



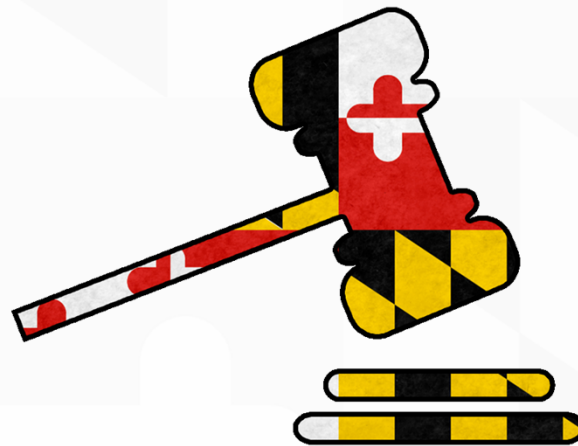
Maryland
INSURANCE ADMINISTRATION

Medicare Supplement in Maryland

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This presentation does not provide legal advice.
You should discuss specific questions with your
trusted financial advisor or insurance producer.



Agenda:

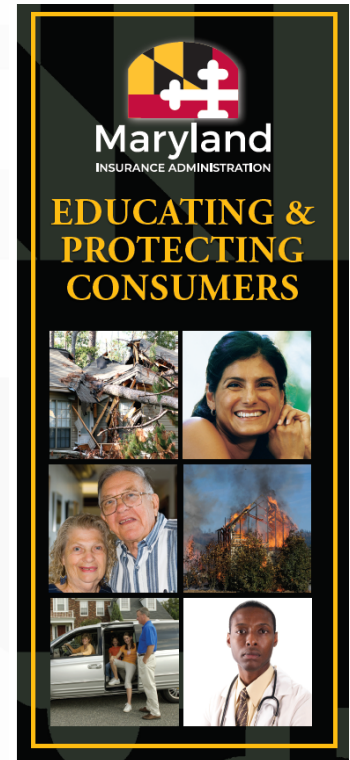
- Introduction to Maryland Insurance Administration
- Review of Medicare
- What we regulate: Medicare Supplements
- Medicare Supplements Overview
- Initial Guaranteed Issue Period
- Other Guaranteed Issue Periods
- Submitted Questions



What is the Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is the state agency that regulates insurance in Maryland. The MIA:

- Licenses insurers and insurance producers (agents or brokers).
- Examines the business practices of licensees to ensure compliance.
- Monitors solvency of insurers.
- Reviews/approves insurance policy forms. Reviews insurance rates to ensure rates are not inadequate, excessive or unfairly discriminatory.
- Investigates consumer and provider complaints and allegations of fraud.



[Video: How the MIA can help](#)



What is the Maryland Insurance Administration

If you feel that your insurer or insurance producer acted improperly, you have the right to file a complaint. Examples of improper actions include:

- Improperly denying or delaying payment of all or portions of a claim;
- Improperly terminating your insurance policy;
- Raising your insurance premiums without proper notice;
- Making false statements to you in connection with the sale of insurance or processing of insurance claims; and,
- Overcharging you for services, including premium finance charges.



1-800-492-6116



insurance.maryland.gov



Review of Medicare: What is Medicare?

- Government-sponsored health insurance for Older Adults 65+, and younger adults with disability.
- Created in 1965 by Congress under Title XVIII of the Social Security Act.
- Expanded in 1972 to include people under 65 who receive Social Security Disability benefits and those with End-Stage Renal Disease.
- Medicare Modernization Act of 2003 established Part D.



Parts of Medicare

Both offer equal coverage but have different rules and cost structures, so you will need to decide which option will best fit your needs.

Original Medicare



Medicare Advantage



Review of Medicare: Who is eligible?

