Medigap (Medicare Supplemental) Policies and Rates in New York State - with Rate Tables for the Current Year

Medigap (aka Medicare supplemental insurance) policies are sold by private health insurance companies to cover some of the "gaps" in expenses not covered under original Medicare.

Different Medigap policies in New York State and their Cost.

Under federal law, all Medigap plans have standard types indicated by a LETTER CODE A - N. See here for what the LETTERS mean. Costs of premiums vary greatly between states and even between different regions of NYS. Every policy of the same Letter Type must offer the same benefits. For New York State, see the website of New York State Department of Financial Services which oversees and regulates Medigap plans. On this site there are:

- January 2024 Premium Comparison Tables (PDF) -and most recent charts of current Medigap plans in NYS here. Current rate tables show every Medigap plan by Letter type, with the premium amount in different regions of NYS. Plans may vary as to pre-existing condition waiting period if individual had a gap in coverage.
- Medicare Supplement Rate Look-Up Application -- **Put in your zip code for a listing of the Medicare supplement insurance carriers and current monthly rates.**
- **Pre-Existing Condition Waiting Periods --** See Chart of al Medigap companies in NYS with Length of Pre-existing Condition Period for each plan. All plans impose the maximum 6-month pre-existing condition limitation (if there was a gap in coverage 63+ days) except for Globe (2 months) and Humana (3 months). See more here about pre-existing condition waiting periods.

What do the different Medigap Plan Letter Codes Mean? Plan A through Plan N

- See **CHART OF PLAN LETTER CODES A - N**) (Medicare Rights Center updated for 2023) (PAGE 2)(also includes current cost of every plan by Letter type) (these are plans sold after June 1, 2010)
    - Plans **C, F and F+** are only available after January 1, 2020 if you first became eligible for Medicare prior to January 1, 2020. If eligible for Medicare before 1/1/2020 they may purchase a Plan C, F or F+ even if they did not already have that plan. Note that these are the only plans that covered the annual Part B deductible. Plans are now prohibited from covering that cost for new Medicare beneficiaries beginning 1/1/2020.

- ♦ Plans **E, H, I and J** were no longer sold after 6/1/2010, but consumers could keep them if they bought them before.
- ♦ Plan **N** may be best value
- ♦ Note that cost of same Plan Type varies significantly between insurance companies. Benefits are the same if plan has same Plan Type letter.
- ♦ Also see NYS Dept. of Financial Services FAQ

- Chart for Medigap plan types sold before June 1, 2010 -- Before June 1, 2010, the plans were labeled **A - L**. Note that **Plan types E, H, I and J) may no longer be sold to new consumers** after that date, but consumers could keep plans E, H, I, and J if they bought them before June 1, 2010.

CONSUMER PROTECTIONS - see NYS Dept. of Financial Services website -information for Medicare beneficiaries

Guaranteed Issue

Guaranteed issue means that an insurance company is required to sell a policy and may not force an individual to prove "insurability" by making the person pass an insurance physical examination to show they have no pre-existing conditions.

All newly entitled Medicare beneficiaries have a right under federal law to guaranteed issue of any Medigap policy which is offered for sale for the *first six months* after their Medicare entitlement begins. Federal law only gives this right to Medicare beneficiaries who are 65 years of age or older. 42 U.S.C. 1395ss (Balanced Budget Act of 1997). After this 6-month period, federal law also guarantees people age 65+ the right to enroll in a Medigap policy within 63 days of:

- disenrolling from a Medicare Advantage (MA) plan, if they enrolled in that MA plan when first becoming eligible for Medicare, and disenrolled from the MA plan within 12 months of joining it.. 42 USC 1395ss(s).
- If the beneficiary dropped a Medigap policy to enroll in an MA plan, and then subsequently disenrolled from the MA plan within 12 months, she is entitled to re-enroll in the same Medigap policy, if it still is on the market,or a similar plan. 42 USC 1395ss(s).
- moving out of the area covered by a Medigap policy, or after the insurer became bankrupt or misrepresented a provision of the plan, or after employer-sponsored employee, retiree, or COBRA coverage ends.

