

# MEDICARE SUPPLEMENT INSURANCE

## ADDENDUM



Helping Oklahomans and their families make informed decisions about Medicare.

**OKLAHOMA INSURANCE DEPARTMENT**  
1-800-763-2828 | [www.map.oid.ok.gov](http://www.map.oid.ok.gov) | [map@oid.ok.gov](mailto:map@oid.ok.gov)

# 2021 MEDICARE COSTS

## MEDICARE PART A (HOSPITAL INSURANCE) COSTS

### PART A MONTHLY PREMIUM

Most people don't pay a Part A premium because they paid Medicare taxes while working. If you don't get premium-free Part A, you pay up to \$471 each month.

### PART A HOSPITAL INSURANCE—COVERED SERVICES

(Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2021.)

SERVICES	BENEFITS	YOU PAY (Other insurance may pay all or part)	MEDICARE PAYS
<b>Beneficiaries are responsible for the \$1,484 part A deductible per benefit period</b>			
Hospitalization Semiprivate room, general nursing, misc. services	First 60 days	\$1,484	All but \$1,484
	61st to 90th day	\$371 per day	All but \$371 per day
	91st to 150th day	\$742 per day	All but \$742 per day
	Beyond 150 days	All charges	Nothing
Skilled Nursing Facility Care	First 20 days	Nothing if approved	100% of approved
	21st to 100th day	\$185.50 per day	All but \$185.50 per day
	Beyond 100 days	All costs	Nothing
Home Health Care Medically necessary skilled care, therapy	Part-time care as long as you meet guidelines	Nothing if approved; 20% for Durable Medical Equipment	100% of approved
Hospice Care For the terminally ill	As long as doctor certifies need	Limited costs for drugs and respite care	100% approved
Blood	As needed	First 3 pints	All but first 3 pints

# MEDICARE PART B (MEDICAL INSURANCE) COSTS

## PART B MONTHLY PREMIUM

The standard Part B premium amount in 2021 is \$148.50 or higher depending on your income. Social Security will tell you the exact amount you'll pay for Part B in 2021.

You pay the standard premium amount (or higher) if:

- Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount.

If you're in 1 of these 5 groups, here's what you'll pay:

IF YOUR YEARLY INCOME IN 2018 WAS			YOU PAY (in 2020)
FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	FILE MARRIED & SEPARATE TAX RETURN	
\$88,000 or less	\$176,000 or less	\$87,000 or less	\$148.50
above \$88,000 up to \$111,000	above \$176,000 up to \$222,000	not applicable	\$207.90
above \$111,000 up to \$138,000	above \$222,000 up to \$276,000	not applicable	\$297.00
above \$138,000 up to \$165,000	above \$276,000 up to \$330,000	not applicable	\$386.10
above \$165,000 and less than \$500,000	above \$330,000 and less than \$750,000	above \$88,000 and less than \$412,000	\$475.20
\$500,000 or above	\$750,000 and above	\$412,000 and above	\$504.90

## PART B MEDICARE INSURANCE—COVERED SERVICES

Services	Benefits	You Pay (Other insurance may pay all or part)	Medicare Pays
<b>Beneficiaries are responsible for the first \$203.00 of Part B-covered services in 2020 (the Deductible)</b>			
Medical Expense Physician services and medical supplies	Medical services in and out of the hospital	20% of approved (after \$203 deductible) plus excess charges	80% of approved (after \$203 deductible)
Clinical Laboratory	Diagnostic tests	Nothing if approved	100% of approved
Home Health Care Medically necessary skilled care, therapy	Part-time care as long as you meet guidelines	Nothing if approved; 20% for Durable Medical Equipment	100% of approved
Outpatient Hospital Treatment	Unlimited if medically necessary	20% of approved (after \$203 deductible) plus excess charges	80% of approved (after \$203 deductible)
Blood	As needed	First 3 pints, then 20% of the remaining costs	All but first 3 pints, after the first 3, Medicare covers 80%

# BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS

Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

PLANS AVAILABLE TO ALL APPLICANTS									MEDICARE FIRST ELIGIBLE BEFORE 2020 ONLY	
BENEFITS	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
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)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in [2020] <sup>2</sup>					\$6,220 <sup>2</sup>	\$3,110 <sup>2</sup>				

<sup>1</sup> Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,370 in 2021 before your policy pays anything. (Plans C and F won't be available to people who are newly eligible for Medicare on or after January 1, 2020.)

