
MEDICARE SUPPLEMENT SHOPPER'S GUIDE

1-800-562-2957

WWW.MID.MS.GOV

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MISSISSIPPI
INSURANCE DEPARTMENT



Since 2002, the Mississippi Insurance Department (MID) has offered its Mississippi Medicare Supplement Shopper's Guide as a means of reaching out to you on Medicare.

We hope that this guide will be of assistance to you as you plan for your needs. MID is here to provide information and service in all areas of insurance.

This is one of many consumer-related publications we have available. You may find other information useful to you by contacting us or by visiting our website at www.mid.ms.gov.

Our Consumer Services Division is available to provide any additional help you may need. Please contact them at 601-359-3569 in the Jackson area or statewide toll-free at 1-800-562-2957.

We look forward to assisting you in becoming an informed insurance consumer.

A handwritten signature in black ink, which appears to read "Mike Chaney". The signature is written in a cursive style with a long, sweeping underline.

Commissioner Mike Chaney

HOW TO USE THIS GUIDE

When comparing rates, you should keep in mind the following points.

- Premiums are subject to change and may increase whenever Medicare benefits change or as a result of increasing health care costs.
- For information on premiums for all ages, particularly for plans with attained age rates, you should contact a representative of the company.
- Most insurers offer more frequent methods of payment such as monthly or quarterly. For information regarding methods of payment, you should contact a representative of the company.
- The period during which pre-existing conditions will not be covered will vary by company; however, pre-existing conditions may not be excluded for more than six months. It is possible to shorten or eliminate the six-month period by using creditable coverage from a prior health plan.
 - Unless you have a guaranteed issue right. If you are age 65 or older, you have a guaranteed issue right within 63 days of when you lose or end certain kinds of health care coverage.
 - When you have a guaranteed issue right companies must sell you a Medigap policy at the best available rate, regardless of your health status, and they cannot deny you coverage.
- For more information regarding any of the plans offered by a particular insurer, you should contact a representative of the company. If you have general questions regarding Medicare Supplement insurance, you may contact us at:

MID CONSUMER SERVICES

P.O. Box 79

Jackson, MS 39205

www.mid.ms.gov

Telephone:

601-359-3569 or

(800) 562-2957

HOW TO USE THIS GUIDE

In addition, counseling services are available to provide advice concerning your purchase of Medicare Supplement insurance and concerning Medicaid. This service is provided without charge.

For information regarding counseling services, you may contact:

Division of Aging and Adult Services
Mississippi Department of Human Services
750 N. State Street
Jackson, MS 39202

<https://www.mdhs.ms.gov/adults-seniors/services-for-seniors-/state-health-insurance-assistance-program%20/>

Telephone 601-359-4500

More information about selecting a Medicare Supplement (Medigap) policy is available in the GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE, "Choosing a Medigap Policy."

To obtain your free copy, please call 1-800-633-4227. For hearing and speech impaired call TTY/TDD at 1-877-486-2048. Please allow 3 weeks for delivery. You may also access information about Medicare on the federal website, www.Medicare.gov.

The contents of this document are intended to convey general information only and not provide legal advice or opinions. It should not be construed as and should not be relied upon for legal advice in any particular circumstance or fact situation. The information presented herein may not reflect the most current legal developments as frequent developments may occur. No action should be taken in reliance on the information contained herein, and we disclaim all liability in regard to actions taken or not taken based on any or all of the contents of this document to the fullest extent permitted by law.

WHERE TO GO FOR HELP

State Health Insurance Assistance Program (SHIP) is a counseling program designed to answer seniors' questions about health insurance. Volunteers are trained to answer questions, compare policies, organize paperwork and help with claims and filing appeals on Medicare, Medicaid, supplemental insurance, and other coverage.

There is no charge for the counseling services of SHIP volunteers.

SHIP volunteers can help you:

- understand your Medicare benefits
- organize doctor and hospital bill
- file Medicare appeals
- review Medicare Supplemental Insurance (Medigap)
- evaluate Health Maintenance Organization options
- understand Medicaid eligibility
- explore long-term care options

CONTACT YOUR SHIP

State Health Insurance Assistance Program (SHIP)

Call

601-359-4500

Website

<http://www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program/>

APPLYING FOR MEDICARE

Three months before you reach age 65, you become eligible to apply for Medicare, whether or not you are still covered under an employer or union-sponsored health plan. If you aren't already receiving Social Security or Railroad retirement, you have to apply for Medicare. To apply for Medicare, call your local Social Security Office.

If you continue working after your 65th birthday, the three months begin as soon as you retire. If you apply in these first three months, your Medicare coverage will start on the first day of the month you turn 65. Your enrollment period ends three months after the month of your 65th birthday. If you apply during your birthday month or the next three months, coverage will be delayed for 1-3 months.

If you miss your enrollment period, you will have to wait until the following January. You will not be covered until July, and you may have to pay more for coverage.

STILL WORKING? COVERED BY YOUR EMPLOYER?

Talk to your employer's health benefits office. You have a choice of joining Medicare now or waiting until you retire. Companies with over 20 workers must continue to offer you the same health benefits they offer younger workers. If an employee works for an employer with fewer than 20 employees, the employee that is Medicare eligible we'll need to enroll in Medicare to have primary insurance because health care coverage from employers with fewer than 20 employees pays secondary to Medicare.

RETIRED? COVERED BY YOUR RETIREMENT PLAN?

Review the retirement plan very carefully! Many plans require you to enroll in Medicare as soon as you are eligible. If you are a retired teacher or government employee, the retiree health plan will pay very little if you do not have Medicare. Many employers and unions have similar retirement plans.

