

2026

Medicare Supplement Guide

Kentucky Department of Insurance

Inside this guide

- ⇒ Tips for purchasing Medigap insurance
- ⇒ Answers to frequently asked questions
- ⇒ List of companies currently offering plans





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About This Consumer Guide

Medicare is a federal health insurance program for people aged 65 or older, younger people with disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or transplant). Medicare supplement insurance (also referred to as Medigap) is designed to supplement Medicare's benefits and is regulated by federal and state law.

Medigap must be clearly identified as Medicare supplement insurance, and it must provide specific benefits that help fill gaps in Medicare coverage. Other kinds of insurance may help with out-of-pocket health care costs, but they do not qualify as Medigap plans.

The Kentucky Department of Insurance offers this consumer guide to assist consumers in their search for supplemental insurance. It provides a list of all companies marketing Medicare supplement policies in Kentucky along with what plans are offered by each company and their contact information.

For helpful information related to this decision, please refer to the Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare, a publication from the Centers for Medicare and Medicaid Services (CMS). This guide is available from the Department of Insurance our website, https://insurance.ky.gov/ppc/new_default.aspx, or on the CMS website, <https://www.medicare.gov/>. You can also request this guide be mailed to you by calling (800) 595-6053.

As you begin searching for company choices, it is important to recognize that some companies offer this insurance throughout Kentucky and other companies offer plans only in certain areas of the state.

Decide what type of plan you want. There are 12 standardized Medigap plans. They have letter designations ranging from "A" through "N". Plan "A" is the "basic" benefit package. The other plans include the basic package plus a different combination of additional benefits. Each plan covers specific expenses either not covered or not fully covered by Medicare. Insurance companies are not permitted to change the benefits or the letter designation of any plan. Although the benefits are identical for standardized Medigap plans, the premiums may vary greatly from one company to another and from area to area.

Insurance companies use three different methods to calculate premiums: issue age, attained age, and community rating. If the company uses the issue age method, your premium will not increase as you age. If it uses the attained age method, your premium will automatically increase as you age. Under the community rating method, everyone pays the same premium regardless of age. Insurers may file for rate increases with any of these rating methods. All rates and rate increases must be approved by the Kentucky Department of Insurance before they may be used by the insurer.

Once you narrow down the companies offering the plan(s) you are interested in, call or access their website for more information and/or to enroll or contact a local insurance agent. Contact information for each company can be found in the back of this publication.

Disclaimer: Please be aware that rates are subject to change. You should contact the company or a local insurance agent to verify rates.

Tips for Purchasing Medigap Insurance

- It is illegal for insurers to sell a consumer more than one Medigap policy.
- When applying during your open enrollment or guaranteed issue period you are not required to answer any health questions (including tobacco use, height and weight) and the insurance company is required to provide you the best available rate.
- When replacing an existing policy:
 - Do not cancel the old one until the new one is in force;
 - Be sure to state in the application that you are replacing your old policy. (It is illegal for an insurer to sell a consumer more than one Medicare supplement policy.)
- When you are outside an open enrollment or guaranteed issue period, be sure to answer all health questions accurately.
- Individuals who qualify for a Medigap plan under the age of 65 are now provided a six-month open enrollment period upon first becoming eligible for Medicare. This means some individuals may qualify for two open enrollment periods in their lifetimes.
- The new “birthday rule” allows individuals the opportunity to shop for the same Plan with a different insurance company every year on their birthday. This is a 60-day guaranteed issue period beginning on the applicant’s birthday.
- An insurance company cannot make you wait for coverage to start, but in some cases, the insurance company can refuse to cover your out-of-pocket costs for pre-existing conditions for up to six months. This is called a pre-existing condition waiting period.
- Remember that you have a 30-day “free look” period during which you can return the policy for a full refund.
- When you purchase a Medicare supplement policy, always use a check made payable to the insurance company:
 - Do not make the check payable to the insurance agent;
 - Do not pay with cash
- Policies sold after 1992 are standardized. This means a Plan G from one company will have the same benefits as a Plan G from another company. Policies issued prior to 1992 may differ somewhat from company to company.
- Effective June 2010, the Medicare Improvements for Patients and Providers Act (MIPPA) made changes to Medicare supplement policies including adding more benefits, eliminating four (4) plans (E, H, I & J) and creating two (2) new plans (M & N).
- Effective January 2020, the Medicare Access and CHIP Reauthorization Act (MACRA), changes the availability of Plans. Those “newly eligible” to Medicare on or after January 1, 2020, will no longer be able to purchase Plans C, F or High Deductible F. Companies are required to maintain at least Plan C or F for qualified individuals.

