

Important Protections For Medicare Beneficiaries Residing In New York State

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New! Medigap Information For New York State Residents Being Terminated By Medicare Managed Care Plans

If you receive notification this Fall from your Medicare Managed Care Plan that it will not be providing coverage in your area after December 31, 2010, you will need to decide to either enroll in another one of the [Medicare Managed Care Plans](#), if one is available in your county, or return to the Original Medicare Plan.

If you are considering returning to the Original Medicare Plan, you are probably also contemplating the purchase of a Medigap policy to help defray some of the costs not covered by Medicare including the Medicare deductibles and co-insurance. Your application for Medigap coverage must be accepted at any time throughout the year and as long as you are enrolled in both Part A and Part B of Original Medicare, you are guaranteed the right to purchase any of the standardized Medigap policies "A" through "N".

Insurers may not deny you a Medigap policy or make any premium rate distinctions because of your health status, claims experience, medical condition or whether you are receiving health care services. However, Medigap policies may contain up to a six-month waiting period before pre-existing conditions are covered. Medigap insurers are required to reduce the waiting period by the number of days that you were covered under certain types of health insurance, including Medicare Managed Care Plan coverage, if you enroll within 63 calendar days of losing coverage.

If you disenroll from the Medicare Managed Care Plan due to any of the reasons described below, you may obtain a Medigap policy without a waiting period for pre-existing conditions even if you were enrolled in the Medicare Managed Care Plan for less than six months. The issuer of a Medigap policy may not impose a pre-existing condition limitation under the policy if you seek to enroll under a Medigap policy within the time limits described below.

- If your Medicare Managed Care Plan has notified you that it is terminating its Medicare participation or ceasing to provide Medicare services in the area in which you reside and you decide to stay enrolled in the Plan until the contract ends, your coverage under the Plan will end on December 31, 2010. You will automatically be enrolled in the Original Medicare Plan on January 1, 2011. You must apply for a Medigap policy no later than 63 calendar days after your coverage ends under the Plan. This means that you must apply for a Medigap policy no later than March 4, 2011. However, remember that the Medigap policy will not actually begin covering claims until its stated effective date. Therefore, by waiting until March 4, 2011 to apply, you may incur a gap in coverage.
- If your Medicare Managed Care Plan has notified you that it is terminating its Medicare participation or ceasing to provide Medicare services in the area in which you reside and you decide to leave your Medicare Managed Care Plan before December 31, 2010 and return to the Original Medicare Plan, you must apply for a Medigap policy no later than 63 days after the effective date of disenrollment from the Medicare Managed Care Plan.

If your Medicare Managed Care Plan coverage terminates under either of the situations described above, the Managed Care Plan must provide you with written notification of your right to purchase any Medigap policy on an open enrollment basis without a waiting period for pre-existing conditions. You

should not wait until your Managed Care Plan coverage has terminated before applying for a Medigap policy. In order to prevent a gap in coverage, you should apply for a Medigap policy while you are still enrolled in your Managed Care Plan and request that the Medigap coverage begin the same day as your Original Medicare Plan coverage. If you fail to enroll in a Medigap policy within the time limits described above, you may still purchase any of the standardized Medigap plans, however, you may have to satisfy a pre-existing condition waiting period if more than 63 days has passed since enrollment in your Medicare Managed Care Plan has terminated.

Remember, to purchase a Medigap policy, you must contact a private insurance company that sells Medigap policies and request an application. Neither your existing Medicare Managed Care Plan nor the Original Medicare Plan can do this for you. A list of the insurance companies that sell **Medigap policies** in New York State and the current **premium rates** appear below. Also appearing below is a list of the **Medicare Managed Care Plans** that are available in New York State. Note that such Medicare Managed Care Plans may not be available in all counties throughout the state.

The Department will be available to offer assistance through its toll-free telephone number 1-800-342-3736.

General Information About Medicare Supplement Insurance

As of June 1, 2010, changes to Medigap will result in modifications to the currently standardized plans offered by insurers. Medigap plans H, I, and J, which contained prescription drug benefits prior to the Medicare Modernization Act, will be eliminated. Plan E will also be eliminated as it will be identical to an already available plan when the changes take effect. Two new plan options will be added and available to beneficiaries, which have higher cost-sharing responsibility and lower estimated premiums:

- Plan M will include 50 percent coverage of the Medicare Part A deductible and will not cover the Part B deductible
- Plan N will not cover the Part B deductible and adds a new co-payment structure of \$20 for each physician visit and \$50 for each emergency room visit (waived upon admission to hospital)

Certain Medigap benefits will also be modernized. The At-Home Recovery benefit, which was previously offered in only Plans D, G, I, and J will be eliminated. In its place, a new Hospice Care benefit is created and will be added as a basic benefit available in every Medigap plan. The under-utilized Preventive Care Benefit, which was previously only offered in Plans E and J, will be eliminated. The 80 percent Medicare Part B Excess benefit, available in Plan G, will be changed to a 100 percent coverage benefit. Insurers will also now be required to offer Plans A and B, as well as either Plan C or Plan F. Previously insurers only had to offer Plans A and B.

Individuals enrolled in plans with an effective date prior to June 01, 2010 have the right to keep their existing policies in force. Medicare supplement insurance is guaranteed renewable.

Medicare Supplement (Medigap) insurance is health insurance that is sold by private insurance companies to cover some of the "gaps" in expenses that are not covered by Medicare. For policies sold before June 01, 2010, there are fourteen standardized plans "A" through "L". For policies sold on or after June 01, 2010, there are 11 standardized plans "A" through "N". Each standardized Medigap policy must provide the same basic core benefits such as covering the cost of some Medicare copayments and deductibles. Some of the standardized Medigap policies also provide additional benefits such as skilled nursing facility coinsurance and foreign travel emergency care. However, in order to be eligible for Medigap coverage, you must be enrolled in both Part A and Part B of Medicare.

Open Enrollment

New York State law and regulation require that any insurer writing Medigap insurance must accept a Medicare enrollee's application for coverage 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.

A list of insurers offering Medigap insurance along with the premium rates for each plan are provided below. Note that while every Medigap insurer offers both Plan "A" and "B" for policies sold before June 01, 2010, and Plans "A", "B" and either "C" or "F" for policies sold on or after June 01, 2010, not every company offers all standardized plans.

Portability

Medigap policies may contain up to a six (6) month waiting period before pre-existing conditions are covered. 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, 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:

1. A group health plan;
 2. Health insurance coverage;
 3. Medicare*;
 4. Medicaid;
 5. CHAMPUS AND TRICARE health care programs for the uniformed military services;
 6. A medical care program of the Indian Health Service or of a tribal organization;
 7. A State health benefits risk pool;
 8. Federal Employees Health Benefits Program;
 9. A public health plan**;
 10. A health benefit plan issued under the Peace Corps Act; and
 11. Medicare supplement insurance, Medicare select coverage or Medicare Advantage plan (Medicare HMO Plan).

*Credit for the time that a person was previously covered under Medicare shall be required only if the applicant submits an application for Medigap insurance prior to or during the six month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B.

**Any plan established or maintained by a state, the U.S. government, a foreign country, or any political subdivision of a state, the U.S. government, or a foreign country that provides health coverage to individuals who are enrolled in the plan.

NOTE: New York's Open Enrollment and Portability provisions protect you whether you are Medicare eligible by reason of age or disability. The provisions also apply to Medicare beneficiaries with end stage renal disease