- U.S. citizens 65 and older with sufficient quarters of work credit under Social Security
- Adults under 65 with disabilities:
 - Eligible after they have received Social Security Disability benefits for 24 months.
 - Eligible with a diagnosis of amyotrophic lateral sclerosis in the first month of Social Security Disability benefits.
 - Eligible at any age with End-Stage Renal Disease, in the 4th month of dialysis.



Use Medicare's eligibility and premium calculator to get an estimate of when you're eligible for Medicare and calculate your premium:
<http://go.cms.gov/2EWhAy4>

Review of Medicare: Part A

- Referred to as Hospital Insurance or Inpatient Insurance.
- Funded by payroll tax (FICA). Most people with a personal or spousal work history and paid into Social Security do not pay for Part A.
- Covers care in a hospital, some costs of skilled nursing facilities and home health services, as well as hospice care for the terminally ill.



Review of Medicare: Part B

- Referred to as Outpatient Insurance.
- Part A and Part B together are referred to as “Traditional Medicare” or “Original Medicare.”
- Funded by Part B premiums and general revenues from the federal government.
- Part B covers doctor services, lab tests, medical equipment, ambulance services, prevention and wellness screenings, orthotics/prosthetics, and mental health services.
- Permanent penalty for late enrollment, 10% of the base premium for each year you delayed enrollment.



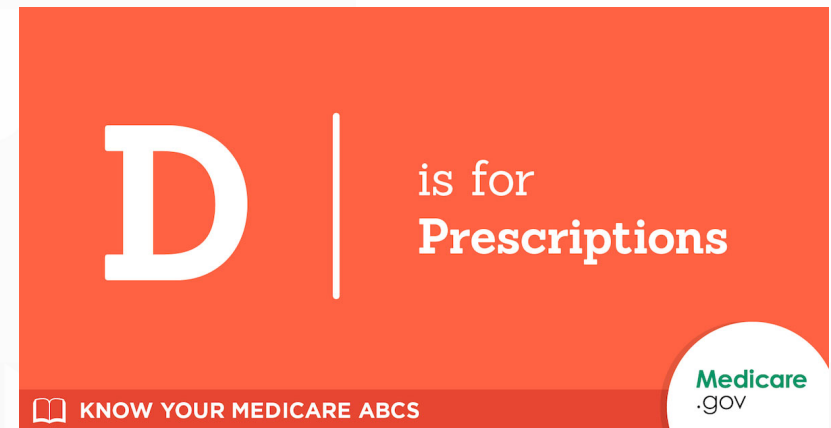
Review of Medicare: Part C

- Part C is Medicare Advantage – plans offered by private companies under a contract with Medicare to provide Parts A and B coverage. May offer Part D coverage (drugs).
- May offer additional benefits not covered by Original Medicare, such as vision and dental services.
- Beneficiary still pays the Part B Premium.
- May have additional premiums, deductibles and co-pays - varies by the company and by plan.



Review of Medicare: Part D

- Part D is medication coverage.
- Provided through private companies, either as stand-alone plans or as a part of the Part C Medicare Advantage plans.
- No pre-existing condition clause – must accept anyone who is eligible.
- May incur a permanent penalty for late enrollment in a Part D plan.
- Different plans have different costs and formularies (drug list).
- Annual Open Enrollment for Part D is October 15 - December 7.



Review of Medicare: Medicare Supplement

- Medicare Supplement is a product to supplement Original Medicare.
- Pays for cost sharing for parts A and B, but not part D.
- Purchased from private insurance companies.
- 12 standard plans in Maryland.
- Six month Medicare Supplement open enrollment period, you may purchase any Medicare Supplement plan sold in your state without underwriting.



FAQ's

Q. Is a Medicare Supplement plan the same as a Medigap plan?

A. Medicare Supplement and Medigap are different names for the same health insurance product. Some organizations prefer one name over the other, and some may use both.

Q. Do the Medicare Supplement plans cover prescription drugs?

A. Some plans sold before 2006 include prescription drug coverage, but policies sold since January 1, 2006, are not allowed to include prescription drug coverage. Prescription drug coverage, Medicare Part D, is offered through private insurance carriers approved by Medicare.