Explanation of Medigap Benefits *(in 2026)*

Part A Inpatient Hospital Deductible: This amount may change annually but must be paid at the time of the first admission during a benefit period.

- \$1,676 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$419 coinsurance per day
- Days 91 and beyond: \$838 coinsurance per each “lifetime reserve day” (see “Some Terms to Know” on p. 8) after day 90 for each benefit period (up to 60 days over your lifetime)
- Days beyond lifetime reserve (after day 150): All costs

Part A Skilled Nursing Facility Coinsurance: For the first 20 days \$0 for each benefit. During days 21-100, there is a \$209.50 coinsurance per day of each benefit period that must be paid by the patient. Beyond 100 days, all costs are paid by the patient.

Part B: The premium for most seniors is \$185 per month (or higher depending on your income). The deductible is an annual payment that the patient must pay prior to receiving benefits offered by Part B. It is currently \$257. After your deductible is met, you typically pay 20% of the Medicare approved amount for most doctor services.

Foreign Travel Emergency: This benefit pays for emergency care outside the United States beginning the first 60 days of each trip. There is a \$250 deductible, then the benefit pays 80 percent of the cost, up to \$50,000 in your lifetime.

Part B Excess Charges: This provides coverage for Part B excess charges when the physician fees are more than Medicare will pay. Physicians who accept assignment will not charge more.

Prescription Drugs: Standardized Medigap policies no longer provide coverage for prescription drugs.

For more detailed information on Part A and Part B premiums and deductibles visit:

<https://www.medicare.gov/basics/costs/medicare-costs>

Medicare Advantage Plans Available in Kentucky

Medicare Advantage Plans are health plan options that are available through Part C of the Medicare program. If you join one of these plans, you generally obtain all of your Medicare-covered health care through that plan, rather than Medicare. This may include prescription drug coverage and other benefits not traditionally covered such as vision, dental, etc. Medicare Advantage Plans include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Fee-for-Service (FFS) plans, Private Fee-for-Service (PFFS) plans, Medical Savings Account (MSA) plans or Medicare Special Needs plans. These plans are regulated by the federal government.

When you join a Medicare Advantage Plan, you use your health insurance card as proof of insurance to obtain your health care benefits. You may have to see doctors who belong to the plan or go to certain hospitals to get services.

To join a Medicare Advantage Plan, you must have Medicare Part A and Part B. You still will be required to pay your monthly Medicare Part B premium. You also might have to pay a monthly premium to your Medicare Advantage Plan.

There is an **annual open enrollment period** every year to enroll or change Medicare Advantage (Medicare Part C) and Prescription Drug (Medicare Part D) plans. This period is from October 15 to December 7 with coverage beginning on January 1.

If you join a Medicare Advantage Plan, you cannot use your Medigap policy. This means your Medigap policy won't pay any deductibles, co-insurance, or other cost-sharing under your Medicare Health Plan. Therefore, you may want to drop your Medigap policy if you join a Medicare Advantage Plan. However, you have a legal right to keep the Medigap policy.

For more updated information about Medicare Advantage plans and where these plans are offered, call 800-MEDICARE (800-633-4227) or go to the [Medicare.gov](https://www.medicare.gov) website. (Look for the *Medicare & You* publication). The following link has information on specific guaranteed issue periods for enrollment into a Medicare Supplement plan from a Medicare Advantage plan: www.cms.gov/files/document/naic-faq-12-17-2024.pdf

Medicare Prescription Drug Plans

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 added a new prescription drug program to Medicare, which became available to Medicare beneficiaries in 2006. All people with Medicare are eligible to enroll in plans that cover prescription drugs.

