

2011 DELAWARE

MEDICARE SUPPLEMENT INSURANCE SHOPPER'S GUIDE



Delaware Insurance Department
Karen Weldin Stewart, CIR-ML

A MESSAGE FROM DELAWARE'S INSURANCE COMMISSIONER



Dear Fellow Delawarean,

At the Department of Insurance, the annual Delaware Medicare Supplement Insurance Shopper's Guide remains one of our most asked-for and extensively used publications. As in previous years, in 2011 we have revised the guide to make it more informative and timely. I hope the information in this year's guide helps you determine what plan best meets your needs and those of your loved ones.

The guide features up-to-date price comparisons for Medigap policies, private insurance designed to supplement your Medicare coverage. While reviewing the rates, keep in mind that your gender and status as a smoker/non-smoker will directly affect your premiums. Be aware that listed rates may change during the year.

As you read this year's guide, you should be aware of some key items:

1. In 2011, the dates of open enrollment are being changed from prior years. The annual election period will run from October 15, 2011 through December 7, 2011 for coverage beginning January 1, 2012.
2. If you reach the Part D coverage gap, you will thereafter receive a 50% discount on brand-name prescription drugs and a 7% discount for generic prescription drugs.
3. Effective January 1, 2011, you are entitled to receive a comprehensive annual wellness visit. The visit will include:
 - a. A comprehensive health risk assessment
 - b. A personalized prevention plan
 - c. Health advice and referral to education and preventive counseling
 - d. There is no copayment or deductible for this visit

Toll-free telephone numbers for all companies offering Medigap in Delaware are included in the guide.

While Medicare is a federal program, the department's *ELDERinfo* division can help Delawareans with Medicare make sense of the complex health insurance system. All *ELDERinfo* services are completely free. This year, as new provisions of the federal health care reforms are implemented, you may find things are more confusing than ever.

The number for *ELDERinfo*'s toll-free hotline is (800) 336-9500 and we're on the Web at www.delawareinsurance.gov/elder. Click on "2011 Medicare Supplement Guide".

I invite you to call us with any questions you may have about Medicare, Medicaid, Medigap, long-term care, and the new federal reforms.

Very truly yours,

A handwritten signature in black ink, appearing to read "Karen Weldin Stewart". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Karen Weldin Stewart, CIR-ML
Insurance Commissioner

WHAT'S IN THIS GUIDE

A MESSAGE FROM DELAWARE'S INSURANCE COMMISSIONER	1
ELDERINFO COUNSELING SITES	3
ABOUT MEDICARE, SUPPLEMENT INSURANCE	4
SPECIFIC TO DELAWARE	5
WHAT IS NOT COVERED BY MEDICARE	6
GAPS IN MEDICARE	6
SHOPPER'S GUIDE	9
PLAN CONTACT INFORMATION	12
RATES FOR MEDIGAP INSURANCE PLANS	13
RESOURCES AVAILABLE TO YOU	16
MEDICARE AND THE NEW HEALTH CARE LAW	18
INFORMATION ABOUT MEDICARE ADVANTAGE (PART C)	19
IMPORTANT MEDICARE DATES	20
SCHEDULED INFORMATION SESSIONS	21

Insurance Matters *eNews*

To stay current about insurance issues affecting you, sign up for the Department of Insurance online newsletter.

Visit <http://delawareinsurance.gov/signup.shtml>.

ELDERINFO COUNSELING SITES

While Medicare is a federal program, the department's ELDERinfo division can help Delawareans with Medicare make sense of the complex health insurance system. All ELDERinfo services are completely free. This year, with the enactment of new federal health care reforms, you may find things are more confusing than ever.

Following, is a listing of participating ELDERinfo counseling sites throughout Delaware. For the name of the counselor and counseling hours at the site nearest you, please call (800) 336-9500. If you are not able to visit the site, a counselor will call you to answer your questions.

Counselors with ELDERinfo are volunteers who have completed extensive training on health insurance. Counselors provide one-on-one assistance in an objective and confidential manner.

	Claymore Senior Center 504 South Clayton Street Wilmington	Newark Senior Center 200 White Chapel Road Newark
NEW CASTLE COUNTY	M.O.T. Senior Center 300 S. Scott Street Middletown	Shipley Manor 2723 Shipley Road Wilmington
	St. Anthony's Senior Center 1703 W. 10th Street Wilmington	
KENT COUNTY	Eden Hill Medical Center 200 Banning Street Dover	Harrington Senior Center 102 Fleming Street Harrington
	Frederica Senior Center 216 S. Market Street Frederica	Milford Senior Center 111 Park Avenue Milford
SUSSEX COUNTY	Coastal Leisure Center 36380 Cedar Neck Road Ocean View	Long Neck CHEER Center 26089 Long Neck Road Millsboro
	Greenwood CHEER Center Rt. 13 (Sussex Highway) Greenwood	Lewes Library 111 Adams Avenue Lewes

ABOUT MEDICARE, SUPPLEMENT INSURANCE

WHAT IS MEDICARE?

