDENCE AMERICAN INS CO (TOBACCO)	B-	\$1,133.00	\$94.00	A
UNITED INSURANCE COMPANY OF AMERICA (PREFERR...)	B-	\$1,143.00	NA	A
COMPBENEFITS INS CO (HUMANA ACHIEVE PREFERRED)	B-	\$1,157.00	NA	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO	B-	\$1,163.00	\$97.00	A
PAN-AMERICAN LIFE INS CO (TOBACCO)	B	\$1,202.00	NA	A
HUMANA BENEFIT PLAN OF ILLINOIS (PREFERRED)	B+	\$1,213.00	\$101.00	A
CENTRAL STATES HEALTH & LIFE OF OMAHA (STANDARD)	B	\$1,217.00	NA	A
NATIONAL GUARDIAN LIFE INS CO	B	\$1,230.00	\$103.00	A
ERIE FAMILY LIFE INS CO (TOBACCO)	B	\$1,260.00	NA	A
GPM HEALTH & LIFE INS CO (TOBACCO)	B	\$1,269.00	\$106.00	A
UNITED INSURANCE COMPANY OF AMERICA (STANDARD)	B-	\$1,280.00	NA	A
MEDICO INS CO (STANDARD II)	B-	\$1,281.00	\$107.00	A
USAA LIFE INSURANCE COMPANY	A	\$1,290.00	\$105.00	A
CHRISTIAN FIDELITY LIFE INS CO (TOBACCO)	A-	\$1,302.00	\$112.00	A
COMPBENEFITS INS CO (HUMANA ACHIEVE STANDARD)	B-	\$1,327.00	NA	A
AMERICO FINANCIAL LIFE & ANNUITY INS CO (TOBACCO)	B-	\$1,337.00	\$111.00	A
GARDEN STATE LIFE INS CO (TOBACCO)	A	\$1,346.00	NA	A
CIGNA HEALTH & LIFE INS CO (PREFERRED)	B	\$1,361.00	\$113.00	A
HUMANA BENEFIT PLAN OF ILLINOIS (STANDARD)	B+	\$1,391.00	\$116.00	A
MEDICAL MUTUAL OF OHIO	A-	\$1,403.00	\$117.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan N

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
NATIONAL GUARDIAN LIFE INS CO (TOBACCO)	B	\$1,415.00	\$118.00	A
USAA LIFE INSURANCE COMPANY (TOBACCO)	A	\$1,423.00	\$116.00	A
GUARANTEE TRUST LIFE INS CO (PREFERRED)	B	\$1,434.00	\$119.00	A
UNIFIED LIFE INS CO (PREFERRED)	B	\$1,447.00	\$121.00	A
CIGNA HEALTH & LIFE INS CO (STANDARD)	B	\$1,498.00	\$125.00	A
UNIFIED LIFE INS CO (STANDARD)	B	\$1,664.00	\$139.00	A
GUARANTEE TRUST LIFE INS CO (STANDARD)	B	\$1,792.00	\$149.00	A
RESERVE NATIONAL INS CO (PREFERRED)	B-	\$2,154.00	\$180.00	A
UNITED AMERICAN INS CO (PREFERRED)	B	\$2,206.00	\$184.00	A
OXFORD LIFE INS CO	B+	\$2,259.00	\$194.00	A
RESERVE NATIONAL INS CO (PREFERRED TOBACCO)	B-	\$2,479.00	\$207.00	A
RESERVE NATIONAL INS CO (STANDARD)	B-	\$2,479.00	\$207.00	A
UNITED AMERICAN INS CO (STANDARD)	B	\$2,537.00	\$211.00	A
OXFORD LIFE INS CO (TOBACCO)	B+	\$2,598.00	\$223.00	A
RESERVE NATIONAL INS CO (STANDARD TOBACCO)	B-	\$2,849.00	\$237.00	A