You have a seven-month enrollment period in which to enroll in Medicare Part D, beginning three months prior to becoming eligible for Medicare. If you do not sign up when you are first eligible, you may pay a penalty if you sign up at a later date. In some situations, you can delay enrolling in Medicare Part D without having to pay a penalty. If you delay enrollment because you had prior creditable coverage and that plan terminates, then you would be permitted a special enrollment period. However, you should act promptly. An example of creditable coverage would be if you have group health coverage through your employer that provides prescription coverage as good as or better than Part D. A few other circumstances would also allow you to enroll outside the enrollment window, such as being covered by Medicaid, qualifying for extra help, or if you are in a nursing home.

Extra help is available for people with low incomes and limited assets. Most significantly, people with Medicare who have incomes and assets below a certain level may qualify. If you qualify, a portion or all of your Part D premiums will be paid for you. You may even qualify for a better benefit. Call your local Social Security Office or visit ssa.gov for more information.

There is an annual open enrollment period every year to enroll or change Medicare Advantage (Medicare Part C) and Prescription Drug (Medicare Part D) plans. This period is from October 15 to December 7 with coverage beginning on January 1.

Obtaining Prescription Drug Coverage

In addition to enrolling in a Part D or Medicare Advantage plan, some people obtain prescription drug coverage through their employer or TRICARE, a program of the Department of Defense.

Formulary

When choosing a Part D plan, it is important to make sure your prescription drugs are covered since not all drugs are covered by each plan. Each plan develops its own list of covered drugs, called a formulary, which must include more than one drug in each classification.

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A and either Plan C or F available for those eligible for Medicare prior to January 1, 2020, and either Plan D or G available for those eligible for Medicare on or after January 1, 2020.

Note: X means 100% of the benefit is paid.

Plans Available to All Applicants									Medicare first eligible before 2010 only	
Benefits	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	X	X	X	X	X	X	X	X	X	X
Medicare Part B coinsurance or copayment	X	X	X	X	50 %	75%	X	X copays apply	X	X
Blood (first three pints)	X	X	X	X	50%	75%	X	X	X	X
Part A hospice care coinsurance or co-payment	X	X	X	X	50%	75%	X	X	X	X
Skilled Nursing Facility			X	X	50%	75%	X	X	X	X
Medicare Part A deductible		X	X	X	50%	75%	50%	X	X	X
Medicare Part B deductible									X	X
Medicare Part B excess charges				X						X
Foreign Travel Emergency (up to plan limits)			X	X			X	X	X	X
Out-of-pocket limit in 2025					\$7220	\$3610				

*Plans F and G also have a high-deductible option which requires first paying a plan deductible of [\$2240] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high, deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

*Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

*Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Frequently Asked Questions

Q: What is Medigap insurance?

A: Medigap insurance is sold by private insurance companies to help fill the gaps in Medicare coverage. Medicare is provided by the federal government. All of the information in this guide relates to the supplemental policies sold by private insurance companies.

Q: What do Medigap Plans cover?

A: Medigap policies pay most, if not all, Medicare co-insurance amounts, and may provide coverage for Medicare's deductibles. Some plans pay for services not covered by Medicare such as emergency medical care while traveling outside the United States and health care provider charges that are in excess of Medicare's approved amount.

An important point to remember, providers (physicians, medical suppliers) may not always file claims on Medicare supplement insurance. It is your responsibility to make sure the claims are filed.

Q: What is Medicare SELECT?

A: Medicare SELECT is one type of Medigap plan that requires use of a network of participating providers to receive full benefits; except in certain situations. These Plans must meet the same requirements as the standardized plans; however, they often have cheaper premiums because of the restricted network provisions.

Q: How can I obtain information about where Medicare Advantage and Prescription Drug plans are offered?

