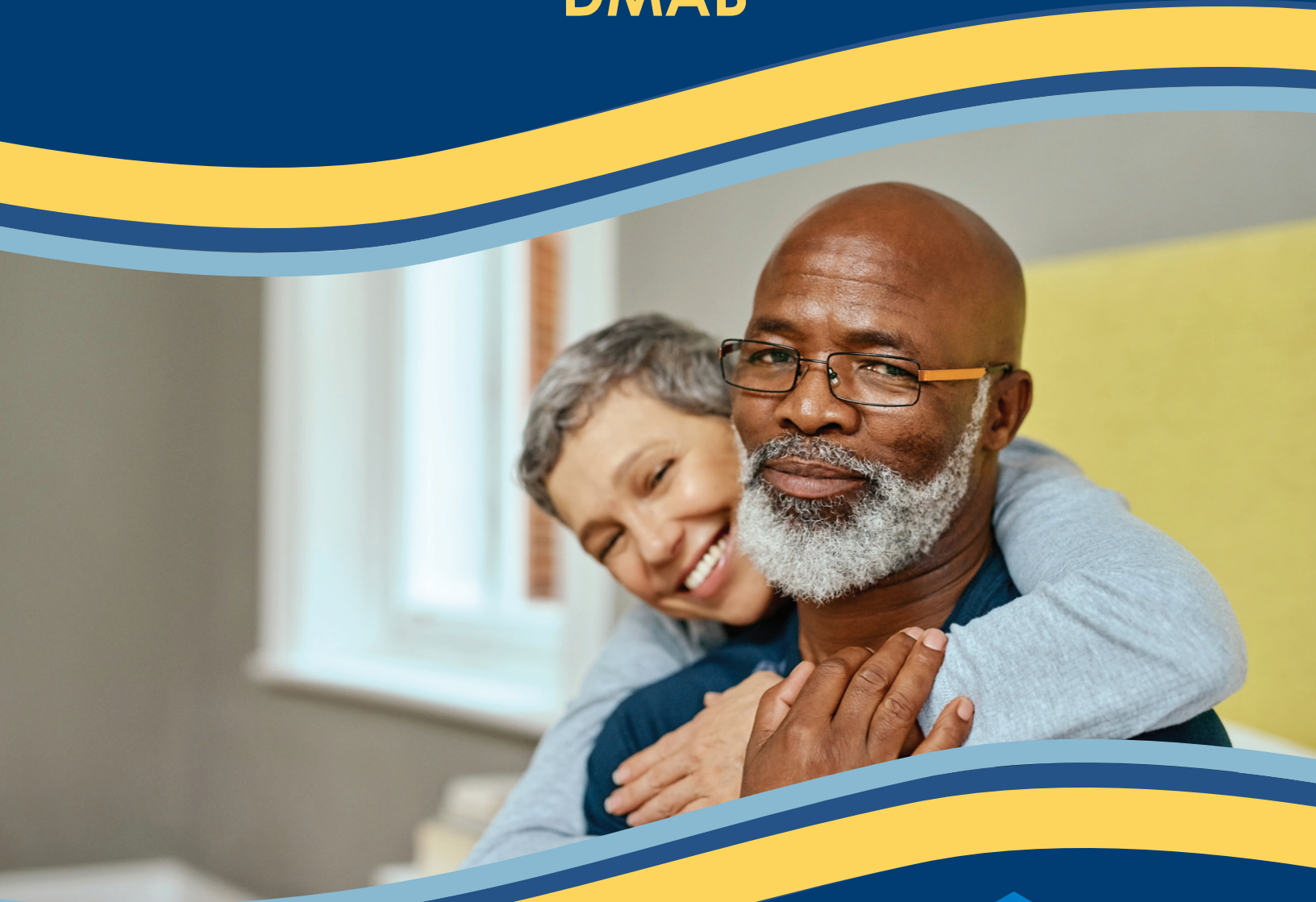


# Delaware Medicare Supplement INSURANCE SHOPPER'S GUIDE 2019

**Delaware Medicare Assistance Bureau**  
**“DMAB”**



State Health Insurance Assistance Program  
A Program of the Delaware Department of Insurance

**INSURANCE COMMISSIONER TRINIDAD NAVARRO**

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## A MESSAGE FROM DELAWARE'S INSURANCE COMMISSIONER

As a service to all Delawareans, our office has put together the annual Delaware Medicare Supplement Insurance Shoppers Guide. The 2019 edition contains the most up to date information for those shopping for insurance to supplement Medicare coverage.