Companies with a Safety Rating of C- to C+

GREAT SOUTHERN LIFE INS CO (DIRECT)	C+	\$907.00	NA	A
UNITEDHEALTHCARE (SELECT DISCOUNT) **	C	\$953.00	\$79.00	N
ELIPS LIFE INS CO (PREFERRED)	C	\$967.00	NA	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (PREFER...	C+	\$970.00	\$81.00	A
MUTUAL OF OMAHA INS CO	C+	\$972.00	\$81.00	A
NEW ERA LIFE INS CO	C	\$972.00	\$97.00	A
FEDERAL LIFE INS CO	C-	\$980.00	\$82.00	A
CAPITOL LIFE INS CO (PREFERRED)	C	\$981.00	NA	A
HEARTLAND NATIONAL LIFE INS CO	C	\$993.00	\$83.00	A
CONTINENTAL LIFE INS OF BRENTWOOD (PREFERRED)	C+	\$994.00	\$83.00	A
UNITED STATES FIRE INS CO (PREFERRED)	C	\$995.00	NA	A
SOUTHERN GUARANTY INS CO	C	\$996.00	NA	A
ROYAL ARCANUM (PREFERRED)		\$998.00	NA	A
GREAT SOUTHERN LIFE INS CO	C+	\$1,017.00	NA	A
GREAT SOUTHERN LIFE INS CO (DIRECT TOBACCO)	C+	\$1,043.00	NA	A
BANKERS FIDELITY ASSURANCE CO (PREFERRED)	C	\$1,048.00	\$87.00	A
UNITEDHEALTHCARE (SELECT TOBACCO DISCOUNT) **	C	\$1,049.00	\$87.00	N
MUTUAL OF OMAHA INS CO (TOBACCO)	C+	\$1,051.00	\$88.00	A
NEW ERA LIFE INS CO (TOBACCO)	C	\$1,070.00	\$107.00	A
ELIPS LIFE INS CO (STANDARD)	C	\$1,072.00	NA	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
FIRST HEALTH LIFE & HEALTH INS CO (PREFERRED)	C+	\$1,085.00	\$90.00	A
UNITED STATES FIRE INS CO (STANDARD)	C	\$1,105.00	NA	A
CONTINENTAL LIFE INS OF BRENTWOOD (STANDARD)	C+	\$1,105.00	\$92.00	A
MANHATTANLIFE ASSURANCE CO OF AMERICA (STANDA...	C+	\$1,116.00	\$428.00	A
FEDERAL LIFE INS CO (TOBACCO)	C-	\$1,126.00	\$94.00	A
CAPITOL LIFE INS CO (STANDARD)	C	\$1,128.00	NA	A
HEARTLAND NATIONAL LIFE INS CO (TOBACCO)	C	\$1,142.00	\$95.00	A
SOUTHERN GUARANTY INS CO (TOBACCO)	C	\$1,146.00	NA	A
ROYAL ARCANUM (STANDARD)		\$1,147.00	NA	A
GREAT SOUTHERN LIFE INS CO (TOBACCO)	C+	\$1,170.00	NA	A
FIRST HEALTH LIFE & HEALTH INS CO (STANDARD)	C+	\$1,193.00	\$99.00	A
PURITAN LIFE INS CO OF AMERICA (PREFERRED)	C	\$1,194.00	\$100.00	A
WISCONSIN PHYSICIANS SERVICE INS	C	\$1,224.00	\$102.00	A
NATIONAL HEALTH INS CO (PREFERRED)	C+	\$1,238.00	NA	A
BANKERS FIDELITY ASSURANCE CO (STANDARD)	C	\$1,257.00	\$105.00	A
GLOBE LIFE & ACCIDENT INS CO (PREFERRED)	C+	\$1,271.00	NA	A
UNITEDHEALTHCARE (DISCOUNT) **	C	\$1,272.00	\$106.00	N
TRANSAMERICA LIFE INS CO	C+	\$1,312.00	\$109.00	I
EVEREST REINSURANCE CO	C	\$1,348.00	\$112.00	A
PURITAN LIFE INS CO OF AMERICA (STANDARD)	C	\$1,373.00	\$114.00	A
UNITEDHEALTHCARE (TOBACCO DISCOUNT) **	C	\$1,399.00	\$117.00	N
THP INSURANCE CO	C	\$1,405.00	\$117.00	A
NATIONAL HEALTH INS CO (STANDARD)	C+	\$1,422.00	NA	A
SUMMA INS CO	C-	\$1,437.00	\$120.00	A
PARAMOUNT INS CO	C-	\$1,442.00	\$120.00	A
TRANSAMERICA LIFE INS CO (TOBACCO)	C+	\$1,443.00	\$120.00	I
GLOBE LIFE & ACCIDENT INS CO	C+	\$1,462.00	NA	A
EVEREST REINSURANCE CO (TOBACCO)	C	\$1,496.00	\$125.00	A
COMBINED INS COMPANY OF AMERICA	C	\$1,667.00	\$139.00	A
COMBINED INS COMPANY OF AMERICA (TOBACCO)	C	\$1,908.00	\$159.00	A
UNITEDHEALTHCARE (SELECT LEVEL 2) **	C	\$3,439.00	\$287.00	N
UNITEDHEALTHCARE (SELECT TOBACCO LEVEL 2) **	C	\$3,782.00	\$315.00	N
UNITEDHEALTHCARE (LEVEL 2) **	C	\$3,816.00	\$318.00	N
UNITEDHEALTHCARE (TOBACCO LEVEL 2) **	C	\$4,197.00	\$350.00	N