Medicare is a federal health insurance program for people 65 years of age or older, people of any age with permanent kidney failure, and certain disabled people under age 65. The Centers for Medicare & Medicaid Services, part of the U.S. Department of Health and Human Services, manages Medicare.

Medicare was never intended to pay 100% of medical bills. It forms the foundation for beneficiaries' protection against heavy medical expenses. There are "gaps" in Medicare coverage where the beneficiary must pay a portion of expenses. Medicare supplement insurance, also called Medigap, can help cover these expenses. The Delaware Insurance Department regulates this type of plan.

HOW IS MEDICARE DIVIDED?

Medicare has four parts:

- ◆ Hospital insurance (Part A)
- ◆ Medical insurance (Part B)
- ◆ Medicare Advantage Plans (Part C)
- ◆ Medicare prescription drug coverage (Part D)

PART A

Medicare Part A helps pay for medically necessary care in the following areas: inpatient hospital care; inpatient stays in a skilled nursing facility following a hospital stay (**not custodial or long-term care**); home health care services; hospice care and

blood. Limitations exist on the number of hospital or skilled-nursing facility care days Medicare helps pay for in a benefit period. Most people do not pay a premium for this coverage – it is generally covered by the federal government.

PART B

Medicare Part B includes doctors' services; outpatient hospital services; emergency room care; diagnostic tests; durable medical equipment; ambulance services; and many other services and supplies not covered by Medicare Part A.

Medicare Part B has a monthly premium. In 2011, most people will pay the standard monthly Part B premium of \$115.40. However, some people will pay a higher premium based on their modified adjusted gross income. Your monthly premium will be higher if you file an individual tax return and your annual income is more than \$85,000, or if you are married filing a joint tax return and your annual income is more than \$170,000. These amounts may change each year.

If you have group insurance, check with your employer to see if you are required to select Part B. Your group benefits may be reduced if you do not enroll in Part B when you are eligible.

PART C

Medicare Advantage Plans are health plan options that are approved by Medicare and

run by private companies. The Insurance Commissioner has no jurisdiction over these health plans. These plans are part of Medicare, and sometimes called “Part C.” They provide all your Part A and Part B covered services. Medicare Advantage Plans provide Medicare covered benefits to Medicare members through the plan, and may offer prescription drug benefits as well as extra benefits that Medicare doesn’t cover, such as vision or dental services. If you join one of these plans, you generally get all your Medicare-covered health through the plan and will use the health care card that you receive from your Medicare Advantage Plan. You may need a referral to see a specialist. In some plans, you can only see doctors who belong to the plan or go to certain hospitals to get covered services. If you’re in a Medicare Advantage Plan, you generally don’t need a Medigap policy because they cover many of the same benefits.

PART D

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future. It can give you greater access to drugs that you can use to prevent complications of diseases and stay well. To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. If you join a Medicare drug plan, you usually pay a monthly premium. If you decide not to join a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. If you have limited income and resources, you might qualify for extra help paying your Part D costs. For more information about extra

help with prescription drug costs and how to apply, call *ELDERinfo* at 1-800-336-9500.

SPECIFIC TO DELAWARE BENEFICIARIES WITH DISABILITIES

Federal law doesn’t require insurance companies to sell Medigap policies to people under 65. However, state law requires all insurance companies offering Medicare supplement policies in Delaware to make available Medicare supplement coverage to any applicant under the age of 65 who is eligible for Medicare **due to End Stage Renal Disease (ESRD)**. Upon enrolling in Medicare Part B, a disabled beneficiary with ESRD has a six-month open enrollment period to buy supplement coverage. That period begins the day Part B coverage becomes effective. Disabled Medicare beneficiaries with ESRD cannot be turned down for any Medicare supplement plan being sold in Delaware during the initial six-month open-enrollment period. Coverage will be guaranteed issue, but companies may apply the same pre-existing condition limitation as applies to age 65 beneficiaries. A second open-enrollment period will apply when the disabled Medicare beneficiary turns 65.

CONSUMER PROTECTION

If you lose your health coverage under certain circumstances, you will have a right to purchase a Medigap policy (Plan A, B, C, F, K or L) as long as you apply within 63 days of losing your coverage. Special protections apply with regard to pre-existing conditions and for the disabled. The circumstances include:

- ◆ You are in a Medicare Advantage Plan, and your plan is leaving Medicare or

-
- stops giving care in your area, or you move out of the plan's service area.
- ◆ You were in an employer health plan that terminated coverage.
 - ◆ You move outside the plan's service area.
 - ◆ You join a Medicare Advantage plan when you first become eligible for Medicare at age 65 and you leave the plan within one year.
 - ◆ You drop your Medigap policy to join a Medicare Advantage plan for the first time and you leave within one year of joining.
 - ◆ You leave a plan because it failed to meet its obligations to you.
 - ◆ Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.