FAQ's

Q. What about pre-existing conditions?

Under federal law, Medicare Supplement insurers can refuse to cover your pre-existing medical conditions for the first six months.

However, if you buy your policy when you have a guaranteed issue right (GIR), the insurer cannot impose a waiting period for coverage of any pre-existing condition.

And - if you purchase a Medicare Supplement policy during your six-month open enrollment period (OEP), Medicare Supplement policy insurers must shorten any pre-existing condition waiting period by the number of months you had prior “creditable coverage”. Most forms of healthcare coverage do count as creditable coverage.



What we regulate: Medicare Supplements

The Maryland Insurance Administration (MIA) regulates insurance policies issued in Maryland, including Medicare Supplement (also known as Medigap) policies. The MIA DOES NOT regulate Medicare Advantage or Part D plans, except for solvency and producer conduct.

For Medicare supplement, the MIA reviews:

- Policy forms;
- Premiums rates; and
- Complaints from consumers.



What we regulate: Medicare Supplements

The MIA enforces the Insurance Article of the Maryland Code and associated regulations.

For guaranteed issue rights for Medicare supplement the relevant laws are:

- Section 15-909 of the Insurance Article, and
- COMAR 31.10.06.06 and 31.10.06.09-1.

The National Association of Insurance Commissioners (NAIC) proposes Model Regulations that most states follow to ensure consistency.



FAQ's

Q. Can the MIA help if I have questions about parts of Medicare besides the Medicare Supplement?

A. The Maryland Insurance Administration **cannot** answer questions regarding Medicare Parts A and B, and recommends that you contact your local State Health Insurance Assistance Program (SHIP) or the Centers of Medicare and Medicaid Services (CMS) for assistance.

CMS is a federal agency within the U.S. Department of Health and Human Services. CMS administers the Medicare program and can answer your questions regarding the Medicare Program. The CMS website at www.cms.gov contains valuable information regarding Medicare, including a handbook on Medicare entitled, "Medicare & You" that provides detailed information on Medicare program benefits, rights and obligations. You may also contact CMS directly by calling toll free, 1-800-MEDICARE, or visiting the Medicare website at www.medicare.gov.

SHIP is a program that helps those on Medicare with personalized Medicare counseling, education, and access to financial assistance resources. Each of the Maryland counties and Baltimore City have access to a SHIP and you can find your local office here: <https://insurance.maryland.gov/Consumer/Documents/publicnew/ship-phone-numbers.pdf>



Medicare Supplements Overview

- Medicare supplement plans are standardized.
- Standardized plans are identified by a letter.
- Plans A, B, C, D, F, G, K, L, M, and N are currently sold. Remember Plans A,B,C,D are not the same as Medicare Parts A,B,C,D.
- All plans offer the same basic benefits.
- Companies don't have to sell all plans.
- Plans E, H, I, and J exist but are no longer sold, but those enrolled in the plans before June 1, 2013 may keep the plan.
- C and F are available for purchase only to those eligible for Medicare before January 1, 2020.
- Only the policy cost will vary between companies.



IMPORTANT: Medicare uses A,B,C, and D to names the “parts” of Medicare. The Medicare Supplement has plans A, B, C and D but it’s important to know Part A and Plan A are different.

Medicare Supplements Overview

Standardized Medicare Supplement 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 2020, K and L							\$6,940	\$3,470		

***Plans F and G include a high deductible option. The deductible for 2023 is \$2,700.**

**** Plan N requires a \$20 co-payment for office visits and a \$50 co-payment for emergency room visits.**

Medicare Supplements Overview: Rates

- The Maryland Insurance Administration publishes a rate guide which is available on our website.
- The rate guide is updated in January and July.
- Individuals should contact the insurance company to learn the rates in effect when they are applying.
- There may be discounts for a period of time, or for multiple policies in the same household from the same company.
- If you move out of Maryland, you may be able to keep your plan and your rate. However, some insurers will rate you based on your new address, and in MA, MN and WI you will generally need to get a new plan, as these three states have non-standardized Medicare Supplement plans.