Companies with a Safety Rating of D+ or lower

AMERICAN FINANCIAL SECURITY LIFE INS (PREFERRED)	D	\$970.00	\$81.00	A
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● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part III: Medigap Premium Rates - Plan N

Company	Safety Rating	Annual Premium \$	Monthly Premium \$	Pricing Method
NASSAU LIFE INS CO OF KANSAS (PREFERRED)	D	\$1,020.00	NA	A
STATE MUTUAL INS CO (GOLD)	D	\$1,052.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (DISCOUNT)	E+	\$1,054.00	NA	A
AMERICAN FINANCIAL SECURITY LIFE INS (STANDARD)	D	\$1,115.00	\$93.00	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO DISC...	E+	\$1,160.00	NA	A
STATE MUTUAL INS CO (SILVER)	D	\$1,169.00	NA	A
NASSAU LIFE INS CO OF KANSAS (STANDARD)	D	\$1,173.00	NA	A
SENTINEL SECURITY LIFE INS CO	D	\$1,225.00	\$102.00	A
STATE MUTUAL INS CO (BRONZE)	D	\$1,368.00	NA	A
SENTINEL SECURITY LIFE INS CO (TOBACCO)	D	\$1,408.00	\$117.00	A
STATE MUTUAL INS CO (BROKERAGE PREFERRED)	D	\$1,640.00	\$137.00	A
COLONIAL PENN LIFE INS CO (PREFERRED)	D+	\$1,679.00	\$144.00	A
STATE MUTUAL INS CO (BROKERAGE STANDARD)	D	\$1,822.00	\$152.00	A
COLONIAL PENN LIFE INS CO (STANDARD)	D+	\$1,865.00	\$160.00	A
COLONIAL PENN LIFE INS CO (SUBSTANDARD)	D+	\$2,072.00	\$178.00	A
UNITEDHEALTHCARE INS CO AMERICA (LEVEL 2)	E+	\$4,141.00	NA	A
UNITEDHEALTHCARE INS CO AMERICA (TOBACCO LEVE...	E+	\$4,555.00	NA	A

Unrated Companies

ACCENDO INS CO/CVS HEALTH (PREFERRED)	U	\$1,057.00	\$88.00	A
EVERENCE ASSN INC	U	\$1,142.00	\$95.00	A
ASSURED LIFE ASSN	U	\$1,160.00	\$97.00	A
ACCENDO INS CO/CVS HEALTH (STANDARD)	U	\$1,174.00	\$98.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS	U	\$1,184.00	\$99.00	A
EVERENCE ASSN INC (TOBACCO)	U	\$1,313.00	\$109.00	A
ORDER OF UNITED COMMERCIAL TRAVELERS (TOBACCO)	U	\$1,391.00	\$116.00	A
ASSURED LIFE ASSN (TOBACCO)	U	\$1,450.00	\$121.00	A
KSKJ LIFE (PREFERRED)	U	\$1,798.00	\$150.00	A
KSKJ LIFE	U	\$1,998.00	\$166.00	A

● Company guarantees the issuance of this plan, to a person of your age, regardless of health status.

