



Medicare Supplement Insurance (Medigap) Changes Coming June 1, 2010.

In 2010 Medicare supplements are changing. Currently there are 14 different standardized Medicare supplement plans that can be sold in South Dakota including Plans A-L, High Deductible Plan F and High Deductible Plan J. ***After June 1, 2010 there will be 11 plans available.***

Do I need to change my Medicare supplement?

No. Anyone who currently has a Medicare supplement can keep the plan they have. Medicare supplements are guaranteed renewable, as long as you pay the premium, the policy remains in force.

Can I get a new 2010 standardized policy?

Yes, you can apply for a new policy. The insurance company will decide if they will require medical underwriting. Your medical history determines whether a policy will be issued. Also, the insurance company may offer you the opportunity to change your current policy to a new June 2010 Medicare supplement policy without underwriting. Individuals who have just enrolled in Medicare Part B for the first time **at age 65** will be able to get anyone of the June 2010 policies without medical underwriting.

What plans can no longer be sold?

Plans E, H, I, J and High-Deductible J will no longer be sold after May 31, 2010. People who purchase these policies prior to June 1, 2010 can keep them and they will continue to pay benefits as long as you pay the premium.

What new plans are created?

New plans M and N are designed to give beneficiaries additional options for higher cost-sharing (deductibles, co-payments) with lower premiums. Plan M includes basic benefits (i.e., Part A hospital co-insurance plus 365 additional days after Medicare coverage ends, hospice coinsurance, Part A & B blood deductible, and Part B coinsurance), and additional benefits, including skilled nursing facility coinsurance; foreign travel emergency care benefits; and 50% of the Part A deductible.

Plan N includes basic benefits noted above except for Part B coinsurance, you pay up to \$20 for an office visit, and up to \$50 for an emergency room visit before the plan pays. However, the emergency room co-pay is waived if you are admitted to the hospital. Plan N also includes additional benefits including foreign travel emergency care; skilled nursing facility coinsurance; and 100% of the Part A deductible.

What benefits are eliminated effective June 1, 2010?

The “At-Home Recovery” benefit has been eliminated from Plans D and Plan G and the “Preventive Care - not covered by Medicare” benefit has been eliminated from Plans E and J.

What new benefits have been added?

Basic benefits in all Medigap policies sold after June 1, 2010 will now include coverage of your cost for Medicare Part A hospice coinsurance. However, Plan K will cover your cost for these benefits at 50% and Plan L will cover at 75% of the cost until the out-of-pocket limit is met, then cover 100%.

Additional Change

The “80% Excess Benefit” has been changed to 100% in Plan G. If you purchased your Medicare supplement plan D, G, E and J before June 1, 2010, you will continue to have these benefits including the 80% excess benefit in Plan G.

If you have questions about Medicare, or Medicare supplement insurance, contact SHIINE at 1-800-536-8197 or www.shiine.net.

Standardized Medicare Supplement Plans - June 1, 2010

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Part A Hospital	X	X	X	X	X	X	X	X	X	X
Part A Hospice coinsurance	X	X	X	X	X	X	50%	75%	X	X
Part B Coinsurance or Copay	X	X	X	X	X	X	50% **	75% **	X	X ****
Parts A and B blood	X	X	X	X	X	X	50%	75%	X	X
Additional Benefits	A	B	C	D	F	G	K	L	M	N
Skilled Nursing Facility Coinsurance Days 21-100			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X		X					
Part B Excess					X	X				
Foreign Travel Emergency			X	X	X	X			X	X
Out-of-pocket annual limit							\$4620 ***	\$2,310 ***		

X = Supplement pays 100% of described benefit or 50% or 75% when noted.

* Plan F has an option called high deductible Plan F. This high deductible plan pays the same benefits as Plan F after an annual deductible (**\$2,000 in 2010**) has been paid. The annual deductible is subject to change annually.

** Plans K and L pay 100% of the Part B coinsurance for Medicare covered preventive services.

*** Plans K and L pay 100% of the Medicare copayments, coinsurance, and deductibles after the annual out-of-pocket limit is reached. The out-of-pocket limits are subject to change annually.

**** Exceptions: You may be charged up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room co-pay will be waived if you are admitted to the hospital.