This publication is updated twice a year for rates effective January 1st and July 1st



Medicare Supplement: Rate Guide

Male Preferred

	<65	65	70	75	80	85
A	\$441	\$273	\$290	\$341	\$402	\$469
B		\$145	\$154	\$181	\$213	\$249
F		\$167	\$177	\$208	\$245	\$286
G		\$153	\$162	\$191	\$225	\$262
High G		\$ 60	\$ 63	\$ 75	\$ 88	\$103
N		\$109	\$122	\$144	\$169	\$198

Female Preferred

	<65	65	70	75	80	85
A	\$384	\$238	\$252	\$296	\$349	\$408
B		\$126	\$134	\$157	\$185	\$216
F		\$145	\$154	\$181	\$213	\$249
G		\$133	\$141	\$166	\$195	\$228
High G		\$ 52	\$ 55	\$ 65	\$ 76	\$ 89
N		\$ 95	\$106	\$125	\$147	\$172

Rates shown are monthly rates.

Medicare Supplement: Rate Guide

An insurance carrier writes a policy based on “issue age”, “attained age”, or “community rating.”

- **Issue Age** means that premiums are based on your age at the time you purchase the policy. While premiums may periodically increase due to benefit changes, inflation, or increases in medical costs, they will not increase due to your advancing age.
- **Attained Age** means that premiums are based on your current age. Premiums may increase as you get older. These increases may be in addition to premium increases because of benefit changes, inflation, or increasing medical costs.
- **Community Rated** means that premiums are not based on your age, either at the time the policy is issued or upon renewal. Premiums are based on other factors and may increase because of benefit changes or overall premium adjustments.

FAQ's

Q. Can I be medically underwritten when I apply for a Medicare Supplement policy?

A. After the 6-month initial guaranteed issue period upon enrolling in Medicare Part B, individuals will usually be subject to medical underwriting for a new Medicare Supplement policy. However, there are exceptions for additional guaranteed issue policies.



Initial Guaranteed Issue Period – 65+

Section 15-909 of the Insurance Article sets out the guaranteed issue periods. Available at:
<http://mgaleg.maryland.gov/WEBMGA>

For individuals who are at least 65 years old:

- For the 6 month period following first enrollment in Part B of Medicare, the insurer may not deny the policy, limit coverage, or increase rates based on the health status or claims history of the applicant.



Initial Guaranteed Issue Period – Under 65

As of January 1, 2020, Plan D has replaced Plan C. Plan C will continue to be available to those enrolled in the plan and those eligible for Medicare before January 1, 2020.

For individuals who are under 65, and eligible for Medicare due to a disability, plans A and D must be available:

- For the first 6 months following enrollment in Part B of Medicare, or
- If the applicant is notified by Medicare of retroactive enrollment in Medicare, for the 6 months following notice.
- The plan A or D may not be denied, or have coverage reduced, based on the health status or claims history of the applicant.
- For a guaranteed issue plan A, the premium rate may not be higher than the average of the premiums paid by all policyholders age 65 and older in the State who are covered under that plan A form.

Other Guaranteed Issue Periods

Medicare Supplement Birthday Rule

Starting on July 1, 2023, Medicare Supplement policyholders in Maryland will be granted a once-yearly Open Enrollment Period during the 30-day period following the policyholder's birthday.

The Birthday Rule establishes a guaranteed issue period each year to allow a policyholder to change, without underwriting, to a Medicare Supplement policy of equal or lesser benefits. You do not have to stay with your current Medicare Supplement carrier.

Medicare Supplement policyholders who have been underwritten and received less than the preferred rate are entitled to the preferred rate during the guaranteed issue period.