A: Go to [Medicare.gov](https://www.Medicare.gov) for more information about this plan or call 800-MEDICARE (800-633-4227), or you can contact the State Health Insurance Assistance Program (SHIP) at 877-293-7447.

Q: What do you think of Medicare Advantage plans? Should I enroll in one?

A: This department cannot offer opinions or rate HMOs or insurance companies. Consider your needs and what's best for your health when making this decision. Medicare Advantage plans are regulated by the Centers for Medicare and Medicaid Services (CMS). Medicare Advantage plans typically offer HMO, PPO, FFS or PFFS plans

Q: Which Medigap policy is best? Do you rate them?

A: By law, the Kentucky Department of Insurance cannot rate policies. However, A.M. Best Company does provide financial rating information. The A.M. Best ratings are found at many public libraries and may be accessible by your insurance agent. You can do a ratings search through its website, [ambest.com](https://www.ambest.com).

Q: Why are my choices limited to specific companies and certain plans?

A: Private insurance companies have made business decisions regarding where to offer coverage. These areas of coverage are decided by county or ZIP code. Regarding the choice of plans, insurers must offer Plan A. If a company offers more than Plan A, it must also offer at least Plan C or Plan F for those eligible for Medicare prior to January 1, 2020, and at least Plan D or G for those eligible for Medicare after January 1, 2020.

Q: What is the TRICARE for Life program for military retirees?

A: TRICARE for Life is a program for Medicare-eligible, uniformed services beneficiaries aged 65 and older, that acts as a second payer to Medicare. Eligible individuals must be enrolled in Medicare Part A and Part B and have a current U.S. Uniformed Services ID card. The program has no annual premium and pays all Medicare co-payments and deductibles. In addition, the TRICARE Senior Pharmacy program provides coverage not available under Medicare. For more detailed information call toll free 888-DOD-LIFE (888-363-5433) or the regional number 866-773-0404 or visit www.tricare.osd.mil/tfl/.

Terms to Know

Cost Sharing – This indicates what portion of the charge is covered by Medicare, a Medigap plan or the amount paid by the consumer.

Formulary – This is a list of certain kinds of prescription drugs that a Medicare drug plan will cover, subject to limits and conditions.

Guaranteed Issue Rights – These are rights you have in certain situations when insurance companies must offer you certain Medigap policies. In these situations, an insurance company must sell you a Medigap policy, cover all pre-existing health conditions and provide the best available rate.

Lifetime reserve days – These are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Medicare – This is a federal insurance program for people aged 65 and older, certain disabled people under 65, and certain people with permanent kidney failure.

Medicare Advantage – These plans receive a prepaid monthly sum from the federal government to provide care. The benefits include services available under Medicare. The insurance company or HMO will provide all your benefits instead of Medicare. Medicare Advantage typically offers an HMO, PPO or FFS/PFFS plan. These plans are regulated by the Centers for Medicare and Medicaid Services (CMS), not the Kentucky Department of Insurance.

Medicare Health Maintenance Organization (HMO) – In a Medicare HMO plan, you receive benefits from an insurance company, not from Medicare. These plans do not provide standardized Medigap coverage. Enrollees must use a restricted provider network within the health plan. Many of these plans provide additional benefits such as prescription drugs, vision, dental and hearing care.

Medicare Preferred Provider Organization (PPO) – Medicare Advantage plan choices have expanded to include regional PPO plans. Regional PPOs offer more choices for Medicare health coverage. PPOs can help you save money by choosing from doctors and providers on a plan's "preferred" list but usually don't require you to get a referral.

Medicare Fee-for-Service (FFS)/Private Fee-for-Service (PFFS) – These are health care plans offered by private insurance companies. The insurance company, rather than the Medicare program, decides how much it pays and how much you pay for services. These plans typically do not restrict you to a provider network.

Medigap Insurance – This is also known as Medicare supplement insurance. This insurance pays for coverage not provided by Medicare. Medigap insurance is not a duplication of Medicare and may pay part of the deductibles, co-insurance, services and expenses not covered by Medicare.