The terminating plan is required to provide you with written proof of coverage as evidence of continuous insurance for enrolling in another plan. Do not destroy or lose this notification.

WHAT IS NOT COVERED BY MEDICARE

Medicare does not cover everything. You are responsible for paying uncovered medical expenses, sometimes called "gaps." Items and services **not covered** include but are not limited to the following:

- ◆ Acupuncture.
- ◆ Deductibles, coinsurance or co-payments when you obtain certain health care services.
- ◆ Dental care and dentures (with a few exceptions).
- ◆ Cosmetic surgery.
- ◆ Long-term care, like custodial care (help with bathing, dressing, using the bathroom and eating) at home or in a

nursing home.

- ◆ Eye care (routine exam), eye refractions.
- ◆ Hearing aids and hearing exams for the purpose of fitting a hearing aid.
- ◆ Hearing tests that haven't been ordered by your doctor.
- ◆ Orthopedic shoes (with a few exceptions).
- ◆ Prescription drugs (with a few exceptions).
- ◆ Routine foot care, such as cutting of corns or calluses (with a few exceptions).
- ◆ Vaccinations (exception influenza, Hepatitis B and pneumococcal).
- ◆ Diabetic supplies (like syringes or insulin, unless the insulin is used with a pump or it may be covered by Medicare Part D).
- ◆ Chiropractic services exception to correct a subluxation (when bones in your spine move out of position) using manipulation of the spine. You are responsible for coinsurance, and the Part B deductible applies.

GAPS IN MEDICARE PART A INPATIENT HOSPITAL COVERAGE, YOU PAY:

- ◆ \$1,132 deductible on first admission to hospital in each benefit period.*
- ◆ \$283 daily coinsurance for days 61 through 90.*
- ◆ All charges for coverage after 90 days in any benefit period unless you have and use lifetime reserve days.
- ◆ \$566 daily coinsurance for each lifetime reserve day used.*
- ◆ For a private hospital room, unless medically necessary, and for a private duty nurse.
- ◆ For nonemergency care in a hospital that does not participate in the Medicare program.
- ◆ For care received outside the United States and its territories, except under

limited circumstance in Canada and Mexico.

PSYCHIATRIC HOSPITAL COVERAGE, YOU PAY:

- ◆ For all care after you have received 190 days of specialized treatment in a psychiatric hospital during your lifetime.
- ◆ The gaps in general hospital coverage.

SKILLED-NURSING FACILITY COVERAGE (SNF), YOU PAY:

- ◆ \$141.50 daily coinsurance for days 21 through 100 in each benefit period.
- ◆ All cost for care after 100 days in a benefit period.
- ◆ All costs if you were not transferred to the SNF in a timely manner after a qualifying hospital stay.
- ◆ For care in a SNF not approved by Medicare.
- ◆ For custodial care in a Medicare-approved SNF.
- ◆ For care in a general nursing home.

HOME HEALTH COVERAGE, YOU PAY:

- ◆ For full-time nursing care.
- ◆ For meals delivered to your home.
- ◆ For prescription drugs.
- ◆ 20% of the Medicare-approved amount for durable medical equipment, plus charges in excess of the approved amount on unassigned claims (claims submitted for a service or supply by a provider who doesn't accept assignment).
- ◆ For homemaker services that primarily assist you in meeting personal care or housekeeping needs.

HOSPICE COVERAGE, YOU PAY:

- ◆ Limited charges for inpatient respite care and outpatient drugs.
- ◆ Deductibles and coinsurance amounts

when regular Medicare benefits are used for treatment of a condition other than terminal illness.

GAPS IN MEDICARE PART B

YOU WILL BE RESPONSIBLE FOR:

- ◆ \$162 annual deductible.*
- ◆ Generally, 20% coinsurance and permissible charges in excess of Medicare-approved amount.
- ◆ All charges for most services that are not reasonable and necessary for the diagnosis or treatment of all illness or injury.
- ◆ All charges for most self-administered prescription drugs and immunizations.
- ◆ All charges for non-covered services listed on Page 6 of this booklet (“What is Not Covered By Medicare”).

MEDICARE SAVINGS PROGRAMS (MSP)

For certain low-income individuals entitled to Medicare Part A, the MSP may pay some or all of Medicare's premiums, deductibles and coinsurance. The programs that help pay Medicare's premiums are called the QMB program, the SLMB program, and the QI-1 program. For eligibility requirements, please contact *ELDERinfo* at (800) 336-9500.