Other Guaranteed Issue Periods

Medicare Supplement Birthday Rule

Medicare Supplement policies are considered to have equal or lesser value unless:

- the policy contains one or more significant benefits not included in the Medicare supplement policy being replaced; or
- the policy contains the same significant benefits included in the Medicare supplement policy being replaced but it reduces the cost-sharing responsibilities* of the enrollee for the benefits;

Insurers will be required to send each Medicare Supplement policyholder an annual notice of their right to switch policies at least 30 days, but not more than 60 days, before the policyholder's birthday.

*Cost-sharing responsibilities do not include the policy premium.

Medicare Supplement Birthday Rule

<i>Existing Plan</i>	<i>Lesser or Equal Plan</i>
Plan A	Plan A
Plan B	Plan A or B
Plan C	Plan A, B, C, D, K, L, M, or N
Plan D	Plan A, B, D, K, L, M, or N
Plan E	Plan A, B, D, K, L, M, or N
Plan F	Plan A, B, C, D, F, high deductible F, G, high deductible G, K, L, M, or N
Plan F with a high deductible	Plan high deductible F or high deductible G
Plan G	Plan A, B, D, high deductible F, G, high deductible G, K, L, M, or N
Plan G with a high deductible	Plan high deductible G
Plan H	Plan A, B, D, K, L, M, or N
Plan I	Plan A, B, D, G, K, L, M, or N
Plan J	Plan A, B, C, D, F, high deductible F, G, high deductible G, K, L, M, or N
Plan J with a high deductible	Plan high deductible F or high deductible G
Plan K	Plan K
Plan L	Plan K or L
Plan M	Plan M or N
Plan N	Plan N

Other Guaranteed Issue Periods

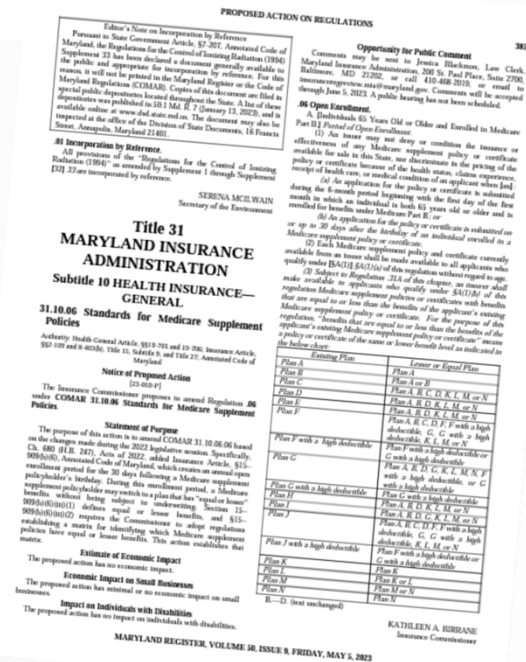
Medicare Supplement Birthday Rule resources

Consumer advisory:

<https://insurance.maryland.gov/Consumer/Documents/publications/ConsumerAdvisory-Maryland-law-allows-for-an-additional-Open-Enrollment-Period-for-Medicare-Supplement-Policies.pdf>

Regulations:

<https://insurance.maryland.gov/Documents/newscenter/legislativeinformation/31.10.06-ProposedPub-552023.pdf>



Other Guaranteed Issue Periods

After the initial guaranteed issue period, individuals will usually be subject to medical underwriting outside of the birthday rule for a new Medicare Supplement policy. COMAR 31.10.06.09-1 sets out the circumstances for additional guaranteed issue policies.

- The individual was enrolled in health benefits under an employee benefit plan, and the plan terminates or ceases providing supplemental benefits.
- The individual was enrolled under a Medicare supplement policy and terminates the policy and enrolls for the first time with a Medicare Advantage or similar plan, then terminates the plan within the first 12 months of the subsequent enrollment.
- The individual, upon first becoming enrolled in Part B at 65 or older, enrolls in a Medicare Advantage plan and disenrolls within 12 months of the effective date.