Medicare SELECT – These are standardized Medigap plans with restricted provider networks. You must go to a participating provider network to receive full benefits, except in certain situations.

Open Enrollment – This is a six-month period beginning on the first day of the month in which you are both 65, or older, and enrolled in Medicare Part B. If you are covered by your employer's health coverage and turn 65, your enrollment in Medicare Part B can be delayed until you retire. Keep in mind that if you are covered under a small employer group of less than 20 employees, Medicare is primary and would pay benefits before your employer plan would. If you have a small group employer plan, be sure that it will cover what Medicare would have covered if you do not enroll in Part B.

Guaranteed Renewable – All standard Medigap policies are guaranteed renewable. This means that the insurance company cannot refuse to renew your policy unless you do not pay the premiums, or you made material misrepresentations on your application.

Choosing Your Plan

Now that you have a list of available companies and plans they offer, you can use the following pages to assist in narrowing down your choices. What plan(s) am I interested in? (Mark all that apply)

Plan A ☐ Plan B ☐ Plan C ☐* Plan D ☐
Plan F ☐* Plan G ☐ Plan K ☐ Plan L ☐
High deductible F ☐* Plan M ☐ Plan N ☐
High deductible G ☐

*Plans C, F and High Deductible F are only available to those eligible for Medicare prior to January 1, 2020.

To assist you in selecting the plan most suitable for your situation, refer to the chart of standardized Medigap plans (page 5) in this book.

What rating method does each company use?

Companies have three different ways of determining a price for your policy based on age:

Community rating: The premium is the same for all customers who buy this policy, regardless of age. A few companies offer discounts if you apply within the first few years after turning age 65.

Issue age: Premiums are calculated based on your age at the time of purchase. Premiums may increase because of health care inflation or claims experience, but not because you get older.

Attained age: Your initial premium is based on your age at the time of purchase. However, as you get older, your premiums will automatically increase.

Remember, any of these methods will cause rates to rise over time due to health care inflation and claims experience. Rates may also vary by gender, location, and smoking status. Increases must be approved by the Department of Insurance, with the exception of automatic age-related rate increase in attained age policies.

My preference: Community ☐ Issue ☐ Attained ☐

Which companies offer discounts?

Companies may offer discounts for nonsmokers (outside of an open enrollment or guaranteed issue period), members of military groups, automatic bank draft, or electronic fund transfer (EFT) payments, etc. Be sure to factor in those that apply to your situation.

Discounts I would qualify for: _____

Is the policy guaranteed issue or underwritten?

If a policy is guaranteed issue, this means you cannot be turned down. Underwritten means a company will consider your medical history in determining whether to issue a policy to you. The separate Medicare guide, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, provides more details about guaranteed issue.

My preference: Guaranteed issue ☐ Underwritten ☐

What is the company's marketing approach?

Some companies sell directly to the consumer, while other companies sell through a network of agents. In most cases, you will want to contact the company for more information.

My preference: Direct ☐ Agent ☐

What about pre-existing condition exclusion?

Review the Medicare material to see if this applies to you.

Will this affect my decision? Yes ☐ No ☐

Companies Currently Marketing Medicare Supplement Plans in Kentucky

Aetna Health and Life Insurance Company (78700): Plans A, B, F, HdF, G, N
844-795-3428; www.aetnamedicare.com

American Benefits Life Insurance Company (66001): Plans, A, F, G, N
813-504-0331; www.LBIG.com

Anthem Health Plans of Kentucky (95120): Plans A, F, Innovative F, G, N;
Select Plans F, Innovative F, G, N
855-306-4542; www.anthem.com

Bankers Fidelity Assurance Company (71919): Plans A, F, HdF, G, N
404-266-5730 or toll-free 866-458-7500; <https://bankersfidelity.com/>

CHA HMO, Inc. (95158): Plans A, F, G, HdG, N
1-888-310-8482; <https://www.humana.com/medicare/products/supplement/>