This guide contains price comparisons and toll free telephone numbers for all Medigap policies. Keep in mind, your gender and tobacco use will have an effect on your premiums, and rates may change during the year.

As you read this year's guide, you should be aware that Medicare has now finished mailing new Medicare cards to people with Medicare across all mailing waves. Your card will have a new Medicare Number instead of a Social Security Number. Destroy your old Medicare card right away after receiving your new card. Beware of people contacting you about your new Medicare card and asking you for your Medicare Number, personal information, or to pay a fee for your new card. Treat your Medicare Number like you treat your Social Security or credit card numbers. Remember, Medicare will never contact you uninvited to ask for your personal information.

Starting January 1, 2020, Medigap plans sold to new people with Medicare won't be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to people new to Medicare starting on January 1, 2020. If you already have either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans.

Medicare is a Federal program, but our Delaware Medicare Assistance Bureau (DMAB) division can provide you with individual and personal assistance while trying to navigate the Federal program. **DMAB services are free of charge.**

People eligible for Medicare will continue to obtain and retain coverage through the Centers for Medicare and Medicaid Services (CMS) and in most cases, are not eligible for the Affordable Care Act (commonly known as Obama Care).

Our DMAB toll-free hotline number is **(800) 336-9500**. You can access your 2019 Medicare Supplement Guide on the web at [insurance.delaware.gov/dmab](https://insurance.delaware.gov/dmab), or call to have the guide mailed to you. You can also stop by our Dover office, Wilmington Office in the Nemours Building at 1007 N. Orange Street, 10<sup>th</sup> floor, or Georgetown Office in Georgetown at 28 The Circle, Suite #1, to pick up your copy.

Please call us if you have any questions regarding Medicare, Medicaid, Medigap, long-term care, and the new Federal reforms.

Yours truly,



Trinidad Navarro  
Insurance Commissioner



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# DMAB COUNSELING SITES

While Medicare is a Federal program, DMAB can help Delawareans with Medicare make sense of the complex health insurance system. All DMAB services are completely free.

Below is a listing of participating DMAB counseling sites throughout Delaware. For the name of the counselor and counseling hours at the site nearest you, please call (800) 336-9500. If you are not able to visit the site, a counselor will call you to answer your questions.

DMAB counselors are volunteers who have completed extensive training on health insurance. Counselors provide one-on-one assistance in an objective and confidential manner.

## **NEW CASTLE COUNTY**

M.O.T. Senior Center  
300 S. Scott Street  
Middletown

\*St. Anthony's Senior Center  
1703 W. 10th Street  
Wilmington

\*Jewish Family Services  
99 Passmore Rd  
Wilmington

Newark Senior Center  
200 White Chapel Road  
Newark

## **KENT COUNTY**

Milford Senior Center  
111 Park Avenue  
Milford

Modern Maturity Center  
1121 Forrest Ave.  
Dover

## **SUSSEX COUNTY**

\*\*Dept. of Insurance  
28 The Circle, Suite #1

### **ARE YOU INTERESTED IN HELPING OTHERS WITHIN YOUR COMMUNITY WITH QUESTIONS REGARDING MEDICARE?**

Free Medicare training for volunteers. No experience is necessary. Call today to learn about volunteer opportunities 1-800-336-9500

\*Please do not contact counseling sites directly.

\*\*By appointment only.

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# ABOUT MEDICARE

## WHAT IS MEDICARE?

Medicare is a Federal health insurance program for people 65 years of age or older, people of any age with permanent kidney failure, and certain disabled people under age 65. The Centers for Medicare & Medicaid Services and part of the U.S. Department of Health and Human Services manages Medicare.

Medicare was never intended to pay 100% of medical bills. It forms the foundation for beneficiaries' protection against heavy medical expenses. There are "gaps" in Medicare coverage where the beneficiary must pay a portion of expenses. Medicare supplement insurance, also called Medigap, can help cover these expenses. The Delaware Insurance Department regulates this type of plan.

## HOW IS MEDICARE DIVIDED?

Medicare has four parts:

- ◆ Hospital insurance (Part A)
- ◆ Medical insurance (Part B)
- ◆ Medicare Advantage Plans (Part C)
- ◆ Medicare prescription drug coverage (Part D)

### PART A

Medicare Part A helps pay for medically necessary care in the following areas: inpatient hospital care; inpatient stays in a skilled nursing facility following a hospital stay (**not custodial or long-term care**); home health care services; hospice care and blood. Limitations exist on the number of hospital or skilled-nursing facility care days Medicare helps pay for in a benefit period.