Other Guaranteed Issue Periods

An individual has a guaranteed issue period if the individual was enrolled in a Medicare Advantage plan and:

- The plan's certification is terminated.
- The plan has stopped providing the plan in the area in which the individual resides.
- The individual is no longer eligible due to a change in place of residence.
- The individual is no longer eligible due to other circumstances specified by CMS, not including non-payment of premium.
- The plan is terminated for all individuals in a residence area.
- The plan or its agent materially misrepresented the plan's provisions in marketing the plan to the individual.
- Other exceptional circumstances.



Other Guaranteed Issue Periods

The guaranteed issue period lasts 63 days.

The date it begins depends on the reason for the guaranteed issue period. In many circumstances, it is the date coverage terminates, but you should carefully review the regulation to determine the date. An organization that is terminating coverage is required to give notice.

There may be limits on the plans available. The regulation lists the plans that must be available in specific circumstances.



FAQ's

Guarantee Issue Right

- 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. COMAR 31.10.06.09-1B(2).

Over 65

- Medicare Supplement Plan A, B, C, F, high deductible F, K or L that is sold in your state by any company for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A, B, D, G, high deductible G, K or L that is sold in your state by any company for those newly eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days.

Under 65

- Medicare Supplement Plan A, C, or D that is sold by any insurance company in Maryland for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A or D that is sold by any insurance company in Maryland for those first eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days.

Slide 34

- DC1** For most of the guaranteed issue periods, Plans D and G are not available for individuals eligible for Medicare prior to 1/1/20. "D" and "G" should be deleted from each page where I highlighted them.
David Cooney, 8/4/2023
- DC2** Also, as we discussed in the original email, every place that "F" or "G" are mentioned should be expanded to also refer to the High Deductible option for these plans.
David Cooney, 8/4/2023
- DC3** Finally, I think it is important to mention that the 1/1/20 date is referring to eligibility "for Medicare," and for those eligible on or after 1/1/20, the standards apply to those "newly" eligible on or after that date. I only made this change (in red) to this slide, but the change should be made to all slides that refer to the 1/1/20 date. Note that by adding this text, some of the text at the end is covered up by the MIA logo, so reformatting will be needed.
David Cooney, 8/4/2023

FAQ's

Guarantee Issue Right

- You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending. COMAR 31.10.06.09-1B(1)

Over 65

- Medicare Supplement Plan A, B, C, F, high deductible F, K or L that is sold in your state by any company for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A, B, D, G, high deductible G, K or L that is sold in your state by any company for those newly eligible for Medicare on January 1, 2020 or later.
- If you have COBRA coverage, you can either buy a Medicare Supplement policy right away or wait until the COBRA coverage ends. Time limits apply, 63 days.

Under 65

- Medicare Supplement Plan A, C, or D that is sold by any insurance company in Maryland for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A or D that is sold by any insurance company in Maryland for those first eligible for Medicare on January 1, 2020 or later.
- If you have COBRA coverage, you can either buy a Medicare Supplement policy right away or wait until the COBRA coverage ends. Time limits apply, 63 days.

FAQ's

Guarantee Issue Right

- You have Original Medicare and a Medicare Select policy. You move out of the Medicare Select policy Service area. COMAR 31.10.06.09-1B(4)

Over 65

- Medicare Supplement Plan A, B, C, F, high deductible F, K or L that is sold in your state by any company for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A, B, D, G, high deductible G, K or L that is sold in your state by any company for those newly eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days

Under 65

- Medicare Supplement Plan A, C, or D that is sold by any insurance company in Maryland for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A or D that is sold by any insurance company in Maryland for those first eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days

FAQ's

Guarantee Issue Right

- You joined a Medicare Advantage Plan when you were first eligible for Medicare Part B at age 65, and within the first year of joining, you decide you want to switch to Original Medicare (Trial right). COMAR 31.10.06.09-1B(7)

Over 65

- Any Medicare Supplement policy that's sold in your state by any insurance company.
- Time limits apply, 63 days.