HealthSpring National Health Insurance Company (61727): Plans A, F, G, HdG, N
(866) 459-4272

CompBenefits Insurance Company (60984): Plans A, F, G, HdG, N
800-356-5306; <https://www.americanbenefitllc.com/>

(The) Epic Life Insurance Company (64149): Plans A, C, F, G, N
800-332-0892; www.mywpsmedicare.com

Erie Family Life Insurance Company (70769): Plans A, F, G, N
855-774-4494

Federal Life Insurance Company (63223): Plans A, F, G, HdG, N
888-747-3760

First Health Life and Health (90328): Plans A, B, F, G, N
800-264-4000; www.aetnaseniorproducts.com; and www.aetna.com

Globe Life & Accident Insurance Company (91472): Plans A, F, G, HdG, N
800-801-6831; www.globecaremedsupp.com

GPM Health and Life Insurance Company (67059): Plans A, F, G, N
866-242-7573; www.gpmhealthandlife.com

Guarantee Trust Life Insurance Company (64211): Plans A, C, F, G, N
800-338-7452; www.gtlic.com

Insurance Company of North America (22713): Plans A, F, G, HdG, N
800-601-3372; INAMedSupp.Chubb.com

LifeShield National Insurance Co. (99724): Plans A, F, G, N
1-844-649-1897

ManhattanLife Insurance & Annuity Company (61883): Plans A, F, G, N
800-879-6542

Manhattan Life Assurance Company of America (61883): Plans A, F, G, N
800-877-7703; www.manhattanlife.com

Medico Corp Life Insurance Company (79987): Plans A, F, HdF, G, HdG, N
800-822-9993; www.wellabe.com

MedMutual Life Insurance Company (62375): Plans A, D, F, G, HdG, N
(800) 654-9106; www.MedMutualProtect.com

Monitor Life Insurance Company of New York (81442): Plans A, F, G, HdG, N
866-322-2824

Nassau Life Insurance Company of Kansas (68284): Plans A, F, G, N
800-420-5382; www.nsre.com

Physicians Life Insurance Company (72125): A, F, G, N
800-325-6300; www.physiciansmutual.com

Sentinel Security Life Insurance Company (68802): Plans A, F, G, N
800-247-1423; www.sslco.com

Standard Life and Casualty Insurance Company (71706): Plans A, F, G, N
855-406-9081; www.slacins.com

State Farm Mutual Automobile Insurance Company (25178): Plans A, C, D, F, G, N
866-855-1212; www.statefarm.com

Tier One Insurance Company: Plans, A, F, G, N
1-833-504-0336, www.Aflac.com

Transamerica Life Insurance Company (86231): Plans A, B, C, D, F, G, K, L, M, N;
Association Plans, A, B, C, D, F, G, K, L, M, N
800-752-9797; www.transamerica.com

Unified Life Insurance Company (11121): Plans A, G, F, HdF, N
800-884-7268

United American Insurance Company (92916): Plans A, B, C, D, F, HdF, G, HdG, N
972-529-5085; www.unitedamerican.com

UnitedHealthcare Insurance Company (79413): AARP Plans A, B, C, F, G, K, L, N;
AARP Select Plans G, N
800-523-5800; www.aarpmedicaresupplement.com

United World Life Insurance Company (72850): Plans A, F, HdF, G, HdG, N
800-667-2937; <http://www.mutualofomaha.com/states>

USAA Life Insurance Company (69663): Plans A, F, G, N
800-515-8687; www.usaa.com

Washington National Insurance Company (70319): Plans A, F, G, HdG, N
800-888-4918; www.washingtonnational.com

Woodmen of the World Life Insurance Society (57320): Plans A, F, G, HdG, N
531-365-6292; <https://www.woodmenlife.org/>

Questions about Medicare?

For more information call 800-MEDICARE (800-633-4227), visit [Medicare.gov](https://www.Medicare.gov) or contact the State Health Insurance Assistance Program (SHIP) 877-239-7447.



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800-648-6056 (TDD)
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