Most people do not pay a premium for this coverage – it is generally covered by the federal government.

### PART B

Medicare Part B includes doctors' services; outpatient hospital services; emergency room care; diagnostic tests; durable medical equipment; ambulance services; and many other services and supplies not covered by Medicare Part A.

Medicare Part B has a monthly premium. In 2019, most people will pay the standard monthly Part B premium of \$135.50. Roughly 3.5% of beneficiaries will pay less. If you file an individual tax return and your annual income is more than \$85,000, or if you are married filing a joint tax return and your annual income is more than \$170,000 you will pay a higher Part B premium on your modified adjusted gross income.

If you have group insurance, check with your employer to see if you are required to select Part B. Your group benefits may be reduced if you do not enroll in Part B when you are eligible.

### PART C

Medicare Advantage Plans are health plan options that are approved by Medicare and run by private companies. **The Department of Insurance has no jurisdiction over these health plans.** These plans are part of Medicare and sometimes called "Part C." They provide all of your Part A and Part B covered services. Medicare Advantage Plans provide Medicare covered benefits to Medicare members through the plan and

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may offer prescription drug benefits as well as extra benefits that Medicare doesn't cover, such as vision or dental services. If you join one of these plans, you generally get all your Medicare-covered health through the plan and will use the health care card that you receive from your Medicare Advantage Plan. You may need a referral to see a specialist. In some plans, you can only see doctors who belong to the plan or go to certain hospitals to get covered services. If you're in a Medicare Advantage Plan, you generally don't need a Medigap policy because they cover many of the same benefits.

## **PART D**

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future. It can give you greater access to drugs that you can use to prevent complications of diseases and stay well. To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. If you join a Medicare drug plan, you usually pay a monthly premium. If you decide not to join a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. If you have limited income and resources, you might qualify for extra help paying your Part D costs. For more information about extra help with prescription drug costs and how to apply, call DMAB at 1-800-336-9500.

## **WHAT IS NOT COVERED BY MEDICARE**

Medicare does not cover everything. You are responsible for paying uncovered medical expenses, sometimes called "gaps." Items and services **not covered** include but are not limited to the following:

- ◆ Acupuncture.
- ◆ Deductibles, coinsurance or co-payments when you obtain certain health care services.
- ◆ Dental care and dentures (with a few exceptions).
- ◆ Cosmetic surgery.
- ◆ Long-term care, like custodial care (help with bathing, dressing, using the bathroom and eating) at home or in a nursing home.
- ◆ Eye care (routine exam), eye refractions.
- ◆ Hearing aids and hearing exams for the purpose of fitting a hearing aid.
- ◆ Hearing tests that haven't been ordered by your doctor.
- ◆ Orthopedic shoes (with a few exceptions).
- ◆ Prescription drugs (with a few exceptions).
- ◆ Routine foot care, such as cutting of corns or calluses (with a few exceptions).
- ◆ Vaccinations (exception influenza, Hepatitis B and pneumococcal).
- ◆ Diabetic supplies (like syringes or insulin, unless the insulin is used with a pump or it may be covered by Medicare Part D).
- ◆ Chiropractic services exception to correct a subluxation (when bones in your spine move out of position) using manipulation of the spine. You are responsible for coinsurance, and the Part B deductible applies.

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# GAPS IN MEDICARE

## PART A INPATIENT HOSPITAL COVERAGE, YOU

### PAY:

- ◆ \$1,364 deductible on first admission to hospital in each benefit period.\*
- ◆ \$341 daily coinsurance for days 61 through 90.\*
- ◆ All charges for coverage after 90 days in any benefit period unless you have and use lifetime reserve days.
- ◆ \$682 daily coinsurance for each lifetime reserve day used.\*
- ◆ For a private hospital room, unless medically necessary, and for a private duty nurse.
- ◆ For nonemergency care in a hospital that does not participate in the Medicare program.
- ◆ For care received outside the United States and its territories, except under limited circumstance in Canada and Mexico.

## PSYCHIATRIC HOSPITAL COVERAGE, YOU PAY:

- ◆ For all care after you have received 190 days of specialized treatment in a psychiatric hospital during your lifetime.
- ◆ The gaps in general hospital coverage.

## SKILLED-NURSING FACILITY COVERAGE (SNF), YOU PAY:

- ◆ \$170.50 daily coinsurance for days 21 through 100 in each benefit period.
- ◆ All cost for care after 100 days in a benefit period.
- ◆ All costs if you were not transferred to the SNF in a timely manner after a qualifying hospital stay.
- ◆ For care in a SNF not approved by Medicare.
- ◆ For custodial care in a Medicare-approved SNF.
- ◆ For care in a general nursing home.