WHAT MEDICARE COVERS

Medicare Part A, which is fully funded by the federal government, covers part of your hospital expenses (except for large deductibles) for defined periods. You can get up to 100 days of Skilled Nursing Facility (SNF) coverage in a benefit period. Once you use those 100 days, your current benefit period must end before you can renew your SNF benefits.

Your benefit period ends:

- When you haven't been in a SNF or a hospital for at least 60 days in a row.
- If you remain in a SNF, when you haven't gotten skilled care there for at least 60 days in a row.

There's no limit to the number of benefit periods you can have. However, once a benefit period ends, you must have another 3-day qualifying hospital stay and meet these Medicare requirements before you can get up to another 100 days of SNF benefits.

Medicare Part B, covers 80% of approved medical expenses (doctor bills, therapists, some tests). You (or your insurance company) pay any part of your bill that Medicare does not pay. Although the coverage provided by Medicare is basically sound, for many seniors, there will be wide, expensive gaps between this coverage and total costs, gaps that can cost thousands of dollars in medical bills.

MEDICARE GAPS: WHAT YOU PAY

Deductible: Amount you pay for Medicare-approved expenses before Medicare starts to pay.

Coinsurance (co-payment): Part of each bill you must pay after you've paid the deductible.

Not Covered: Services Medicare does not pay for, but you do.

MEDICARE APPROVED EXPENSES

Medicare has an “approved amount” for every Medicare-eligible service. Medicare often approves less than doctors can actually charge. Under Part B, Medicare usually pays 80% of the approved charge, leaving 20% for you to pay. The Mississippi Insurance Department publishes this guide to help you spot the gaps and find the solutions you can best afford. This guide should help you better understand your choices and make the decisions that best fit your needs. If you’re still confused or need help with other health insurance problems, help is just a phone call away to the State Insurance Assistance Program (SHIP), Mississippi's free health insurance counseling service.

FILLING THE MEDICARE GAPS

To fill the gaps in Medicare coverage, you can choose from one of several options:

- Purchase a Medicare Supplement insurance policy, also known as Medigap insurance.
- Purchase a Medicare Part C plan. (Refer to Medicare and You 2022 for more details on these plans.)
- Continue group coverage through your current or former employer or through your spouse’s family plan.

DON'T THROW AWAY MONEY BY PAYING FOR MORE THAN ONE PLAN

In November 1990, Congress passed legislation that required all states to adopt regulations standardizing Medicare Supplement insurance policies. As a result, effective May 1, 1992, Mississippi regulation now requires that all Medicare Supplement insurance be sold only in ten standard benefit packages. The basic plan, Plan A, consists of a core benefit package and must be made available by all Medicare Supplement insurers. The other ten plans, Plans A through N, consisting of the core benefits, pay a variety of additional benefits and may or may not be offered by every company. A summary of the benefits of each of the ten standard plans is listed later in this publication. For additional information, you should consult the "Guide to Health Insurance for People with Medicare" which is available from your insurance company or from the federal government.

In July 1995, Congress allowed "Medicare SELECT" products to be marketed in Mississippi. Medicare SELECT policy is the same as a standard Medicare Supplement insurance policy in nearly all respects because you are really buying one of the ten standard Medicare supplement plans A through N.

The only difference is that under Medicare SELECT, each insurer has preferred providers that you must use, except in an emergency, in order to be eligible for full benefits. Benefits are not usually payable if you do not use preferred providers for non-emergency situations. Medicare, however, will pay its share of approved charges regardless of the provider you choose. You will generally see lower premiums under these policies due to the preferred provider arrangements. You may opt at any time to return to a standard Medicare Supplement insurance policy provided that one is available through your insurance company. Otherwise, you can apply with another insurance company and you will be given credit for time served under the prior policy, i.e., the time will count toward the pre-existing condition limitation under your new policy.

DON'T THROW AWAY MONEY BY PAYING FOR MORE THAN ONE PLAN

In 2005, two new Medicare Supplement plans, K and L, were introduced. They have additional benefits which differ from the other Medigap Plans. You will pay part of the cost-sharing of some covered services until you meet the annual out-of-pocket limit of \$5,560 for Plan K, or \$2,780 for Plan L. Please note, however, that the Part B deductible does not apply to the out-of-pocket limit. Remember that Medigap policies sold after January 1, 2006, do not contain prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D) offered by private companies approved by Medicare.

MEDIGAP RIGHTS AND PROTECTIONS

In some situations, you have the right to buy a Medigap policy outside of your Medigap open enrollment period. These rights are called “Medigap protections.” They are also called guaranteed issue rights because the law says that insurance companies must sell you a Medigap policy. In these situations, an insurance company:

- Cannot deny you Medigap coverage or place conditions on a policy (like making you wait for coverage to start),
- Must cover you for all pre-existing conditions, and
- Cannot charge you more for a policy because of past or present health problems.

In many cases, these rights apply when your health care coverage changes. Medicare (www.medicare.gov or 1-800-633-4227) can give you more information on these guaranteed rights. Remember, it is best not to wait until your current health coverage has almost ended before you apply for a Medigap policy. You can apply for a Medigap policy early (for example, while you are still in your health care plan) and choose to start your Medigap coverage the day after your health care plan coverage ends. This will prevent gaps in your health coverage.

ISSUE AGE OR ATTAINED AGE PREMIUM

There are two types of premium schedules that insurers generally use. Under an issue age schedule, the insurer charges a premium based on your age when your policy was first issued. Although your premium will likely increase due to inflation and changes in benefits provided by Medicare (and therefore changes in benefits of the Medicare supplement), the insurer cannot increase your premium simply because you have gotten older.