Open Enrollment

As stated on the State Dept. of Financial Services website, New York State law and regulation require that Medicare beneficiaries may enroll in a Medigap plan at any time throughout the year. Insurers may not deny the applicant a Medigap policy or make any premium rate distinctions because of health status, claims experience, medical condition or whether the applicant is receiving health care services. However, eligibility for policies

offered on a group basis is limited to those individuals who are members of the group to which the policy is issued. Moreover, "All Medicare supplement insurance policies . . . must be offered on an open enrollment basis to persons enrolled in Medicare whether enrolled by reason of age or by reason of disability." 11 NYCRR 360.4(h).

- NOTE that the NYS rules described above are not nationwide. Many states limit enrollment in Medigap plans to a limited window period each year, and may have different rules depending on whether one is over or under age 65.

Rules on pre-existing condition -- also known as portability or "guaranteed issue"--

These are contained in 11 NYCRR 52.20. As explained on the NYS Dept. of Financial Services website --

Federal and state law allow Medigap policies to contain up to a six (6) month waiting period before pre-existing conditions are covered. (Federal HIPPA law at 42 USC 300gg). A pre-existing condition is a condition for which medical advice was given or treatment was recommended or received from a physician within six months before the effective date of coverage. However, under New York State regulation (11 NYCRR 52.20), the waiting period may be either reduced or waived entirely, depending upon your individual circumstances. Medigap insurers are required to reduce the waiting period by the number of days that you were covered under some form of "creditable" coverage so long as there were no breaks in coverage of more than 63 calendar days. Coverage is considered "creditable" if it is one of the following types of coverage:

a. A group health plan;
b. Health insurance coverage;
c. Medicare -- In New York, credit for Medicare coverage is only given if you apply for a Medigap policy before or during the first six months after you turn 65 and are enrolled in Medicare;
d. Medicaid;
e. VA health care, CHAMPUS AND TRICARE health care programs for the uniformed military services;
f. A medical care program of the Indian Health Service or of a tribal organization;
g. A State health benefits risk pool;
h. Federal Employees Health Benefits Program;
i. A public health plan;
j. A health benefit plan issued under the Peace Corps Act; and
k. Medicare supplement insurance, Medicare select coverage or Medicare Advantage plan (Medicare HMO Plan).
l. National Health plan on foreign country

NOTE: New York's Open Enrollment and Portability provisions protect you whether you are Medicare eligible by reason of age or disability. 11 NYCRR 360.4(h). The provisions also

apply to Medicare beneficiaries with end stage renal disease. *Again, not all of these protections are nationwide.* New York's protections are more generous than those required by federal law, which only apply to those who applied for Medigap during their initial open enrollment period (within 6 months of turning age 65 and enrolling in Medicare Part B). 42 USC 1395ss(s)(2)(D).

Prohibition against selling a Medigap policy to a Medicaid or QMB beneficiary

Insurers are prohibited from selling someone a second Medigap policy, or from selling a Medigap policy to a Medicaid or QMB recipient, since it essentially duplicates Medicaid coverage. However, if a Medicaid or QMB recipient already has a Medigap policy, she may renew it or replace it with a different policy. 42 USC 1395ss(d)(3)(B)(iii)(II). The insurer or agent must disclose the federal law prohibiting duplication, and must obtain a written acknowledgment that this information was given. A Medicaid recipient has the right to suspend the Medigap policy for up to 24 months while they have Medicaid, and reinstate it if they stop being enrolled in Medicaid. 42 USC 1395ss(d)(3)(B)(ii)(II).

For more information on national rules on Medigap policies:

- see Center for Medicare Advocacy website and order their comprehensive Medicare handbook, updated annually
- Medicare Interactive section on Medigap policies

Article ID: 35
Last updated: 03 Nov, 2023
Revision: 17
Medigap -> Medigap (Medicare Supplemental) Policies and Rates in New York State - with Rate Tables for the Current Year
http://health.wnylc.com/health/entry/35/