*Deductible and coinsurance amounts are set by CMS and change at the start of each calendar year. You are responsible for these amounts and uncovered medical expenses.

MEDIGAP PLANS

HOW TO READ THE CHART:

If a checkmark appears in a column of this chart, the Medigap policy covers 100% of the described benefit. If a column lists a percentage, the policy covers that percentage of described benefit. If a column is blank, the policy doesn't cover that benefit.

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

Medigap Benefits										
Medigap Benefits	A	B	C	D	F*	G	K	L	M	N
Medigap Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up	√	√	√	√	√	√	√	√	√	√
Medicare Part B Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√ ^{***} *
Blood (First 3 Pints)	√	√	√	√	√	√	50%	75%	√	√
Part A Hospice Care Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√
Skilled Nursing Facility Care Coinsurance			√	√	√	√	50%	75%	√	√
Medicare Part A Deductible		√	√	√	√	√	50%	75%	50%	√
Medicare Part B Deductible			√		√					
Medicare Part B Excess Charges					√	√				
Foreign Travel Emergency (Up to Plan Limits)			√	√	√	√			√	√
Medicare Preventive Care Part B Coinsurance	√	√	√	√	√	√	√	√	√	√
							Out-of-Pocket Limit**			
							\$4,620	\$2,310		

*Plan F also offers a high-deductible plan. This means you must pay for Medicare covered costs up to the deductible amount \$2,000 in 2011 before your Medigap plan pays anything.

**After you meet your out-of-pocket yearly limit and your yearly part B deductible (\$162 in 2011), the Medigap plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.

***Plan N pays 100% of the Part B co-insurance except up to \$20.00 copayment for office visits and up to \$50.00 for emergency department visits.

SHOPPER'S GUIDE FOR STANDARD AND HIGH-DEDUCTIBLE PLANS

Rates are determined in one of three ways:

- ◆ Issue Age - The premium is based on the age you are when you buy (are “issued”) the Medigap policy.
- ◆ Attained Age - The premium is based on your current age (the age you have “attained”), so your premium goes up as you get older.
- ◆ Community Rated—Generally the same monthly premium is charged to everyone who has the Medigap policy, regardless of age.

Remember: All companies must offer Plan A, the basic Benefits. All other plans build upon Part A.

PLAN A (BASIC BENEFITS)

- ◆ Coverage for the Part A coinsurance amount (\$283 per day in 2011) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- ◆ Coverage for the Part A coinsurance amount (\$566 per day in 2011) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- ◆ After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- ◆ Coverage under Medicare Part A and B for the reasonable cost of the first three pints of blood or equivalent quantities of pack red blood cells per calendar year unless replaced in accordance with federal regulations.
- ◆ Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 55% of approved charges for outpatient mental health services) after \$162 annual deductible is met.
- ◆ Hospice.
- ◆ Coverage for Medicare-covered preventative care.

PLAN B

- Includes the basic benefits under Plan A plus
- ◆ Coverage for the Medicare Part A inpatient hospital deductible (\$1,132 per benefit period 2011).

PLAN C

- Includes the basic benefits under Plan A and Plan B plus:
- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$141.50 per day for days 21 through 100 per benefit period in 2011).
 - ◆ Coverage for the Medicare Part B deductible (\$162 per calendar year in 2011).
 - ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

-
- ◆ Coverage for Medicare Preventive Care Part B Coinsurance.

PLAN D

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$141.50 per day for days 21 through 100 per benefit period in 2011).
- ◆ 80% coverage for medically necessary emergency care in foreign country, after a \$250 deductible.

PLAN F

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$141.50 per day for days 21 through 100 per benefit period in 2011).
- ◆ Coverage for the Medicare Part B deductible (\$162 per calendar year in 2010).
- ◆ Coverage for the 100% of Medicare Part B excess charges.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

PLAN F*

High-deductible plan:

- ◆ This high-deductible plan offers the same benefits as Plan F after you have a paid a calendar-year (\$2,000) deductible.
- ◆ Benefits will not begin until your out-of-pocket expenses are \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductible for Parts A and B, but not the plan's separate foreign travel emergency deductible.

PLAN G

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care Coinsurance amount (\$141.50 per day for days 21 through 100 per benefit period in 2011).
- ◆ Coverage for 100% of Medicare Part B excess charges.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- ◆ Coverage for Medicare Preventive Care Part B Coinsurance.

ABOUT PLANS K AND L

Plans K and L provide different cost-sharing for items and services than Plan A-G. Once you reach the annual limit, the plan plays for 100% of the Medicare co-payments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include provider charges that exceed Medicare-approved amounts, called "excess charges." You will be responsible for paying excess charges.