- Starting January 1, 2020, Medigap plans sold to people new to Medicare won't be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020.
- If you already have either of these two plans (or the high deductible version of Plan F) or are covered by one of these plans prior to January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy one of these plans.
- People new to Medicare are those who turn 65 on or after January 1, 2020, and those who get Medicare Part A (Hospital Insurance) on or after January 1, 2020

<sup>2</sup> For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$203 in 2021), the Medigap plan pays 100% of covered services for the rest of the calendar year.

<sup>3</sup> 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 don't result in an inpatient admission.

## **MEDICARE SUPPLEMENT RATE COMPARISON**

If you are interested in receiving a list of Medicare supplemental plans offered in Oklahoma along with an estimate of the monthly premiums for each carrier, please fill out the next three pages and return them to the Medicare Assistance Program at:

Via FAX:  
405-522-4492

Email:  
MAP@oid.ok.gov

Postal:  
Oklahoma Insurance Department  
Attn: Medicare Assistance Program  
400 NE 50th Street  
Oklahoma City, OK 73105

If you have any questions about this form, contact us at 1-800-763-2828.

**CONSENT FORM**

**(All fields must be completed on page one to obtain a Medigap quote.)**

I, \_\_\_\_\_ (Medicare beneficiary), give consent to the Oklahoma Insurance Department and Medicare Assistance Program to obtain information regarding Medigap/Supplement policies from a third party. I understand the third party is not associated with the Oklahoma Insurance Department or Medicare Assistance Program.

I understand:

- (1) The Medicare Assistance Program counselors are not licensed insurance producers and are not recommending or endorsing any insurance companies or specific Medigap policies;
- (2) The quote and/or supplemental information provided by the Medicare Assistance Program counselors is based on information provided by a third party that is not associated with the Oklahoma Insurance Department/Medicare Assistance Program;
- (3) My final Medigap premium will be determined by the insurance company after the application review and/or underwriting (If applicable) is completed; and
- (4) It is my responsibility to enroll in Medigap coverage by contacting either a licensed Oklahoma insurance producer and/or an insurance company authorized to conduct business in Oklahoma.

By checking this box, I acknowledge that I fully understand and agree to abide by the terms and conditions provided on this consent form.

\_\_\_\_\_ Date

\_\_\_\_\_ Male Female  
Beneficiary First & Last Name (Please Print)

\_\_\_\_\_ Beneficiary Age & Birthday

\_\_\_\_\_ Anticipated Supplement/Medigap Start Date

\_\_\_\_\_ Primary Phone Number

Tobacco Use (Check for Yes)

\_\_\_\_\_ Address (Please include city and zip code)

\_\_\_\_\_ Email Address

\_\_\_\_\_ Medicare 'A' Start Date

\_\_\_\_\_ Medicare 'B' Start Date

**I am interested in Plan (Circle/Check)**

**A    B    C    D    F    G    K    L    M    N**  
**High-Deductible F                      High-Deductible G**

### Optional Medical Information

By providing the following optional information, the Medicare Assistance Program can determine if an insurance company has any lookback periods for specific health conditions.