Under an attained age schedule, the insurer charges a premium based on your age on each premium due date. With this type of schedule, your premium is not only likely to increase due to inflation and changes in benefits provided by Medicare, but also because you have gotten older.

MEDICARE SUPPLEMENT INSURANCE MEDIGAP PLANS

Medicare	Supplement	Benefits		A	B	C*	D	F ^{1*}	G ¹	K ²	L ³	M	N [°]
Part A coinsurance and hospital coverage				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part B coinsurance or copayment				100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment				100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
First 3 pints of blood				100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility coinsurance						100%	100%	100%	100%	50%	75%	100%	100%
Part A Deductible					100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B Deductible						100%		100%					
Part B excess charges								100%	100%				
Foreign travel emergency						80%	80%	80%	80%			80%	80%

The chart above shows basic information about the different benefits Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest. Do not base your choice on a policy based solely on this guide, research the policy you are considering carefully so that you are certain it meets all your needs.

* Plan F and Plan C are not available to Medicare beneficiaries who became eligible for Medicare on or after January 1, 2020. If you became eligible for Medicare before 2020, you may still be able to enroll in Plan F or Plan C as long as they are available in your area.

1 Plan F and G offer high-deductible plans that each has an annual deductible of \$2,490 in 2022. Once the annual deductible is met, the plan pays 100% of covered services for the rest of the year. The high-deductible Plan F is not available to new beneficiaries who became eligible for Medicare on or after January 1, 2020.

2 Plan K has an out-of-pocket yearly limit of \$6,620 in 2022. After you pay the out-of-pocket yearly limit and yearly Part B deductible, it pays 100% of covered services for the rest of the calendar year.

3 Plan L has an out-of-pocket yearly limit of \$3,310 in 2022. After you pay the out-of-pocket yearly limit and yearly Part B deductible, it pays 100% of covered services for the rest of the calendar year.

° Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to \$50 copayments for emergency room visits that don't result in an inpatient admission.

CORE BENEFITS

These benefits pay the patient's share of Medicare's approved amount for physician services (generally 20%) after a \$183 annual deductible, the patient's cost of a long hospital stay-\$335/day for days 61-90, \$670/day for days 91 and beyond, per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).

Their benefits are a "basic" benefit with a \$250 annual deductible, 50% coinsurance, and a \$1,340 deductible for each benefit period. (Plans H and I are no longer available).

HIGH DEDUCTIBLE OPTION

Insurance companies may offer a high deductible on Plan F. (Plan J is no longer available.) If you choose this option, you must pay a \$2,300 deductible per year before the plan pays anything.

The monthly premium for Medigap Plan F with a high deductible option will generally be less than the monthly premium for Plan F without a high deductible. Plan F is no longer available to purchase. Those with existing policies may keep them.

APPLYING FOR MEDIGAP INSURANCE

Applying for Medigap insurance is similar to applying for traditional health insurance. In most cases, you must meet a company's underwriting requirements, some of which may be stricter than others. Many insurance companies will reject your application if you have a serious health problem but, if you are a Medicare recipient 65 or older, you have an open enrollment period when a company cannot reject you because of poor health. Every company must accept you for any policy it sells at its lowest prices for customers in your age group. Your open enrollment period starts the first month you are at least 65, enrolled in Medicare Part B, and ends six months later.

OPEN ENROLLMENT UNDER 65

Persons under age 65 who qualify for Medicare due to disability also have an open enrollment period of six months starting the month they qualify for Medicare. In the event of retroactive Part B eligibility determination by Medicare, the six-month open enrollment period begins on the date of the Medicare determination. If you are under age 65 and bought a Medigap policy during your disability open enrollment, remember that you will have a new six-month open enrollment period when you turn age 65. This is important because disability Medigap policies are usually priced higher (as much as 50%) than age 65 Medigaps.

WHAT IS OPEN ENROLLMENT?

Beginning the first day of the month in which you and/or your spouse are age 65 or older and enrolled in Medicare Part B, you will have a six-month open enrollment period for purchasing Medicare Supplement insurance. During this time, you may not be turned down for Medicare Supplement insurance based on your health. The insurer may, however, exclude pre-existing health conditions for up to six months. It is possible to shorten or eliminate this period by using creditable coverage from a prior health plan. Since you have only a limited open enrollment period, it is important to take advantage of it.

An insurer shall not deny or condition the issuance or effectiveness of any Medicare Supplement policy or certificate available for sale in this state, nor discriminate in the pricing of a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six month period beginning with the later of 1) the first day of the month in which an individual is enrolled for benefits under Medicare part B or 2) in the event of retroactive approval by Medicare, the date of approval.

WHAT IS OPEN ENROLLMENT (CONT.)

Remember that you have a 30-day free look period which starts when your Medigap policy is first delivered to you. You can change your mind during this time and return your policy to the company for a refund.

IF YOU HAVE A MEDIGAP AND THEN GO ON MEDICAID

If you have a Medigap policy and go on Medicaid, you have the right to suspend the Medigap policy rather than dropping it while you are on Medicaid. If you do suspend your policy, you do not pay premiums and it will not pay benefits. You can only suspend a Medigap policy for up to two years. At the end of the suspension, you can start it up again without new medical underwriting or pre-existing condition waiting periods. Call your insurance company to find out how to suspend a policy.