** Policies sold only through AARP.

Part IV: Index of Medigap Insurers

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.

Part IV: Index of Medigap Insurers

Company	Domicile State	Phone	Safety Rating
ACCENDO INS CO Address 3148 WEST 3500 SOUTH, WEST VALLEY CITY, UT 84119 Licensed All states except PR	UT	(800) 746-7287	U
AMERICAN BENEFIT LIFE INS CO Address 1021 REAMS FLEMING BLVD, FRANKLIN, TN 37064 Licensed All states except AK, CA, CT, HI, ID, ME, MA, NV, NY, RI, WA, WY, PR	TX		B-
AMERICAN FINANCIAL SECURITY L I C Address 1021 REAMS FLEMING BLVD, FRANKLIN, TN 37064 Licensed All states except AK, CA, DC, FL, ID, IA, LA, MA, MI, NH, NJ, NY, SC, TN, VT, WA, WV, WY, PR	MO	(878) 222-4411	D
AMERICO FINANCIAL LIFE & ANNUITY INS Address PO Box 139061, Dallas, TX 75313 Licensed All states except NY	TX	(816) 391-2000	B-
ASSURED LIFE ASSOCIATION Address 9777 S YOSEMITE ST, LONE TREE, CO 80124 Licensed All states except AL, AK, CT, DC, IN, ME, MD, MA, MI, MN, NH, NY, NC, SC, VT, PR	CO		U
BANKERS FIDELITY ASR CO Address 4370 Peachtree Rd NE, Atlanta, GA 30319 Licensed AL, AZ, AR, CO, FL, GA, IL, IN, IA, KS, KY, LA, MI, MS, MO, NE, NV, NM, NC, OH, OK, PA, SC, TN, TX, UT, WV	GA	(800) 241-1439	C
CAPITOL LIFE INS CO Address 1605 LBJ Freeway Suite 710, Dallas, TX 75234 Licensed All states except NY, PR	TX	(469) 522-4400	C
CENTRAL STATES H & L CO OF OMAHA Address 1212 North 96th Street, Omaha, NE 68114 Licensed All states except NY, PR	NE	(402) 397-1111	B
CHRISTIAN FIDELITY LIFE INS CO Address 1999 Bryan Street Suite 900, Dallas, TX 75201 Licensed All states except AK, CA, CT, DC, DE, HI, IA, ME, MD, MA, MI, MN, NH, NJ, NY, NC, PA, RI, VT, WI, PR	TX	(602) 263-6666	A-
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	B
COLONIAL PENN LIFE INS CO Address 399 MARKET STREET, PHILADELPHIA, PA 19181 Licensed All states except NY	PA	(215) 928-8000	D+

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

Company	Domicile State	Phone	Safety Rating
COMBINED INS CO OF AMERICA Address 111 E Wacker Drive, Chicago, IL 60601 Licensed All states except NY	IL	(800) 225-4500	C
COMPBENEFITS INS CO Address 2929 BRIARPARK SUITE 314, HOUSTON, TX 77042 Licensed All states except AK, CA, CT, DE, HI, ME, MA, MN, MT, NH, NJ, NY, PA, RI, SD, VT, WI, WY, PR	TX	(502) 580-1000	B-
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	C+
ELIPS LIFE INS CO Address PO BOX 10875, CLEARWATER, FL 33757 Licensed All states except NY, PR	MO		C
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	(800) 458-0811	B
EVERENCE ASSN INC Address 1110 N MAIN ST, GOSHEN, IN 46526 Licensed AZ, CA, CO, DC, FL, ID, IL, IN, IA, KS, MD, MI, MN, MT, NE, OH, OK, OR, PA, SD, VA, WA	IN		U
EVEREST REINS CO Address 1209 Orange Street, Wilmington, DE 19808 Licensed All states, the District of Columbia and Puerto Rico	DE	(908) 604-3000	C
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	C-
FIRST HEALTH LIFE & HEALTH INS CO Address DOWNERS GROVE, IL 60515 Licensed All states except PR	TX	(630) 737-7900	C+
GARDEN STATE LIFE INS CO Address 2450 SOUTH SHORE BOULEVARD, GALVESTON, TX 77550 Licensed All states except PR	TX	(409) 763-4661	A
GLOBE LIFE & ACCIDENT INS CO Address 10306 REGENCY PARKWAY DRIVE, OMAHA, NE 68114 Licensed All states except NY, PR	NE	(972) 569-3744	C+