## HOME HEALTH COVERAGE, YOU PAY:

- ◆ For full-time nursing care.
- ◆ For meals delivered to your home.
- ◆ For prescription drugs.
- ◆ 20% of the Medicare-approved amount for durable medical equipment, plus charges in excess of the approved amount on unassigned claims (claims submitted for a service or supply by a provider who doesn't accept assignment).
- ◆ For homemaker services that primarily assist you in meeting personal care or housekeeping needs.

## HOSPICE COVERAGE, YOU PAY:

- ◆ Limited charges for inpatient respite care and outpatient drugs.
- ◆ Deductibles and coinsurance amounts when regular Medicare benefits are used for treatment of a condition other than terminal illness.

## GAPS IN MEDICARE PART B

### YOU WILL BE RESPONSIBLE FOR:

- ◆ \$185 annual deductible.\*
- ◆ Generally, 20% coinsurance and permissible charges in excess of Medicare-approved amount.
- ◆ All charges for most services that are not reasonable and necessary for the diagnosis or treatment of all illness or injury.
- ◆ All charges for most self-administered prescription drugs and immunizations.
- ◆ All charges for non-covered services listed on Page 5 of this booklet ("What is Not Covered By Medicare").

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## ABOUT MEDICARE SUPPLEMENT COVERAGE

### WHAT IS A MEDIGAP POLICY?

A Medigap policy (also called “Medicare Supplement Insurance”) is private health insurance that’s designed to supplement Original Medicare. This means it helps pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover (like copayments, coinsurance, and deductibles). If you have Original Medicare and a Medigap policy, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Then your Medigap policy pays its share. A Medigap policy is different from a Medicare Advantage Plan (like an HMO or PPO) because those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits. **Note:** Medicare doesn’t pay any of the costs for you to get a Medigap policy.

### WHEN IS THE BEST TIME TO BUY A MEDIGAP POLICY?

The best time to buy a Medigap policy is during your Medigap open enrollment period. This period lasts for 6 months and begins on the first day of the month in which you’re both 65 or older and enrolled in Medicare Part B. During this period, an insurance company can’t use medical underwriting. This means the insurance company can’t do any of the following because of your health problems:

- Refuse to sell you any Medigap policy it offers
- Charge you more for a Medigap policy than they charge someone with no health problems
- Make you wait for coverage to start (except as explained below)

While the insurance company can’t make you wait for your coverage to start, it may be

able to make you wait for coverage related to a pre-existing condition. A pre-existing condition is a health problem you have before the date a new insurance policy starts. In some cases, the Medigap company can refuse to cover your out-of-pocket costs for these pre-existing health conditions for up to 6 months. This is called a “pre-existing condition waiting period.” After 6 months, the Medigap policy will cover the pre-existing condition. Coverage for a pre-existing condition can only be excluded in a Medigap policy if the condition was treated or diagnosed within 6 months before the date the coverage starts under the Medigap policy. This is called the “look-back period.” After the 6-month pre-existing waiting period, the Medigap policy will cover the condition that was excluded. Remember, for Medicare-covered services, Original Medicare will still cover the condition, even if the Medigap policy won’t cover your out-of-pocket costs, but you’re responsible for the coinsurance or copayment.

If you have a pre-existing condition and you buy a Medigap policy during your Medigap open enrollment period and you’re replacing certain kinds of health coverage that counts as “creditable coverage,” it’s possible to avoid or shorten waiting periods for pre-existing conditions. Prior creditable coverage is generally any other health coverage you recently had before applying for a Medigap policy. If you have had at least 6 months of continuous prior creditable coverage, the Medigap insurance company can’t make you wait before it covers your pre-existing conditions.

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There are many types of health care coverage that may count as creditable coverage for this purpose. If you buy a Medigap policy when you have guaranteed issue right (also called “Medigap protection”), the insurance company can’t use a pre-existing condition waiting period.

It’s very important to understand your Medigap open enrollment period. Medigap insurance companies are generally allowed to use medical underwriting to decide whether to accept your application and how much to charge you for the Medigap policy. However, if you apply during your Medigap open enrollment period, you can buy any Medigap policy the company sells, even if you have health problems, for the same price as people with good health.

If you apply for Medigap coverage **after** your open enrollment period, there is no guarantee that an insurance company will sell you a Medigap policy if you don’t meet the medical underwriting requirements, **unless** you’re eligible based on Medigap protections listed on the next page.