Under 65

- No Guarantee Issue Right

FAQ's

Guarantee Issue Right

- (Trial right) You dropped a Medicare Supplement policy to join a Medicare Advantage Plan for the first time, you've been in that plan for less than a year, and you want to switch back. COMAR 31.10.06.09-1B(6)

Over 65

- The Medicare Supplement plan you had before you joined the Medicare Advantage Plan, if the same insurance company you had before still sells it. If your former Medicare Supplement policy isn't available, you can buy Medicare Supplement Plan A, B, C, F, high deductible F, K or L that's sold in your state by any insurance company for those eligible before January 1, 2020. Plans A, B, D, G, high deductible G, K and L for those newly eligible January 1, 2020 or later.
- Time limits apply, 63 days.

Under 65

- The Medicare Supplement plan you had before you joined the Medicare Advantage Plan, if the same insurance company you had before still sells it. If your former Medicare Supplement policy isn't available, you can buy Medicare Supplement Plan A, C, or D that's sold in Maryland by any insurance company. Plans A and D for those newly eligible January 1, 2020 or later.
- Time limits apply, 63 days.

FAQ's

Guarantee Issue Right

- Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement policy coverage otherwise ends through no fault of your own.
- COMAR 31.10.06.09-1B(5)

Over 65

- Medicare Supplement Plan A, B, C, F, high deductible F, K or L that is sold in your state by any company for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A, B, D, G, high deductible G, K or L that is sold in your state by any company for those newly eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days.

Under 65

- Medicare Supplement Plan A, C, or D that is sold by any insurance company in Maryland for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A or D that is sold by any insurance company in Maryland for those first eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days.

FAQ's

Guarantee Issue Right

- You leave a Medicare Advantage Plan or drop a Medicare Supplement policy because the company hasn't followed the rules, or it misleads you.
COMAR 31-10-06-09-1B(2)(d)

Over 65

- Medicare Supplement Plan A, B, C, F, high deductible F, K or L that is sold in your state by any company for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A, B, D, G, high deductible G, K or L that is sold in your state by any company for those newly eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days

Under 65

- Medicare Supplement Plan A, C, or D that is sold by any insurance company in Maryland for those eligible for Medicare before January 1, 2020.
- Medicare Supplement Plan A or D that is sold by any insurance company in Maryland for those first eligible for Medicare on January 1, 2020 or later.
- Time limits apply, 63 days

FAQ's

Guarantee Issue Right

- After a public health emergency ends, you are terminated from Medicaid more than six months following the effective date of enrollment in Medicare Part B. HOUSE BILL 536. (Chapter 495, 2022 Acts)

Over 65

- Medicare Supplement Plan A, B, C, D, F, high deductible F, G, high deductible G, K or L that's sold in your state by any insurance company for those eligible before January 1, 2020.
- Medicare Supplement Plan A, B, D, G, high deductible G, K or L that's sold by any insurance company for those eligible on January 1, 2020 or later.
- Time limits apply, 63 days

Under 65

- Medicare Supplement Plan A, C, or D that is sold by any insurance company in Maryland for those eligible before January 1, 2020
- Medicare Supplement Plan A or D that is sold by any insurance company in Maryland for those eligible on January 1, 2020 or later.
- Time limits apply, 63 days



FAQ's

What is required from an insurance company to justify a Medicare Supplement rate increase?

Annual filing of premium rates that include demonstration of compliance with loss ratio standards in accordance with filing requirements and procedures prescribed by the National Association of Insurance Commissioners (NAIC) Medicare Supplement Insurance Model Regulation Compliance Manual. The insurance company must provide additional data to demonstrate that the requested rates are reasonable, equitable, and adequate.

How does the Maryland Insurance Administration decide to approve/deny or adjust a rate increase request?