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Company	Domicile State	Phone	Safety Rating
GPM HEALTH & LIFE INS CO Address 1124 W Riverside Ave Ste 400, Spokane, WA 99201 Licensed All states except AK, AR, CT, DC, DE, LA, ME, MA, MN, NE, NH, NJ, NY, RI, SD, VT, PR	WA	(210) 357-2222	B
GREAT SOUTHERN LIFE INS CO Address PO Box 139061, Dallas, TX 75313 Licensed All states except NY, VT, PR	TX	(816) 391-2000	C+
GUARANTEE TRUST LIFE INS CO Address 1275 Milwaukee Avenue, Glenview, IL 60025 Licensed All states except NY	IL	(847) 699-0600	B
HEARTLAND NATIONAL LIFE INS CO Address 401 PENNSYLVANIA PKWY STE 300, INDIANAPOLIS, IN 46280 Licensed All states except CA, CT, ID, ME, MA, MI, MN, NH, NJ, NY, RI, VT, WA, WI, PR	IN	(816) 478-0120	C
HUMANA BENEFIT PLAN OF ILLINOIS Address 4501 NORTH STERLING AVE 2ND, PEORIA, IL 61615 Licensed All states except CA, FL, NY, UT, PR	IL	(502) 580-1000	B+
INDEPENDENCE AMERICAN INS CO Address 1209 Orange Street, Wilmington, DE 19801 Licensed All states except PR	DE	(212) 355-4141	B-
KSKJ LIFE Address 2439 GLENWOOD AVE, JOLIET, IL 60435 Licensed CA, CO, CT, DE, IL, IN, KS, MI, MN, MT, OH, PA, WI	IL		U
MANHATTANLIFE ASSR CO OF AM Address 425 W Capitol Ave Ste 1800, Little Rock, AR 72201 Licensed All states except NY, PR	AR	(713) 529-0045	C+
MEDICAL MUTUAL OF OHIO Address 2060 East Ninth Street, Cleveland, OH 44115 Licensed GA, IN, MI, NC, OH, PA, SC, WV, WI	OH	(216) 687-7000	A-
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-
MUTUAL OF OMAHA INS CO Address MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175 Licensed All states, the District of Columbia and Puerto Rico	NE	(402) 342-7600	C+
NASSAU LIFE INS CO OF KS Address 6201 JOHNSON DRIVE, SHAWNEE MISSION, KS 66202 Licensed All states except AK, CT, DC, HI, ME, NH, NJ, NY, RI, VT, WV, PR	KS		D