It’s also important to understand that your Medigap rights may depend on when you choose to enroll in Medicare Part B. If you’re 65 or older, your Medigap open enrollment period begins when you enroll in Part B **and** can’t be changed or repeated. In most cases, it makes sense to enroll in Part B when you’re first eligible, because you might otherwise have to pay a Part B late enrollment penalty.

If you or your spouse is still working and you have coverage through an employer, contact your employer or union benefits administrator to find out how your insurance works with Medicare. You may want to wait to enroll in Part B. This is because employer plans often provide coverage similar to Medigap, so you don’t need a Medigap policy.

When your employer coverage ends, you will be able to enroll in Part B without a late enrollment penalty. This means your 6-month Medigap open enrollment period will start when you’re ready to take advantage of it. If you enrolled in Part B while you still had the employer coverage, your Medigap open enrollment period would be limited to 63 days.

## **MEDIGAP OPTIONS FOR BENEFICIARIES UNDER AGE 65**

Senate Bill 42 (SB 42) requires insurance companies that offer Medigap (Medicare supplemental insurance) policies to people 65 and older to also offer the same policies to anyone under the age of 65 who qualifies for Medicare due to a disability.

Newly enrolled Medicare recipients under age 65 have six months to purchase one of these plans, from the time benefits begin.

Premium rates for the pre-65 Medigap policies may differ from the premium rates for the post-65 Medigap policies, and that the risks assumed by carriers with respect to the pre-65 Medigap policies may not be subsidized by purchasers of the post-65 Medigap policies. SB 42 requires two different ratings pools for the pre-65 Medigap policies: one for end-stage renal disease and another for all other.

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## MEDIGAP PROTECTION

If you lose your health coverage under certain circumstances, you will have a right to purchase a Medigap policy (Plan A, B, C, F, K or L) as long as you apply within 63 days of losing your coverage. Special protections apply with regard to pre-existing conditions and for the disabled. The circumstances include:

- ◆ You are 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.
- ◆ You were in an employer health plan that terminated coverage.
- ◆ You move outside the plan's service area.
- ◆ You join a Medicare Advantage plan when you first become eligible for Medicare at age 65 and you leave the plan within one year.
- ◆ You drop your Medigap policy to join a Medicare Advantage plan for the first time and you leave within one year of joining.
- ◆ You leave a plan because it failed to meet its obligations to you.
- ◆ Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.

The terminating plan is required to provide you with written proof of coverage as evidence of continuous insurance for enrolling in another plan. Do not destroy or lose this notification.

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## FINANCIAL ASSISTANCE

### MEDICARE SAVINGS PROGRAMS (MSP)

For certain low-income individuals entitled to Medicare Part A, the MSP may pay some or all of Medicare's premiums, deductibles and coinsurance. The programs that help pay Medicare's premiums are called the QMB program, the SLMB program, and the QI-1 program. For eligibility requirements, please contact DMAB at (800) 336-9500.

\*Deductible and coinsurance amounts are set by CMS and change at the start of each calendar year. You are responsible for these amounts and uncovered medical expenses.

### EXTRA HELP (LOW-INCOME SUBSIDY/LIS)

Medicare beneficiaries are eligible for extra help if they have limited income and resources. You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help. The extra help is estimated to be worth an average of \$4,900 per year.

### DELAWARE PRESCRIPTION ASSISTANCE PROGRAM (DPAP)

The Delaware Prescription Assistance Program, (DPAP) provides a \$3,000 prescription benefit per year for low-income senior or low-income disabled person. Eligible individuals are responsible for a minimum co-pay of \$5 or 25% whichever is greater. You must be enrolled in a Medicare Part D drug plan to receive DPAP assistance.

# MEDIGAP PLANS

## HOW TO READ THE CHART:

If a checkmark appears in a column of this chart, the Medigap policy covers 100% of the described benefit. If a column lists a percentage, the policy covers that percentage of described benefit. If a column is blank, the policy doesn't cover that benefit.

Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

Medigap Benefits										
Medigap Benefits	A	B	C	D	F*	G	K	L	M	N
Medigap Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up	√	√	√	√	√	√	√	√	√	√
Medicare Part B Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√ <sup>**</sup>
Blood (First 3 Pints)	√	√	√	√	√	√	50%	75%	√	√
Part A Hospice Care Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√
Skilled Nursing Facility Care Coinsurance			√	√	√	√	50%	75%	√	√
Medicare Part A Deductible		√	√	√	√	√	50%	75%	50%	√
Medicare Part B Deductible			√		√					
Medicare Part B Excess Charges					√	√				
Foreign Travel Emergency (Up to Plan Limits)			√	√	√	√			√	√
Medicare Preventive Care Part B Coinsurance	√	√	√	√	√	√	√	√	√	√
							Out-of-Pocket Limit**			
							\$5,560	\$2,780		

\*Plan F also offers a high-deductible plan. This means you must pay for Medicare covered costs up to the deductible amount \$2,300 in 2019 before your Medigap plan pays anything.

\*\*After you meet your out-of-pocket yearly limit and your yearly part B deductible (\$185 in 2019), the Medigap plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.

\*\*\*Plan N pays 100% of the Part B co-insurance except up to \$20.00 copayment for office visits and up to \$50.00 for emergency department visits.

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# SHOPPER'S GUIDE FOR STANDARD AND HIGH-DEDUCTIBLE PLANS

Rates are determined in one of three ways:

- ◆ Issue Age - The premium is based on the age you are when you buy (are “issued”) the Medigap policy.
- ◆ Attained Age - The premium is based on your current age (the age you have “attained”), so your premium goes up as you get older.
- ◆ Community Rated - Generally the same monthly premium is charged to everyone who has the Medigap policy, regardless of age.

Remember: All companies must offer Plan A, the basic Benefits. All other plans build upon Part A.

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## PLAN A (BASIC BENEFITS)

- ◆ Coverage for the Part A coinsurance amount (\$341 per day in 2019) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- ◆ Coverage for the Part A coinsurance amount (\$682 per day in 2019) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- ◆ After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- ◆ Coverage under Medicare Part A and B for the reasonable cost of the first three pints of blood or equivalent quantities of pack red blood cells per calendar year unless replaced in accordance with federal regulations.
- ◆ Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 20% of approved charges for outpatient mental health services) after \$185 annual deductible is met.

- ◆ Hospice.
- ◆ Coverage for Medicare-covered preventative care.

## PLAN B

Includes the basic benefits under Plan A plus

- ◆ Coverage for the Medicare Part A inpatient hospital deductible (\$1,364 per benefit period 2019).

## PLAN C

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$170.50 per day for days 21 through 100 per benefit period in 2019).
- ◆ Coverage for the Medicare Part B deductible (\$185 per calendar year in 2019).
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- ◆ Coverage for Medicare Preventive Care Part B Coinsurance.

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## **PLAN D**

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$170.50 per day for days 21 through 100 per benefit period in 2019).
- ◆ 80% coverage for medically necessary emergency care in foreign country, after a \$250 deductible.

## **PLAN F**

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$170.50 per day for days 21 through 100 per benefit period in 2019).
- ◆ Coverage for the Medicare Part B deductible (\$185 per calendar year in 2019).
- ◆ Coverage for the 100% of Medicare Part B excess charges.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

## **PLAN F\***

High-deductible plan:

- ◆ This high-deductible plan offers the same benefits as Plan F after you have a paid a calendar-year \$2,300 deductible.
- ◆ Benefits will not begin until your out-of-pocket expenses are \$2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductible for Parts A and B, but not the plan's separate foreign travel emergency deductible.

## **PLAN G**

Includes the basic benefits under Plan A and Plan B plus:

- ◆ Coverage for the skilled-nursing facility care Coinsurance amount (\$170.50 per day for days 21 through 100 per benefit period in 2019).

- ◆ Coverage for 100% of Medicare Part B excess charges.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- ◆ Coverage for Medicare Preventive Care Part B Coinsurance.

## **ABOUT PLANS K AND L**

Plans K and L provide different cost-sharing for items and services than Plan A-G. Once you reach the annual limit, the plan plays for 100% of the Medicare co-payments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include provider charges that exceed Medicare-approved amounts, called "excess charges." You will be responsible for paying excess charges.

### **PLAN K INCLUDES:**

- ◆ 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end.
- ◆ 50% of hospice cost-sharing.
- ◆ 50% of Medicare-eligible expenses for the first three pints of blood.
- ◆ 50% of Part B coinsurance.
- ◆ 100% coinsurance for Part B preventive services.
- ◆ 50% skilled-nursing facility coinsurance.
- ◆ 50% Part A deductible.
- ◆ \$5,560 out-of-pocket annual limit.