WHEN YOU DON'T NEED TO BUY A MEDIGAP POLICY

If you are presently enrolled in a Medicare Advantage Plan or are covered by certain categories of Mississippi Medicaid, you do not need to buy a Medigap plan. If you are not certain of which Medicaid category you are in, call the State Medicaid Eligibility office at 601-359-6050 and ask them to guide you. Remember, if you already had a Medigap plan when you became eligible for Medicaid, you can ask your insurance company to suspend your Medigap plan for up to two years. In the event that you lose Medicaid eligibility during that two years, you can activate your policy again by paying the premium.

COMPARING RATES

Approval of a company's policy by the Mississippi Insurance Department does not constitute an endorsement by this department.

A company may withdraw or stop selling a policy at their option. This action does not affect policies previously issued, and benefits will remain as listed in the policy. You must sign a written agreement to cancel/terminate your current coverage because an agent is prohibited from selling a replacement policy without your signature. Unless you will receive much greater benefits at a significant reduction in premium, please consider the advantages and disadvantages of buying new coverage. Do not cancel your existing policy until you review your new policy. Check with the company whose Medigap you are dropping to see if you are entitled to any premium refund if you have paid an annual premium or you pay premiums more frequently than monthly. Some insurance companies may continue your coverage until the end of the term you paid for but will not refund the premium.

WHAT SHOULD I LOOK FOR WHEN I COMPARISON SHOP?

Use the chart below to take notes as you are shopping for a Medicare supplement policy. It is important to compare the same or similar coverage when you shop.

Before you call any insurance companies, figure out if you're in your Medigap Open Enrollment Period or if you have guaranteed issue right. If you have questions, call the Mississippi Department of Human Services – Division of Aging and Adult Services at (888)240-7539. This chart can help you keep track of the information you get.

Ask each insurance company...	Company 1	Company 2	Company 3
<p>"Are you licensed in Mississippi?"</p> <p>NOTE: If the answer is NO, STOP right there and tries another company.</p>			
<p>"Do you sell Medigap Plan ____?" (Say the letter of the Medigap Plan you are interested in.)</p> <p>NOTE: Insurance companies usually offer some, but not all, Medigap policies. Make sure the company sells the plan you want. Also, if you're interested in a Medicare SELECT or a high-deductible Medigap policy, say so.</p>			
<p>"Do you use medical underwriting for this Medigap policy?" NOTE: If the answer is NO, go to the next question. If the answer is YES, but you know you're in your Medigap Open Enrollment Period or have a guaranteed issue right to buy that Medigap policy, go to the next question. Otherwise, you can ask, "Can you tell me whether I am likely to qualify for the Medigap policy?"</p>			
<p>"Do you have a waiting period for pre-existing conditions?" NOTE: If the answer is YES, ask how long the waiting period is and write it in the box.</p>			
<p>"Do you price this Medigap policy by using community- rating, issue-age-rating, or attained-age-rating?" NOTE: Circle the one that applies for that insurance company.</p>	<p>Community</p> <p>Issue-age</p> <p>Attained-age</p>	<p>Community</p> <p>Issue-age</p> <p>Attained-age</p>	<p>Community</p> <p>Issue-age</p> <p>Attained-age</p>
<p>"I'm ____ years old. What would my premium be under this Medigap policy?"</p> <p>NOTE: If it's attained-age, ask, "How frequently does the premium increase due to my age?"</p>			
<p>"Has the premium for this Medigap policy increased in the last 3 years due to inflation or other reasons?"</p> <p>NOTE: If the answer is YES, ask how much it has increased and write it in the box.</p>			
<p>"Do you offer any discounts or additional (innovative) benefits?"</p>			

MEDICARE ADVANTAGE PLANS

Medicare Advantage Plans are another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by Medicare-approved private companies that must follow rules set by Medicare. Most Medicare Advantage Plans include drug coverage (Part D). In most cases, you’ll need to use health care providers who participate in the plan’s network. These plans set a limit on what you’ll have to pay out-of-pocket each year for covered services. Some plans offer non-emergency coverage out of network, but typically at a higher cost. Remember, you must use the card from your Medicare Advantage Plan to get your Medicare-covered services. Keep your red, white, and blue Medicare card in a safe place because you may need to use your Medicare card for some services. Also, you’ll need it if you ever switch back to Original Medicare.

DISENROLLMENT COST WHEN LEAVING MEDICARE ADVANTAGE

When consumers move from original Medicare to Medicare Advantage, they keep their Medicare Part A and Part B benefits. However, enrolling in a new Medicare Advantage Plan with a drug plan automatically cancels a Medicare Part D plan.

The cost to switch can be zero, but only under certain circumstances. The reality is that consumers may face higher premiums and penalties for changing plans. Some examples are:

- When a consumer does not enroll within the specified enrollment periods.
- When a consumer is required to pay monthly premiums for Part A, the consumer must sign up during the initial enrollment period.

If you are concerned about possible penalties, please contact 1-800-Medicare.

MEDICARE ADVANTAGE PLANS

CIRCUMSTANCES THAT ALLOW DIS-ENROLLMENT FROM A MEDICARE ADVANTAGE PLAN WITHOUT PENALTY

If a consumer's employer or union offers more than one plan, then the consumer can choose to move to a different plan with no penalty. Consumers are also entitled to a risk-free trial period (Medicare Trial Right). The duration of the Trial Right is the first year in the Medicare Advantage Program. The consumer can switch back to the original Medicare without penalty.

SPECIAL CIRCUMSTANCES

When Can I Switch to Original Medicare?

The easiest way to move from Medicare Advantage to Original Medicare is during one of two annual periods that allow anyone to leave Medicare Advantage with no questions asked. The second way to leave your Medicare Advantage plan is if you've had it for less than one year (that is: you're entitled to a "trial right").