The staff of the MIA's Office of the Chief Actuary reviews the documents as provided by the insurance company to verify compliance with the model regulation. Premium rates are compared with benefits and current experience to determine if we will approve/deny or adjust a proposed rate increased.

FAQ's

How often can Medicare Supplement rates be increased?

Medicare Supplement rates can only change once per year for each insured.

Is vision and dental care available under a Medicare Supplement Plan?

Generally, Medicare Supplement plans do not cover vision or dental, hearing aids, or eyeglasses.

What if I have health problems? Can my Medicare Supplement plan drop me?

Your Medicare Supplement policy is considered guaranteed renewable. This means your insurance carrier cannot cancel your policy unless you fail to pay your premiums on time or make a material misrepresentation.

FAQ's

Is there information available about complaints against insurance companies offering the Medicare Supplement product?

This information may be available from the NAIC. You can search for complaint statistics and details at their Consumer Information Source by following this link:

https://content.naic.org/cis_consumer_information.htm

Can I keep my current Medicare Supplement policy or switch to a different Medicare Supplement policy if I move out of Maryland?

In general, you can keep your current Medicare Supplement policy regardless of where you live as long as you still have Original Medicare.

FAQ's

Is financial assistance available for the Medicare Supplement plans?

There are no programs available to help with the costs of the Medicare Supplement Plans. If you need to speak to someone about Medicare and financial assistance, please reach out to your local SHIP office.

The State Health Insurance Assistance Program (SHIP) is a free program to help those on Medicare with personalized Medicare counseling, education, and access to financial assistance resources.

I currently have a Medicare Supplement policy, but I just recently qualified for Medicaid. I'm not sure how long I'll qualify for Medicaid. Can I go back to my Medicare Supplement policy later?

If you recently qualified for Medicaid and are currently enrolled in a Medicare Supplement policy, you can suspend it for up to 2 years after you transition onto Medicaid so long as you notify the carrier within 90 days of enrolling in Medicaid. To reinstate your Medicare Supplement policy, you will need to notify the carrier within 90 days of the date you become ineligible, and pay the premium from that date forward. If you take these steps, the Medicare Supplement policy will be automatically reinstated.

Additional Resources

Medicare 1-800-MEDICARE (1-800-633-4227)

Contact your Maryland SHIP program

<http://www.aging.maryland.gov/Pages/StateHealthInsuranceProgram.aspx>

Medicare Rights Center <http://www.medicarerights.org>

Center for Medicare Advocacy <http://medicareadvocacy.org>





SHIP Offices in Maryland

Allegany County 301-783-1710	Charles County 301-934-0118	Montgomery County 301-255-4250
Anne Arundel County 410-222-4257	Dorchester County 410-376-3662	Prince George's County 301-265-8471
Baltimore City 410-396-2273	Frederick County 301-600-1234	Queen Anne's County 410-758-0848, opt. 2
Baltimore County 410-887-2059	Garrett County 301-334-9431, x6140	St. Mary's County 301-475-4200
Calvert County 410-535-1600, x8766	Harford County 410-638-3025	Talbot County 410-822-2869, ext. 231
Caroline County 410-479-2535	Howard County 410-313-7392	Washington County 301-790-0275
Carroll County 410-386-3800	Somerset County 410-742-0505, x114	Wicomico County 410-742-0505, x114
Cecil County 410-996-8174	Kent County 410-778-2564	Worcester County 410-742-0505, x114

Help is also available 24 hours a day, including weekends
at 1-800-MEDICARE or 1-800-633-4227



Contact Information

Maryland Insurance Administration

 800-492-6116 | 410-468-2000 | 800-735-2258 (TTY)

 insurance.maryland.gov



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The Maryland Insurance Administration's website is



insurance.maryland.gov

If you have questions, please call 410-468-2244 or



1-800-492-6116, ext. 2244.

The email for complaints and inquiries

about Medicare supplement is



lhcomplaints.mia@maryland.gov

Questions