### **PLAN L INCLUDES:**

- ◆ 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits ends.
- ◆ 75% hospice cost-sharing.
- ◆ 75% of Medicare eligible expenses for the first three pints of blood.
- ◆ 75% of Part B coinsurance.
- ◆ 100% coinsurance for Part B preventive services.
- ◆ 75% skilled-nursing facility coinsurance.
- ◆ 75% Part A deductible.
- ◆ \$2,780 out-of-pocket annual limit.

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## **PLAN M**

Includes the basic benefits under Plan A plus:

- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$170.50 per day for days 21 through 100 per benefit period in 2019).
- ◆ 50% Part A deductible.
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

## **PLAN N**

Includes the basic benefits under Plan A and Plan B plus:

- ◆ 100% of the Part B coinsurance except up to \$20.00 copayment for office visits and up to \$50.00 for emergency department visits.
- ◆ Coverage for the skilled-nursing facility care coinsurance amount (\$170.50 per day for days 21 through 100 per benefit period in 2019).
- ◆ 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

## **TIPS FROM THE COMMISSIONER**

- You only need one Medigap policy.
- The lowest price is not always the best deal. If the policy is priced too low, you could be hit with a big price hike in the future.
- Don't be fooled by sales hype. All plans are identical from one insurance company to another - and must be labeled with the letters A, B, C, D, F, G, K, L, M or N.
- Your premiums are not guaranteed for life. They may (and probably will) go up.
- Medical conditions you had before purchasing the policy can be excluded, but not for longer than six months.
- All policies have a 30-day free look period. During this time, you may review the policy, cancel, and get a full refund.
- Pay by check. Make the check out to the insurance company, not the agent. Never pay with cash.
- If you are switching policies, do not cancel your current plan until you have received your new policy.

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## 2019 COMPANY LISTING FOR MEDIGAP INSURANCE PLANS

**Aetna Health and Life Insurance Co.**

800 Crescent Centre Drive Ste. 200  
Franklin, TN 37067  
(888) 624-6290  
[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

**American National Life Ins Co of TX**

P O Box 10746  
Springfield, MO 65808-0746  
(866) 861-7304  
[www.americannational.com](http://www.americannational.com)

**American Retirement Life Insurance Co.**

Two Liberty Place  
1601 Chestnut Street  
Philadelphia, PA 19192  
(866) 459-4272  
[www.cigna.com](http://www.cigna.com)

**Americo Financial Life and Annuity**

P. O. Box 410288  
Kansas City, MO 64141  
(800) 231-0801  
[www.americo.com](http://www.americo.com)

**Bankers Fidelity Life Insurance Co.**

84370 Peachtree Road NE  
Atlanta, GA 30319  
(866) 458-7504  
[www.bflic.com](http://www.bflic.com)

**Colonial Penn Life Insurance Co.**

399 Market St.  
Philadelphia, PA 19818  
(800) 800-2254  
[www.equilife.com](http://www.equilife.com)

**Everence Association**

1110 N. Main St., P.O. Box 483  
Goshen, IN 46527  
(800) 348-7468  
[www.everence.com](http://www.everence.com)

**Gerber Life Insurance Co.**

P. O. Box 2271  
Omaha, NE 68103-2271  
(844) 349-6581  
[www.gerberlifegroup.com](http://www.gerberlifegroup.com)

**Globe Life And Accident Insurance Co.\***

204 N. Robinson Ave.  
Oklahoma City, OK 73102  
(800) 331-2512  
[www.unitedamerican.com](http://www.unitedamerican.com)

**Government Personnel Mutual Life**

P. O. Box 2679  
Omaha, NE 68103-2679  
(877) 385-8083  
[www.gpmlife.com](http://www.gpmlife.com)

**Highmark Blue Cross/Blue Shield**

800 Delaware Ave.  
Wilmington, DE 19801  
(866) 465-4030  
[www.highmarkbcbsde.com](http://www.highmarkbcbsde.com)

**Humana Insurance Co.**

**Humana Healthy Living**  
P.O. Box 146168  
Lexington, KY 40512  
(888) 310-8482  
[www.humana.com](http://www.humana.com)

\*Underwritten by United American.