PLAN K INCLUDES:

- ◆ 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end.
- ◆ 50% of hospice cost-sharing.
- ◆ 50% of Medicare-eligible expenses for the first three pints of blood.
- ◆ 50% of Part B coinsurance.
- ◆ 100% coinsurance for Part B preventive services.
- ◆ 50% skilled-nursing facility coinsurance.
- ◆ 50% Part A deductible.
- ◆ \$4,620 out-of-pocket annual limit.

PLAN L INCLUDES:

- ◆ 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits ends.
- ◆ 75% hospice cost-sharing.
- ◆ 75% of Medicare eligible expenses for the first three pints of blood.
- ◆ 75% of Part B coinsurance.
- ◆ 100% coinsurance for Part B preventive services.
- ◆ 75% skilled-nursing facility coinsurance.
- ◆ 75% Part A deductible.
- ◆ \$2,310 out-of-pocket annual limit.

PLAN M

Includes the basic benefits under Plan A plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$141.50 per day for days 21 through 100 per benefit period in 2011).
- ◆ 50% Part A deductible.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

PLAN N

Includes the basic benefits under Plan A and Plan B plus:

- ◆ 100% of the Part B coinsurance except up to \$20.00 copayment for office visits and up to \$50.00 for emergency department visits.
- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$141.50 per day for days 21 through 100 per benefit period in 2011).
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

TIPS FROM THE COMMISSIONER

- You only need one Medigap policy.
- The lowest price is not always the best deal. If the policy is priced too low, you could be hit with a big price hike in the future.
- Don't be fooled by sales hype. All plans are identical from one insurance company to another - and must be labeled with the letters A, B, C, D, F, G, K, L, M or N.
- Your premiums are not guaranteed for life. They may (and probably will) go up.
- Medical conditions you had before purchasing the policy can be excluded, but not for longer than six months.
- All policies have a 30-day free look period. During this time, you may review the policy, cancel, and get a full refund.
- Pay by check. Make the check out to the insurance company, not the agent. Never pay with cash.
- If you are switching policies, do not cancel your current plan until you have received your new policy.

2011 COMPANY LISTING FOR MEDIGAP INSURANCE PLANS

Bankers Fidelity Life Insurance Co.

4370 Peachtree Rd., NE
Atlanta, GA 30319
(800) 241-1439
www.bflic.com

Combined Insurance Co. of America

1000 N. Milwaukee Ave.
Glenview, IL 60025
(800) 225-4500
www.combineinsurance.com

Equitable Life & Casualty Insurance Co.

3 Triad Center
Salt Lake City, UT 84180
(800) 352-5170
www.equilife.com

Humana

P.O. Box 14601
Lexington, KY 40512
(800) 992-2551
www.humana.com

Standard Life & Accident

1 Moody Plaza
Galveston, TX 77550
www.slaico.com
(888) 350-1488

United American

P.O. Box 8080
McKinney, TX 77550
(800) 331-2512
www.unitedamerican.com

USAA

980 Fredericksburg Road
San Antonio, TX 78288
(800) 531-8722
www.usaa.com

Blue Cross/Blue Shield of Delaware

201 W 14th St.
Wilmington, DE 19801
(800) 429-2487
www.bcbsde.com

Continental Life Insurance

8049 West Chester Pk.
Upper Darby, PA 19082
(800) 264-4000
www.continentalins.com

Guarantee Trust Life Insurance Co.*

1275 Milwaukee Ave.
Glenview, IL 60025
(800) 338-7452
www.gtlic.com

Liberty National Life Insurance Co.**

P.O. Box 2612
Birmingham, TX 35202
(800) 331-2512
www.libertynational.com

State Farm Mutual Auto

P.O. Box 3070
Newark, OH 43058
New Castle County (302) 731-9242
Kent & Sussex Counties (302) 674-1158

Sterling Life Insurance Co.

P.O. Box 1917
Bellingham, WA 98227
(888) 858-8551
www.sterlinghealth.com

United Healthcare (AARP)+

P.O. Box 130
Montgomeryville, PA 18936
(800) 523-5800
www.uhc.com

*Company only markets to existing customers. They are not selling new policies.