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

Company	Domicile State	Phone	Safety Rating
NATIONAL GUARDIAN LIFE INS CO Address 2 East Gilman Street, Madison, WI 53703 Licensed All states except NY, PR	WI	(608) 257-5611	B
NATIONAL HEALTH INS CO Address 4455 LBJ Freeway Suite 375, Dallas, TX 75244 Licensed All states except NY, PR	TX	(888) 781-0580	C+
NEW ERA LIFE INS CO Address 11720 Katy Freeway Suite 1700, Houston, TX 77079 Licensed All states except AK, CT, DC, HI, ID, IL, IA, ME, MD, MA, MN, NV, NH, NJ, NY, OR, RI, VT, VA, WI, WY, PR	TX	(281) 368-7200	C
ORDER UNITED COMM TRAVELERS OF AMER Address 632 N. PARK STREET, COLUMBUS, OH 43215 Licensed All states except AL, AK, HI, NM, PR	OH		U
OXFORD LIFE INS CO Address 2721 North Central Avenue, Phoenix, AZ 85004 Licensed All states except NY, VT, PR	AZ	(602) 263-6666	B+
PAN-AMERICAN LIFE INS CO Address PAN-AMERICAN LIFE CENTER, NEW ORLEANS, LA 70130 Licensed All states except ME, NY, VT	LA	(504) 566-1300	B
PARAMOUNT INS CO (OH) Address 1901 Indian Wood Circle, Maumee, OH 43537 Licensed MI, OH	OH	(419) 887-2500	C-
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	(309) 346-1161	B
PHYSICIANS LIFE INS CO Address 2600 Dodge Street, Omaha, NE 68131 Licensed All states except NY, PR	NE	(402) 633-1000	A-
PURITAN LIFE INS CO OF AMERICA Address 1720 W RIO SALADA PKWY, TEMPE, AZ 85281 Licensed All states except AK, DC, DE, ME, MA, MI, NH, NJ, NY, RI, SC, VT, VA, PR	AZ	(855) 323-8914	C
RESERVE NATIONAL INS CO Address 601 EAST BRITTON ROAD, CHICAGO, IL 60601 Licensed All states except NY, PR	OK	(405) 848-7931	B-

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

Part IV: Index of Medigap Insurers

Company	Domicile State	Phone	Safety Rating
ROYAL ARCANUM (PREFERRED) Address PO BOX 13770, OKLAHOMA CITY, OK 73113 Licensed	OK		
SENTINEL SECURITY LIFE INS CO Address 1405 WEST 2200 SOUTH, SALT LAKE CITY, UT 84119 Licensed All states except AK, CT, DC, ME, MA, MI, MO, NH, NJ, NY, TN, VT, VA, WV, WI, PR	UT	(801) 484-8514	D
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	(727) 498-3782	C
STATE FARM MUTUAL AUTOMOBILE INS CO Address One State Farm Plaza, Bloomington, IL 61710 Licensed All states except PR	IL	(309) 766-2311	B
STATE MUTUAL INS CO Address 210 E Second Avenue Suite 301, Rome, GA 30161 Licensed All states except CA, CT, ME, NH, NJ, NY, PR	GA	(336) 714-2908	D
SUMMA INS CO Address 1200 East Market St Suite 400, Akron, OH 44305 Licensed OH	OH	(330) 996-8410	C-
THP INS CO Address 1110 Main Street, Wheeling, WV 26003 Licensed OH, PA, WV	WV	(740) 695-3585	C
TRANSAMERICA LIFE INS CO Address 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 Licensed All states except NY	IA	(319) 355-8511	C+
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	B
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

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

Company	Domicile State	Phone	Safety Rating
UNITED HEALTHCARE INS CO Address P.O. BOX 7000, ALLENTOWN, PA 18175 Licensed All states except NY	CT		C
UNITED INS CO OF AMERICA Address 12115 LACKLAND RD, ST LOUIS, MO 63146 Licensed All states except AK, NY, PR	IL		B-
UNITEDHEALTHCARE INSURANCE COMPANY O Address PO BOX 30607, SALT LAKE CITY, UT 84130 Licensed All states except NY, PR	IL		E+
US FIRE INS CO Address PO BOX 10823, CLEARWATER, FL 33757 Licensed All states, the District of Columbia and Puerto Rico	DE		C
USAA LIFE INS CO Address 9800 Fredericksburg Rd, San Antonio, TX 78288 Licensed All states except NY, PR	TX	(210) 531-8722	A
WISCONSIN PHYSICIANS SERVICE INS Address 1717 WEST BROADWAY, MADISON, WI 53713 Licensed IL, IN, MI, OH, WI	WI	(608) 977-5000	C

Reference Organizations

Insurance Department

Department of Insurance

www.naic.org/state_web_map.htm

Insurance Counseling

Senior Health Insurance Counseling

www.seniorhealthinscounsel.com

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

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@lctrendtracker.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