

Medicare supplement change eliminates old, adds new plans

TOPEKA — Kansans who have Medicare Supplement plans will see some new plans offered and sales of some current plans eliminated on June 1, says Insurance Commissioner Sandy Praeger.

Two new Medicare Supplement plans (also called Medigap plans) will be available then, and the sale of four current plans will be stopped. Currently, firms offer 12 Medicare supplement plans, labeled Plan A through L.

“The changes will provide lower out-of-pocket expenses to consumers and give some additional benefits,” Praeger said.

Medicare supplement plans are sold by private insurance compa-

nies to cover health-care costs not covered by Medicare. The Kansas Insurance Department does not regulate Medicare, a federal program, but it does regulate supplemental insurance.

“Medigap plans available in Kansas must abide by all federal and state laws that are designed to protect consumers,” Praeger said. “However, because these plans are sold through private insurers, prices ... may vary....”

Information about the supplement plans is available on the Web at www.ksinsurance.org, under the Quick Link “Medicare/Seniors.” A booklet, “Medicare Supplement Insurance Shopper’s

Guide,” can be ordered or downloaded from the Web site.

The guide complements “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare,” by the federal Centers for Medicare and Medicaid and the National Association of Insurance Commissioners.

“I ask older Kansans to review their Medigap plans to see if they will be affected by the changes,” Praeger said. “The Medicare Supplement agents who sold them the plans can help check to see if lower rates are available.”

For information, call the Kansas Insurance Department at (800) 432-2484.


Changes drop underused benefits

Here is a summary of basic Medicare Supplement changes:

- The “at-home recovery” benefit will be dropped from Medigap Plans D and G. The benefit was deemed underutilized and outdated, given its limited availability in old plans.
- All plans will have a hospice care benefit added. The preventive care and at-home recovery benefits will be eliminated from all supplemental policies.
- Preventive care was underutilized and outdated, given the enhanced benefits now available under Medicare Part B not subject to deductible and co-payment requirements.
- Plan G will have 100 percent coverage for excess charges; it currently has 80 percent coverage.
- A new hospice benefit will be added to all plans except K and L, which already include a hospice benefit. The new benefit covers cost sharing for all Part A-eligible hospice and respite-care expenses.

Medicare provides coverage for inpatient respite care up to five days, less a co-pay of 5 percent. The new hospice benefit will pick up this 5 percent.

- Plan E will no longer be available for new sales because it is now the same as Plan D.
- Plans H, I and J will no longer be available, due to the elimination of the prescription benefit.
- Two new Medigap plans – Plan M and N – will be available beginning June 1. These are designed to give beneficiaries higher cost-sharing responsibilities and lower premiums. New Plan M includes 50 percent coverage of the Medicare Part A deductible, but does not cover the Part B deductible. Plan N includes full coverage of the Part A deductible, but no coverage for the Part B deductible, similar to Plan D. Coverage of the Part B deductible is subject to a new co-pay structure. The co-pay is up to \$20 for office visits and up to \$50 for emergency room visits, waived upon admission to the hospital.



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