** Underwritten by United American.

2011 RATES FOR MEDIGAP INSURANCE PLANS

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Bankers Fidelity Life Insurance Company I, A	<65 ESRD	24000	30000	33000	33000	36000	34000	36000	9280	13361		
	65	866	1396	1758	1434	1981	595	1401	701	1010		
	70	969	1566	1934	1608	2132	640	1512	865	1246		
	75	1055	1773	2207	1815	2377	640	1738	1069	1539		
	80	1107	1868	2363	1970	2510	753	1873	1333	1919		
Blue Cross/Blue Shield of Delaware A	<65 Disabled	2472	2856	3852	2976	3936	1380					
	<65 ESRD	14340	16572	22308	17232	22824	7992					
	65	984	1140	1536	1188	1572	552					
	70	1368	1572	2124	1644	2172	756					
	75	1764	2040	2748	2124	2808	984					
80	1992	2304	3108	2400	3180	1116						
Combined Insurance Co. of America I	<65 Disabled					3195						2237
	<65 ESRD	19000				25000						19000
	65	1187				1776						1243
	70	1551				2321						1625
	75	1887				2824						1977
80	2135				3195						2237	
Continental Life Insurance A	<65 ESRD	17190	21655			23706	9323	22023				17494
	65	1206	1521			1766	695	1547				1228
	70	1366	1723			1981	780	1750				1390
	75	1597	2013			2278	896	2046				1626
	80	1760	2215			2463	969	2253				1791
Equitable Life & Casualty Insurance Co. A	<65 ESRD	3076				4357						3068
	65	1817				2574						1812
	70	1950				2774						1955
	75	2131				3050						2148
	80	2258				3249						2291
Family Life Insurance Co. A	<65 ESRD	14625	17788	20551	18648	20667		18755			16784	14467
	65	921	1120	1285	1175	1339		1180			1058	937
	70	1095	1333	1533	1398	1573		1405			1258	1101
	75	1301	1582	1844	1659	1882		1668			1493	1318
	80	1479	1798	2096	1886	2126		1895			1697	1488

Premiums are accurate as of April 2011, but may change over the course of the year. For the most updated Medicare Supplement Rates, please contact the companies.

2011 RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Guarantee Trust Life Insurance Co A	<65 ESRD	****	****	****	****	****		****				
	65	1479	2030	2717	1739	2858		1665				
	70	1742	2381	3190	2042	3365		1956				
	75	2002	2727	3567	2342	3866		2239				
	80	2239	3051	4086	2619	4329		2505				
Humana A	<65 ESRD	15204	18197	20977		21404	8042		9816	13943		
	65	1244	1485	1708		1743	668		811	1143		
	70	1466	1751	2015		2056	786		955	1347		
	75	1696	2026	2332		2379	907		1103	1557		
	80	1925	2300	2648		2702	1028		1251	1767		
Liberty National Life Insurance Co. I, A	<65 Disabled		5284									
	<65 ESRD	11426	13210			14203	6565					12301
	65	1571	2182			2450	558					1939
	70	1892	2687			3047	732					2467
	75	2018	2955			3450	1000					2829
80	2023	3006			3775	1235					3153	
Standard Life & Accident A	<65 ESRD	21080	25519	29877	27552	29950	8202	27626				17996
	65	2346	2671	3036	1830	2497	363	1844				1204
	70	2405	2738	3113	1876	2560	372	1890				1234
	75	2576	2932	3334	2009	2742	399	2024				1322
	80	3056	3479	3956	2384	3253	473	2402				1569
State Farm Mutual Auto A	<65 ESRD	9528	10126	10143								
	65	1198	1807	1825		9913						
	70	1509	2277	2299		2003						
	75	1749	2638	2664		2321						
	80	1965	2963	2993		2608						
Sterling Life Insurance Co. A	<65 Disabled											
	<65 ESRD	****	****	****	****	****						
	65	1669	1928	2207	2211	2579		2287				
	70	1906	2247	2581	2585	3040		2710				
	75	2077	2510	2894	2898	3419		3067				
80	2189	2768	3212	3216	3803		3449					

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 9.

**** Call for Rates.

2011 RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
United American I, A	<65 Disabled	4359	5038				2507					
	<65 ESRD	10889	12596	13515	13119	13564	6268	13142	7243	10182		11732
	65	1421	2052	2308	2152	2322	529	2162	1108	1558		1835
	70	1710	2526	2872	2718	2885	693	2728	1477	2079		2331
	75	1821	2774	3246	3093	3258	863	3103	1646	2314		2671
	80	1824	2817	3541	3389	3553	1075	3399	1732	2438		2694
United Healthcare (AARP)+ C	<65 ESRD	16647	20331	23118		23145			14196	17097		19776
	65	1275	1749	2076		2088			882	1260		1380
	70	1275	1749	2076		2088			882	1260		1380
	75	1275	1749	2076		2088			882	1260		1380
	80	1275	1749	2076		2088			882	1260		1380
	USAA A	<65 Disabled	1842				3099					
<65 ESRD		1842				3099						
65		1034				1738						
70		1210				2032						
75		1442				2421						
80		1671				2811						

ATTENTION:

Typically companies do not release information concerning premium rates until after the first quarter of the year. Each year the guide will be released during the subsequent quarter.

Premiums are accurate as of April 2011, but may change over the course of the year. For the most updated Medicare Supplement Rates, please contact the companies.