MEDICARE ANNUAL ELECTION ("MEDICARE OPEN ENROLLMENT") AND MEDICARE ADVANTAGE OPEN ENROLLMENT PERIODS

You can dis-enroll from your Medicare Advantage plan from October 15 through December 7, and again from January 1 through March 31, in favor of Original Medicare.

MEDICARE ADVANTAGE PLANS

MEDICARE ANNUAL ELECTION PERIOD (AEP)

Also known as Medicare open enrollment, AEP lasts from October 15 through December 7. If you choose to change from one Medicare Advantage plan to a different one, or if you want to completely disenroll from your Medicare Advantage plan during this time, the cancellation will take effect on January 1. You can also enroll in a Medicare Part D prescription drug plan during this time.

CAN YOU ENROLL IN MEDIGAP?

If you're switching from Medicare Advantage to Original Medicare, you can also purchase a Medicare Supplement plan. This kind of plan, also known as a Medigap policy, pays for gaps in Medicare's coverage.

For instance, Medicare Part B pays 80% of covered costs after you pay your annual deductible. A Medigap policy would pay the remaining 20% due. But if you've missed your Medigap Open Enrollment Period, an insurer could deny you coverage due to your health history.

YOUR TRIAL RIGHT

Since Medicare Advantage is different from Original Medicare, you're entitled to a risk-free trial during your first year in the Medicare Advantage program. At any point during your first year in a Medicare Advantage plan, you can switch back to Original Medicare without penalty.

- If you left Medigap for Medicare Advantage, your trial right allows you to switch back to your Medigap policy. You cannot become eligible for guaranteed-issued Medigap by switching to Medicare Advantage and back if you did not previously have Medigap.
- If your Medicare Advantage plan included Part D coverage, your trial right allows you to enroll in standalone Part D coverage without penalty.
- If it isn't your first time in a Medicare Advantage plan, you're not eligible to switch to Original Medicare using a trial right.

MEDICARE ADVANTAGE PLANS

CHANGING MEDICARE PLANS: SPECIAL CIRCUMSTANCES

In case this doesn't give you enough of a chance to leave Medicare Advantage in a timely fashion, you may be eligible for a number of special dis-enrollment circumstances as well.

IF YOU MOVE

If you move away from your Medicare Advantage plan's service area, you can re-enroll in Original Medicare without penalty. This works even if other Medicare Advantage plans are available at your new address.

- You can switch from a Medicare Advantage plan to Original Medicare the month before you move out of your plan's service area. This opportunity lasts for two full months after the month you move.
- If you wait to tell your Medicare Advantage plan about your move, then you can switch to Original Medicare for up to two full months after the month that you inform your plan.
- If you don't inform your Medicare Advantage plan that you've left their service area, then you'll be enrolled in Original Medicare once your plan learns of this and disenrolls you.

IF YOU'RE ADMITTED TO INSTITUTIONAL CARE

If you're admitted to any type of long-term care setting, you can switch your plan up to once per month during your stay if you wanted to leave Medicare Advantage for Original Medicare. Facilities that qualify as institutional care include: 1.) long-term hospitals, 2.) skilled nursing facilities (SNFs), 3.) rehabilitation hospitals and units, 4.) psychiatric hospitals and units, 5.) care facilities for the intellectually disabled, and 6.) and swing bed hospitals.

- You can move from Medicare Advantage to Original Medicare for up to two months after you're discharged.

MEDICARE ADVANTAGE PLANS

IF YOU BECOME ELIGIBLE FOR MEDICAID

Once you become eligible for Medicaid benefits, then you can drop your Medicare Advantage plan and switch to Original Medicare.

- While you're covered under Medicare and Medicaid, you can change that coverage once a quarter during the first three quarters of the year (and the annual election period continues to be available during the last quarter of the year).

IF YOU LOSE YOUR MEDICAID ELIGIBILITY

If you're covered by both Medicare and Medicaid and then you lose eligibility for Medicaid, you can switch from Medicare Advantage to Original Medicare up to three months from the date you lose Medicaid eligibility, or the date you're notified, whichever is later.

- If you're told in advance that you'll lose your Medicaid coverage for the following year, you can switch to Original Medicare between January 1–March 31.

IF YOU CAN ENROLL IN COVERAGE FROM YOUR UNION, EMPLOYER, OR A PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) PLAN

You're free to leave Medicare Advantage and enroll in certain types of private plans. If your employer or union offers a plan that you find more appealing than Medicare Advantage, you can disenroll without penalty.

- You can switch from Medicare Advantage to other coverage whenever the rules of your union, employer, or PACE plan allow for it.

MEDICARE ADVANTAGE PLANS

IF YOU ENROLL IN DRUG COVERAGE THAT'S EQUIVALENT TO MEDICARE PART D (OR YOU ALREADY HAVE THAT COVERAGE)

If you enroll in TRICARE, VA coverage, or another plan that offers comprehensive prescription drug benefits – and you have a Medicare Advantage plan that includes prescription drug coverage (also called MAPD) – then you can leave your Medicare Advantage plan and return to Original Medicare.

- You'll want to check with your prescription drug plan to make sure that it provides you with credible drug coverage.
- You can do this at any time, but your ability to enroll in the alternative creditable drug coverage may be limited by that plan's rules.

For more information about special enrollment periods, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

The following information is excerpted from the Centers for Medicare & Medicaid Services 2021 guide to choosing a Medigap policy.

