



## Monthly Medicare Supplement Rates revised 5/6/2019 Standardized Plans in Connecticut

**CHOICES**  
1-800-994-9422

NOTE: The rates shown are monthly electronic funds transfer rates. Rates may vary by mode of payment. Check with the company for more information.

Company Individual Plans	Telephone Number	Pre-ex Cond.	Disabled (1)	A (1)	B (1)	C (1)	D	F	F(2) High Deductible	G	K	L	M	N	Date (3) Approved	Effective On or After:
Anthem Blue Cross & Blue Shield	1-800-238-1143	6 mos.	A	\$688.31				\$259.45		\$190.05				\$155.08	10/23/18	1/1/19
Cigna Health & Life Ins. Co.	1.877.890.1320	6 mos.	A	\$232.29				\$290.36	\$77.33	\$245.72				\$201.19	8/22/18	10/1/18
Colonial Penn Life Insurance Company	1-800-800-2254	N/A	A,B	\$1,101.36	\$855.95			\$666.40	\$60.68	\$506.14	\$129.57	\$367.14	\$507.53	\$326.80	10/3/18	1/1/19
Combined Insurance Company of America	1-855-278-9329	N/A	A	\$335.11				\$320.24		\$289.12				\$248.00	11/30/18	2/1/19
First Health Life and Health Ins. Co.	1-866-465-1023	N/A	A,B	\$192.59	\$236.74			\$278.97		\$259.48				\$173.18	11/9/18	4/1/19
Globe Life & Accident Insurance Co	1-800-801-6831	2 mos.	A	\$190.50				\$299.00	\$47.50	\$281.50				\$198.50	2/25/19	3/1/19
Humana Insurance Company (5)	1-888-310-8482	3 mos	A	\$349.84				\$331.01	\$75.65	\$284.56	\$121.04	\$210.60		\$259.79	2/1/19	6/1/19
Loyal American Life Insurance Company	1-866-459-4272	6mos.	A	\$303.75				\$323.99		\$270.33				\$192.40	3/21/19	8/1/19
Omaha Insurance Company	1-800-775-6000	N/A	A	\$622.94				\$437.00	\$88.68	\$369.59				\$219.49	5/6/19	7/1/19
Transamerica Life Company	1-866-205-9120	6 mos.	A,B,C	\$182.44			\$263.47	\$286.65		\$263.34	\$131.26	\$194.84	\$239.93	\$225.62	4/09/18	8/1/18
United American Insurance Company	1-800-331-2512	2 mos.	A,B,C	\$204.00	\$299.00	\$347.00	\$342.00	\$280.00	\$50.00	\$335.00	\$135.00	\$189.00		\$196.00	11/2/18	1/1/19
USAA Life Insurance Company	1-800-531-8000	N/A	A	\$348.33				\$263.16		\$234.26				\$171.53	4/24/19	9/1/19
Group Plans (4)																
United HealthCare Insurance /AARP	1-800-523-5800	3 mos.	A,B,C	\$155.50	\$252.75	\$342.75		\$246.75		\$213.25	\$63.50	\$123.50		\$160.75	9/24/18	1/1/19

- (1) Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) B and/or C, then it must also offer the plan(s) to disabled Medicare beneficiaries.
- (2) High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible **\$2,300 for 2019**. Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B deductibles, but not the foreign travel emergency deductibles.
- (3) The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.
- (4) These are group plans that are available to individuals enrolled in Medicare. Payment of a group membership fee is required.
- (5) Company also offers Plans A, F, High Ded. F, K and N with dental and vision benefits for additional monthly cost of \$13.25
- (6) Rates above reflect monthly electronic funds transfers in most cases.

# Benefit Chart of Medicare Supplement Plans

A	B	C	D	F / F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for emergency room
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$5,120; paid at 100% after limit reached	Out-of-pocket limit \$2,560; paid at 100% after limit reached		

## Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insured to pay a portion of Part B coinsurance or copayments.

Blood: First three (3) pints of blood each year

Hospice: Part A coinsurance

\*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year deductible of **\$2,300 for 2019**. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed **\$2,300** for the calendar year. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.