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 9.

**** Call for Rates.

RESOURCES AVAILABLE TO YOU

ELDERINFO

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (S.H.I.P)

(800) 336-9500 or www.delawareinsurance.gov

ELDERinfo, Delaware's State Health Insurance Assistance Program (S.H.I.P), a division of the Delaware Department of Insurance, offers free, objective information about Medicare, Medicare Advantage plans, Medicare claims, Medicare supplement insurance, Medicare prescription drug plans and long-term care insurance. Trained SHIP volunteer counselors are available for one-on-one counseling in every county in the state.

MEDICARE

(800) 633-4227 or www.medicare.gov

Medicare provides information 24 hours a day, seven days a week about eligibility, enrollment and coverage.

SOCIAL SECURITY ADMINISTRATION

(800) 772-1213 or www.socialsecurity.gov

Contact the Social Security Administration to enroll in Medicare Part A or B, or to request a replacement Medicare card.

EMPLOYER BENEFITS REPRESENTATIVE

See your representative for information about Employer Group Health Plan coverage.

LOCAL DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)

(800) 372-2022

State DHSS offices have information about Medicaid and Medicare Savings Program eligibility and applications.

TRICARE FOR LIFE

(800) 363-5433 or www.tricare.mil

TRICARE for Life representatives can assist military retirees with questions on eligibility and coverage.

RESOURCES, CON'T.

DELAWARE PRESCRIPTION ASSISTANCE PROGRAM (DPAP)

(800) 996-9969 or www.dhss.delaware.gov/dhss/dmma/dpap.html

The Delaware Prescription Assistance Program, (DPAP) is funded by tobacco settlement money and provides a \$3,000 prescription benefit per year for low-income seniors or low-income disabled persons. To determine if you are eligible for assistance, please contact DPAP for prescription assistance.

NEMOURS SENIOR CARE

(302) 651-4405 (Wilmington) or (800) 763-9326 (Milford)

The privately funded Nemours Health Clinic provides dental, optometry and ophthalmology (eye) services including eyeglass; audiology (hearing) screenings and tests, and provides hearing aids for qualified senior citizens of Delaware. Some of the services require small co-pays.

Help From *ELDERinfo*

The issues involved in Medicare, Medigap and other health insurance issues can be complex and confusing. For Delawareans with Medicare, the Insurance Commissioner's *ELDERinfo* program provides Medicare beneficiaries with information and counseling related to all types of health insurance. To contact *ELDERinfo*, call 1-800-336-9500 or go to www.delawareinsurance.gov/elder. See back cover for more information.

MEDICARE AND THE NEW HEALTH CARE LAW – WHAT IT MEANS FOR YOU

IMPROVEMENTS IN MEDICARE YOU WILL SEE RIGHT AWAY:

MORE AFFORDABLE PRESCRIPTION DRUGS

- In 2011, if you reach the coverage gap, you will receive a 50% discount when buying Part D-covered brand-name prescription drugs, and a 7% discount on all generic prescription drugs.
- Over the next nine years, you will receive additional savings until the coverage gap is closed in 2020.

IMPORTANT NEW BENEFITS TO HELP YOU STAY HEALTHY

- Beginning 2011, you can get free preventive care services like colorectal cancer screening and mammograms. You can also get a free annual physical to develop and update your personal prevention plan based on current health needs.

IMPROVEMENTS TO MEDICARE ADVANTAGE

- Today, Medicare pays Medicare Advantage insurance companies over \$1,000 more per person on average than Original Medicare. These additional payments are paid for in part by increased premiums by all Medicare beneficiaries—including the 77% of seniors not enrolled in a Medicare Advantage plan.
- The new law levels the playing field by gradually eliminating Medicare Advantage overpayments to insurance companies.
- If you are in a Medicare Advantage plan, you will still receive guaranteed Medicare benefits.
- Beginning in 2014, the new law protects Medicare Advantage members by taking strong steps to ensure that at least 85% of every dollar these plans receive is spent on health care, rather than administrative costs and insurance company profits.

IMPORTANT INFORMATION ABOUT MEDICARE ADVANTAGE (PART C)

ADVANTAGES:

- If you are receiving the Qualified Medicare Beneficiary (QMB) benefit, you DO NOT NEED a Medicare Advantage Plan.
- You are still in the Medicare Program; however, the Medicare Advantage plan administers all of your benefits.
- You still have all the rights and protections as original Medicare.
- Most plans include prescription drugs.
- You may receive additional benefits (vision, dental, hearing, which services are not provided by Medicare.)
- If you are unable to purchase a Medigap policy, you may be able to purchase a Medicare Advantage plan.
- Some plans have \$0 premiums.