This chart shows basic information about the different benefits that Medigap plans cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you must pay the rest. If a box is blank, the plan doesn't cover that benefit.

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2021**			
							\$6,220	\$3,110		

* Plans F and G also offer a high-deductible plan in some states (Plan F isn't available to people new to Medicare on or after January 1, 2020.) If you get the high-deductible 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, and you must also pay a separate deductible (\$250 per year) for foreign travel emergency services.

**Plans K and L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and your Part B deductible (\$203 in 2021). After you meet these amounts, the plan will pay 100% of your costs for approved services for the rest of the calendar year.

*** 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.

How do insurance companies set prices for Medigap policies? (continued)

Type of pricing	How it's priced	What this pricing may mean for you	Examples
Community-rated (also called “no-age-rated”)	Generally the same premium is charged to everyone who has the Medigap policy, regardless of age or gender.	Your premium isn't based on your age. Premiums may go up because of inflation and other factors but not because of your age.	Mr. Smith is 65. He buys a Medigap policy and pays a \$165 monthly premium.
			Mrs. Perez is 72. She buys the same Medigap policy as Mr. Smith. She also pays a \$165 monthly premium.
Issue-age-rated (also called “entry age-rated”)	The premium is based on the age you are when you buy (are “issued”) the Medigap policy.	Premiums are lower for people who buy at a younger age and won't change as you get older. Premiums may go up because of inflation and other factors but not because of your age.	Mr. Han is 65. He buys a Medigap policy and pays a \$145 monthly premium.
			Mrs. Wright is 72. She buys the same Medigap policy as Mr. Han. Since she is older when she buys it, her monthly premium is \$175.
Attained-age-rated	The premium is based on your current age (the age you've “attained”), so your premium goes up as you get older.	Premiums are low for younger buyers but go up as you get older. They may be the least expensive at first, but they can eventually become the most expensive. Premiums may also go up because of inflation and other factors.	Mrs. Anderson is 65. She buys a Medigap policy and pays a \$120 monthly premium. Her premium will go up each year: <ul style="list-style-type: none"> At 66, her premium goes up to \$126. At 67, her premium goes up to \$132.
			Mr. Dodd is 72. He buys the same Medigap policy as Mrs. Anderson. He pays a \$165 monthly premium. His premium is higher than Mrs. Anderson's because it's based on his current age. Mr. Dodd's premium will go up each year: <ul style="list-style-type: none"> At 73, his premium goes up to \$171. At 74, his premium goes up to \$177.

Medigap guaranteed issue right situations

The chart on this page and the next page describes the most common situations, under federal law, that give you a right to buy a policy, the kind of policy you can buy, and when you can or must apply for it. States may offer additional Medigap [guaranteed issue rights](#).

You have a guaranteed issue right if...	You have the right to buy...	You can/must apply for a Medigap policy...
You're in a Medicare Advantage Plan , and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company. You only have this right if you switch to Original Medicare rather than join another Medicare Advantage Plan.	As early as 60 calendar days before the date your Medicare Advantage Plan coverage will end, but no later than 63 calendar days after your coverage ends. Medigap coverage can't start until your Medicare Advantage Plan coverage ends.
You have Original Medicare and an employer group health plan (including retiree or COBRA continuation coverage) or union coverage that pays after Medicare pays and that plan is ending. Note: In this situation, you may have additional rights under state law.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company. If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.	No later than 63 calendar days after the latest of these 3 dates: 1. Date the coverage ends. 2. Date on the notice you get telling you that coverage is ending (if you get one). 3. Date on a claim denial, if this is the only way you know that your coverage ended.
You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. Call the Medicare SELECT insurance company for more information about your options.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by any insurance company in your state or the state you're moving to.	As early as 60 calendar days before the date your Medicare SELECT coverage will end, but no later than 63 calendar days after your Medicare SELECT coverage ends.

***Note:** Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People new to Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

Medigap guaranteed issue right situations (continued)

You have a guaranteed issue right if...	You have the right to buy...	You can/must apply for a Medigap policy...
(Trial right) You joined a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.	Any Medigap policy that's sold in your state by any insurance company.*	As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends. Note: Your rights may last for an extra 12 months under certain circumstances.
(Trial right) You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back.	The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it. If your former Medigap policy isn't available, you can buy Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.	As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends. Note: Your rights may last for an extra 12 months under certain circumstances.
Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.	No later than 63 calendar days from the date your coverage ends.
You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.	No later than 63 calendar days from the date your coverage ends.

***Note:** Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People new to Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

Medigap Policies for People with a Disability or ESRD

Medigap policies for people under 65 and eligible for Medicare because of a disability or End-Stage Renal Disease (ESRD)

You may have Medicare before turning 65 due to a disability or ESRD (permanent kidney failure requiring dialysis or a kidney transplant).

If you're under 65 and have Medicare because of a disability or ESRD, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. Federal law generally doesn't require insurance companies to sell Medigap policies to people under 65. However, some states require Medigap insurance companies to sell you a Medigap policy, even if you're under 65. These states are listed on the next page.

Important: This section provides information on the minimum federal standards. For your state requirements, call your [State Health Insurance Assistance Program \(SHIP\)](#).

Medigap policies for people under 65 and eligible for Medicare because of a disability or End-Stage Renal Disease (ESRD) (continued)

At the time of printing this guide, these states required insurance companies to offer at least one kind of Medigap policy to people with Medicare under 65:

- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Idaho
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- New Hampshire
- New Jersey
- New York
- North Carolina
- Oklahoma
- Oregon
- Pennsylvania
- South Dakota
- Tennessee
- Texas
- Vermont
- Wisconsin

Note: Some states provide these rights to all people with Medicare under 65, while others only extend them to people eligible for Medicare because of disability or only to people with ESRD. Check with your [State Insurance Department](#) about what rights you might have under state law.