- |  |  |
|--|--|
| <input type="checkbox"/> Angioplasty   | <input type="checkbox"/> Organ Transplant  |
| <input type="checkbox"/> Any Heart Condition   | <input type="checkbox"/> Diabetes With Stroke  |
| <input type="checkbox"/> Arterial Disease  | <input type="checkbox"/> Diabetic Retinopathy  |
| <input type="checkbox"/> Arterial Fibrillation   | <input type="checkbox"/> Any Liver Problem   |
| <input type="checkbox"/> Cardiomyopathy  | <input type="checkbox"/> Cirrhosis   |
| <input type="checkbox"/> Congestive Heart Failure  | <input type="checkbox"/> Crohn's Disease   |
| <input type="checkbox"/> Enlarged Heart  | <input type="checkbox"/> Hepatitis   |
| <input type="checkbox"/> Heart Artery Blockage   | <input type="checkbox"/> Ulcerative Colitis  |
| <input type="checkbox"/> Heart Attack  | <input type="checkbox"/> Amputation Caused by Disease                                  |
| <input type="checkbox"/> Heart Rhythm Disorders or Pacemaker                             | <input type="checkbox"/> Bedridden   |
| <input type="checkbox"/> Heart/Coronary Artery/Carotid Artery Disease/Angina             | <input type="checkbox"/> Confined to a Nursing Facility                                |
| <input type="checkbox"/> Peripheral Vascular Disease                                     | <input type="checkbox"/> Confined to a Wheelchair                                      |
| <input type="checkbox"/> Stroke  | <input type="checkbox"/> Falls   |
| <input type="checkbox"/> TIA   | <input type="checkbox"/> Hospitalized  |
| <input type="checkbox"/> Unopened Aneurysm   | <input type="checkbox"/> Physical Therapy  |
| <input type="checkbox"/> Diabetes Dependent on Insulin                                   | <input type="checkbox"/> Require Assistance With Activities of Daily Living            |
| <input type="checkbox"/> Diabetes With Medication Stipulations                           | <input type="checkbox"/> Require the Use of Home Health Care Agency                    |
| <input type="checkbox"/> Diabetes With Any Heart Condition Including High Blood Pressure | <input type="checkbox"/> Addison's Disease   |
| <input type="checkbox"/> Diabetes With Arterial Disease                                  | <input type="checkbox"/> Any Lipidosis Including Gaucher's, Tay-Sachs or Wolmans       |
| <input type="checkbox"/> Diabetes With Congestive Heart Failure                          | <input type="checkbox"/> Disorder of Pancreas  |
| <input type="checkbox"/> Diabetes With Heart Artery Blockage                             | <input type="checkbox"/> Kidney Disease/Failure, Dialysis, Renal Insufficiency/Failure |
| <input type="checkbox"/> Diabetes With Heart Attack                                      | <input type="checkbox"/> AIDS or AIDS Related Complex                                  |
| <input type="checkbox"/> Diabetes With Kidney Disease                                    | <input type="checkbox"/> HIV Positive Diagnosis  |
| <input type="checkbox"/> Diabetes With Kidney Failure                                    | <input type="checkbox"/> Alcoholism or Drug Abuse                                      |
| <input type="checkbox"/> Diabetes With Neuropathy  | <input type="checkbox"/> Organic Brain Disorder  |
| <input type="checkbox"/> Diabetes With Peripheral Vascular Disease                       | <input type="checkbox"/> Advised to Have Joint Replacement                             |
| <input type="checkbox"/> Diabetes With Received/Awaiting an                              | <input type="checkbox"/> Connective Tissue Disorder                                    |
|  | <input type="checkbox"/> Crippling Rheumatoid Arthritis/Degenerative Bone Diseases     |

- Muscular Dystrophy
- Osteoporosis With Fractures
- Other Bone Injuries
- Paget's Disease
- Systemic Lupus
- Bone Marrow Transplant
- Hodgkin's Disease/Lymphoma
- Internal Cancer
- Leukemia
- Malignant Melanoma
- Multiple Myeloma
- Stem Cell Transplant
- Cerebral Palsy
- Huntington's Disease
- Mental or Nervous Disorder  
Requiring Psychiatric Care
- Multiple or Lateral Sclerosis/Lou  
Gehrig's Disease
- Myasthenia Gravis
- Neuropathy
- Other Cognitive Disorder
- Other Neurological Conditions
- Parkinson Disease
- Senile Dementia/Alzheimer's  
Disease
- COPD/Cold/Emphysema
- Lung/Respiratory With Assistance
- Lung/Respiratory and Tobacco
- Other Chronic Pulmonary Disorders
- Cataract Surgery
- Heart or Valve Surgery Including  
Bypass & Stents
- Organ Transplant
- PSA > 4.5, Age < 70, No History of  
Prostate
- PSA > 6.5, Age > 70, No History of  
Prostate
- Surgery, Medical Tests, Treatment,  
or Therapy not Performed