DISADVANTAGES:

- You no longer use your Medicare card, but the card provided by the Medicare Advantage plan.
- You must live in the plan's service area.
- You must use doctors, specialists, and hospitals contracted by the Medicare Advantage plan (except in an emergency situation).
- You cannot have End-Stage Renal Disease (ESRD).
- You still have to pay your Medicare Part B premium.
- If you use doctors outside of Delaware, you may want to reconsider using this plan because you cannot see doctors outside of Delaware if providers do not contract with the plan.
- You pay deductible, coinsurance, and co-payment different than original Medicare.
- The plans are offered on a yearly contract. Every year you should review your plan to make sure it will be available the following year.
- In most cases, you need a referral to see a specialist.
- If you get healthcare outside the plan's network, you may have to pay the full cost.

REMEMBER, MEDICARE PLANS CAN CHANGE EACH YEAR

IMPORTANT MEDICARE DATES

OCTOBER-REVIEW AND COMPARE

Review: Your plan may change. Review any notices from your plan about changes for next year.

Compare: In October, use Medicare's tools to find a plan that meets your needs.

OCTOBER 15 – OPEN ENROLLMENT BEGINS

This is the one chance each year most people with Medicare have to make a change to their health and prescription drug plans for the next year.

Decide: October 15 is the first day you can change your Medicare coverage for next year. Make your choice as soon as possible to give the plan time to mail your membership card, acknowledgment letter, and welcome package before your coverage begins on January 1.

DECEMBER 7- OPEN ENROLLMENT ENDS

In most cases, December 7 is the last day you can change your Medicare coverage for the next year. The plan has to get your enrollment request (application) by December 7.

JANUARY 1 – COVERAGE BEGINS

Your new coverage begins if you switched to a new plan. If you stay with the same plan, January 1 is the date that any changes to coverage, benefits, or costs for the new year will begin.

SCHEDULED INFORMATION SESSIONS

YEARLY MEDICARE PRESCRIPTION DRUG CHECK-UPS:

Newark Senior Center, 9 a.m. - 4 p.m.
200 White Chapel Road, Newark
Tuesday, October 18th
Tuesday, October 25th
Tuesday, November 1

Hockessin Library 10 a.m. - 4 p.m.
1023 Valley Road, Hockessin
Monday, October 24th
Monday, November 7th
Monday, November 14th

Claymore Senior Center, 9 a.m. - 4 p.m.
504 S. Clayton Street, Wilmington
Wednesday, November 9th

Department of Insurance, ELDER*info* Office,
9 a.m. - 4 p.m.
841 Silver Lake Boulevard, Dover
Thursday, October 20th
Wednesday, November 2nd
Tuesday, November 15th
Thursday, November 17th
Monday, November 21st

Georgetown CHEER Activity Center,
9 a.m. - 4 p.m.
20520 Sand Hill Road, Georgetown
Wednesday, October 19th
Thursday, October 27th
Thursday, November 10th
Tuesday, November 16th

Nanticoke Senior Center, 9 a.m. - 3 p.m.
1001 W. Locust Street., Seaford
Thursday, November 3rd

WELCOME TO MEDICARE:

Hockessin Library, 10:15 a.m. - 12 noon
1023 Valley Road
Hockessin, DE
Wednesday, September 7th

Newark Senior Center, 10 a.m. - 12 noon
200 White Chapel Road
Newark, DE
Wednesday, June 29th
Wednesday, September 14th

Modern Maturity Center, 10 a.m. - 12 noon
West Conference Room
1121 Forrest Avenue
Dover, DE
Wednesday, September 14th

Georgetown Community CHEER,
10 a.m. - 12 noon
20520 Sand Hill Road
Georgetown, DE
Thursday, June 23rd
Thursday, September 1st

**PLEASE CALL OUR OFFICE AT
(800) 336-9500 OR (302) 674-7364
FOR MORE INFORMATION ON ANY
OF THESE EVENTS AND TO REGISTER.**



State Health Insurance Assistance Program

DELAWARE INSURANCE DEPARTMENT

CONTACT ELDERINFO: (800) 336-9500

EMAIL: ELDERINFO@STATE.DE.US

WEBSITE: DELAWAREINSURANCE.GOV/ELDER

**OFFICE: 841 SILVER LAKE BLVD.
DOVER, DE 19904
(OFFICE HOURS ARE 8 A.M. TO 4:30 P.M.
WEEKDAYS)**

PHONE: (302) 674-7364

FAX: (302) 739-6278

HEALTH INSURANCE COUNSELING FOR PEOPLE WITH MEDICARE



This publication has been created or produced by ELDERinfo, Delaware's State Health Insurance Assistance Program with financial assistance, in whole or in part, through a grant from the Centers for Medicare & Medicaid Services and the Federal Medicare agency.