Even if your state isn't on the list above, some insurance companies may voluntarily sell Medigap policies to people under 65, although they'll probably cost you more than Medigap policies sold to people over 65, and they can probably use [medical underwriting](#). Also, some of the federal guaranteed rights are available to people with Medicare under 65. (See pages 21–24.) Check with your State Insurance Department about what additional rights you might have under state law.

Remember, if you already have Medicare Part B (Medical Insurance), you'll get a [Medigap Open Enrollment Period](#) when you turn 65. You'll probably have more Medigap policy options and be able to get a lower [premium](#) at that time. During the Medigap Open Enrollment Period, insurance companies can't refuse to sell you any Medigap policy due to a disability or other health problem, or charge you a higher premium (based on health status) than they charge other people who are 65.

Because Medicare (Part A and/or Part B) is creditable coverage, if you had Medicare for more than 6 months before you turned 65, you may not have to wait through a pre-existing condition waiting period for coverage you bought during the Medigap Open Enrollment Period. For more information about the Medigap Open Enrollment Period and pre-existing conditions, see pages 16–17. If you have questions, call your [State Health Insurance Assistance Program \(SHIP\)](#).

Definitions

Where words in **BLUE** are defined

Assignment—An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

Coinsurance—An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Excess charge—If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge.

Guaranteed issue rights (also called “Medigap protections”) — Rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy. In these situations, an insurance company can't deny you a Medigap policy, or place conditions on a Medigap policy, like exclusions for pre-existing conditions, and can't charge you more for a Medigap policy because of a past or present health problem.

Guaranteed renewable policy—An insurance policy that can't be terminated by the insurance company unless you make untrue statements to the insurance company, commit fraud, or don't pay your premiums. All Medigap policies issued since 1992 are guaranteed renewable.

Medicaid—A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medical underwriting—The process that an insurance company uses to decide, based on your medical history, whether to take your application for insurance, whether to add a waiting period for pre-existing conditions (if your state law allows it), and how much to charge you for that insurance.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits, excluding hospice. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for by Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare-approved amount—In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

Medicare drug plan (Part D)—Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare drug plans.

Medicare SELECT—A type of Medigap policy that may require you to use hospitals and, in some cases, doctors within its network to be eligible for full benefits.

Medigap Open Enrollment Period—A one-time-only, 6-month period when federal law allows you to buy any Medigap policy you want that's sold in your state. It starts in the first month that you're covered under Part B **and** you're 65 or older. During this period, you can't be denied a Medigap policy or charged more due to past or present health problems. Some states may have additional open enrollment rights under state law.

Pre-existing condition—A health problem you had before the date that new health coverage starts.

Premium—The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

State Insurance Department—A state agency that regulates insurance and can provide information about Medigap policies and other private health insurance.

Companies Selling Medicare Supplement Policies in Mississippi

Company						Phone #
Aetna Life Insurance Company	151 Farmington Ave.	RW61		Hartford	CT	06156-9154 (860) 273-0123
Aetna Life Insurance Company	P.O. Box 14770			Lexington	KY	40512-4770 (800) 871-0260
American Continental Insurance Company	800 Crescent Center Drive	Suite 200		Franklin	TN	37067 (800) 264-4000
American Life Insurance Company	P. O. Box 1591			Houston	TX	77019 (713) 831-3283
American National Life Insurance Company of Texas	One Moody Plaza	Post Office Box 1780		Galveston	TX	77550 (409) 763-4661
American Republic Corp Insurance Company	PO Box 14510			Des Moines	IA	50306-3510 (515) 245-2000
American Republic Insurance Company	PO Box 1			Des Moines	IA	50306-0001 (515) 245-2000
American Retirement Life Insurance Company	P. O. Box 26580			Austin	TX	78755 (800) 854-3649
Assured Life Association	P.O. Box 3169			Englewood	CO	80155-3169 (303) 792-9777
Bankers Fidelity Assurance Company	P.O. Box 105185			Atlanta	GA	30348-5185 (404) 266-5600
Bankers Fidelity Life Insurance Company	P. O. Box 105185			Atlanta	GA	30348-5185 (404) 266-5600
Bankers Life	P.O. Box 1935			Carmel	IN	46082-1935 (312) 396-6000
Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Co.	Post Office Box 1043			Jackson	MS	39215-1043 (601) 932-3704
Central Reserve Life Insurance Company	11200 Lakeline Blvd.	Suite 100		Austin	TX	78717 (866) 459-4272
Central United Life Insurance Company	10777 Northwest Freeway			Houston	TX	77092 (713) 529-0045
Combined Insurance Company of America (Subsidiary of Amerilife)	2650 McCormick Drive			Clearwater	FL	33759 (855) 278-9329
Connecticut General Life Insurance Company (CIGNA)	1601 Chestnut St.			Philadelphia	PA	19192-2362 (866) 494-2111

Constitution Life Insurance Company	P.O. Box 130		Pensacola	FL	32591	(407) 995-8000
Continental General Insurance Company (CIGNA)	11200 Lakeline Blvd.	Suite 120	Austin	TX	78717	(866) 459-4272
Continental Life Insurance Company of Brentwood, Tennessee	800 Crescent Center Drive	Suite 200	Franklin	TN	37067	(800) 264-4000
Equitable Life & Casualty Insurance Company	P. O. Box 2460		Salt Lake City	UT	84110	(800) 352-5150
Family Life Insurance Company	10777 Northwest Freeway		Houston	TX	77092	(713) 529-0045
First Health Life & Health Insurance Company	3200 Highland Avenue		Downers Grove	IL	60515	(800) 226-5116
Forethought Life Insurance Company	300 North Meridian Street	Suite 1800	Indianapolis	IN	46204	(317) 223-2700
Genworth Life Insurance Company	6604 W. Broad Street	5 th Floor	Richmond	VA	23230	(800) 255-7831
Genworth Life and Annuity Insurance Company	6604 West Broad Street	5 th Floor	Richmond	VA	23230	(800) 255-7836
Gerber Life Insurance Company	1311 Mamaroneck Avenue		White Plains	NY	10605	(914) 272-4000
Globe Life and Accident Insurance Company	3700 S. Stonebridge Dr.		McKinney	TX	75070	(405) 270-1400
Government Personnel Mutual Life Insurance Company	Post Office Box 659567		San Antonio	TX	78265-9567	(800) 929-4765
Guarantee Trust Life Insurance Company	1275 Milwaukee Avenue		Glenview	IL	60025-2489	(847) 699-0600
Hartford Life Insurance Company	8500 Freeport Prkwy.	Suite 400	Irving	TX	75063	(860) 547-5000
Heartland National Life Insurance Company	P.O. Box 14168		Lexington	KY	40512	(800) 457-4708
Humana Insurance Company	P.O. Box 740026		Louisville	KY	40201-7426	(502) 580-3712
Individual Assurance Company, Life, Health & Accident	P.O. Box 30685		Edmond	OK	73003	(405) 285-0838
Liberty National Life Insurance Company	3700 S. Stonebridge Drive		McKinney	TX	75070	(800) 333-0637

Lincoln Heritage Life Insurance Company	4343 E. Camelback Road		Phoenix	AZ	85018	(800) 433-8181
Manhattan Life Insurance Company, The	10777 Northwest Freeway		Houston	TX	77092	(713) 529-0045
Medico Corp Life Insurance Company	PO Box 10482		Des Moines	IA	50306	(800) 228-6080
Medico Insurance Company	P. O. Box 10386		Des Moines	IA	50306-0386	(800) 228-6080
Mutual of Omaha Insurance Company	Mutual of Omaha Plaza		Omaha	NE	68175	(402) 342-7600
Nationwide Life Insurance Company	P.O. Box 130		Pensacola	FL	32591	(800) 882-2822
New Era Life Insurance Company	P. O. Box 4884		Houston	TX	77210-4884	(800) 713-4680
Omaha Insurance Company	Mutual of Omaha Plaza		Omaha	NE	68175	(402) 342-7600
Order of United Commercial Travelers of America, The	1801 Watermark Drive, Suite 100		Columbus	OH	43215	(800) 848-0123
Pekin Life Insurance Company	2505 Court Street		Pekin	IL	61558	(309) 346-1161
Philadelphia American Life Insurance Company	P.O. Box 4884		Houston	TX	77210	(800) 713-4680
Physicians Life Insurance Company	2600 Dodge		Omaha	NE	68131	(402) 633-1000
Physicians Mutual Insurance Company	2600 Dodge		Omaha	NE	68131	(800) 228-9100
Medico Insurance Company	P. O. Box 10386		Des Moines	IA	50306-0386	(800) 228-6080
Mutual of Omaha Insurance Company	Mutual of Omaha Plaza		Omaha	NE	68175	(402) 342-7600
Nationwide Life Insurance Company	P.O. Box 130		Pensacola	FL	32591	(800) 882-2822
New Era Life Insurance Company	P. O. Box 4884		Houston	TX	77210-4884	(800) 713-4680
Omaha Life Insurance Company	Mutual of Omaha Plaza		Omaha	NE	68175	(402) 342-7600

Puritan Life Insurance Company of America	1720 W. Rio Salado Parkway, Suite A		Tempe	AZ	85281	(855)323-8914
Reserve National Insurance Company	601 E. Britton Road		Oklahoma City	OK	73114	(405) 848-7931
Shenandoah Life Insurance Company	PO Box 12847		Roanoke	VA	24029	(800) 848-5433
State Farm Mutual Automobile Insurance Company	One State Farm Plaza D2 Star		Bloomington	IL	61710-0001	(309)766-5588
Thrivent Financial for Lutherans	625 Fourth Avenue South	MS-Reg Financi	Minneapolis	M N	55415-1624	(612) 340-7000
Transamerica Life Insurance Company	4333 Edgewood Road, N.E.		Cedar Rapids	IA	52499	(800) 238-4302
Transamerica Premier Life Insurance Company	4333 Edgewood Road, NE		Cedar Rapids	IA	52499	(319) 355-8511
USAA Life Insurance Company	P.O. Box 33490		San Antonio	TX	78265	(800) 531-8000
Unified Life Insurance Company	P.O. Box 25326		Overland Park	KS	66225	(913) 685-2233
United American Insurance Company	P. O. Box 8080		McKinney	TX	75070	(972) 529-3238
United World Life Insurance Company	Mutual of Omaha Plaza		Omaha	NE	68175	(402) 342-7600
Universal Fidelity Life Insurance Company	13931 Quail Point Drive		Oklahoma City	OK	73134	(800) 366-8354
Washington National Insurance Company	11825 North Pennsylvania Street		Carmel	IN	46032	(317) 817-6100

Notes

Mississippi Insurance Department
1001 Woolfolk State Office Building
501 N. West Street
Jackson, MS 39201
800-562-2957
www.mid.ms.gov