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## 2019 COMPANY LISTING FOR MEDIGAP INSURANCE PLANS

**Individual Assurance Co.**

3200 East Memorial Rd. Ste. 100  
Edmond, OK 73013  
(844) 502-6780  
www.iaclife.com

**Liberty Bankers Life Insurance Co.**

P.O. Box 8080  
McKinney, TX 75070  
(844) 349-6581  
www.libertynational.com

**National Health Insurance Company**

P.O. Box 3450  
Salt Lake City, UT 84110  
(866) 916-8816  
www.ngah-ngic.com

**Omaha Insurance Co.**

Mutual of Omaha Plaza  
Omaha, NE 68175  
(800) 667-2937  
www.mutualofomaha.com

**Renaissance Life & Health Ins. Co.**

P.O. Box 27248  
Salt Lake City, UT 84127-0248  
(844) 202-4150  
<https://ren.admin-portal.org/>

**State Farm Mutual Auto**

P.O. Box 3070  
Newark, OH 43058  
(866) 855-1212

**Transamerica Life Insurance Co.\*\***

300 Eagleview Blvd.  
Exton, PA 19341-1155  
(800) 752-9797  
www.mymedsupinfo.com

**United American Insurance Co.**

P.O. Box 8080  
McKinney, TX 75070  
(800) 331-2512  
www.unitedamerican.com

**United Healthcare (AARP)**

P.O. Box 30607  
Salt Lake City, UT 84130-0607  
(800) 523-5800  
www.aarpmedicaresupplement.com

**USAA Life Insurance Co.**

980 Fredericksburg Road  
San Antonio, TX 78288  
(800) 515-8687  
www.usaa.com

\*\*Must be affiliated (ex: union, club, veteran)

## 2019 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Aetna Health and Life Insurance Company	<65 Disabled	5248	6023			7777	2380	5408				4100
	<65 ESRD	25290	29114			37616	25732	26164				19852
	65	1552	1748			2245	688	1556				1176
	70	1766	2025			2615	800	1818				1379
	75	1950	2291			2979	911	2080				1583
	80	2082	2536			3335	1021	2342				1794
A												
American National Life Insurance Co of Texas	<65 Disabled	4861				6689	1862	5337				4379
	<65 ESRD	19446				26756	23092	21346				17517
	65	1620				2230	621	1779				1460
	70	1779				2449	690	1949				1586
	75	2059				2839	793	2242				1839
	80	2339				3253	908	2571				2103
A												
American Retirement Life Insurance Company	<65 Disabled	2433				3232		2556				1769
	<65 ESRD	15854				21058		16653				11524
	65	1738				2296		1762				1223
	70	2043				2681		2091				1444
	75	2351				3123		2469				1709
	80	2641				3619		2883				2011
A												
Americo Financial Life and Annuity Insurance Company	<65 Disabled	2936				3530		3000				2369
	<65 ESRD	19133				23000		19550				15433
	65	2069				2471		2046				1617
	70	2327				2764		2316				1824
	75	2677				3217		2735				2159
	80	2931				3635		3114				2478
A												
Bankers Fidelity Life Insurance Company	<65 Disabled	4773				8099	5464	6962	6255			
	<65 ESRD	33539				56918	38400	48920	43960			
	65	1872				3096	744	1866	979			
	70	2094				3462	816	2183	1158			
	75	2371				3904	924	2619	1386			
	80	2551				4194	996	2923	1552			
I,A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

## 2019 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Colonial Penn Life Insurance Company	<65 Disabled	6352	5680	4146		8211	1196	5352	2510	4935	5563	4874
	<65 ESRD	42151	30461	33127		33912	21433	30384	20224	29201	29031	25875
	65	2723	2232	1660		2920	425	2100	780	1744	1936	1336
	70	3327	2717	2023		3538	515	2585	951	2091	2399	1726
	75	4049	3287	2405		4293	624	3181	1195	2555	2967	2209
	80	4734	3846	2790		5122	745	3836	1478	3074	3549	2740
A												
Everence Association, Inc.	<65 Disabled	7858	8760	11558		11246		9121		5411		5111
	<65 ESRD	30309	33789	33022		32131		26060		20871		19713
	65	2245	2503	3302		3213		2606		1546		1460
	70	2430	2728	3907		3483		2820		1692		1750
	75	2549	2892	4395		3694		3007		1804		1984
	80	2702	3107	4742		3995		3214		1960		2168
I,A												
Gerber Life Insurance Company	<65 Disabled	6179				8854		7553				
	<65 ESRD	33780				35773		30475				
	65	2534				3592		3060				
	70	2998				4257		3626				
	75	3324				4803		4102				
	80	3530				5215		4469				
A												
Globe Life And Accident Insurance Company	<65 Disabled	4742	5474	5903		5919	3856	5730				4889
	<65 ESRD	8855	10276	11086		11118	7032	10929				9325
	65	1034	1517	1737		1748	422	1559				1317
	70	1383	1910	2130		2143	551	1954				1656
	75	1473	2178	2508		2524	687	2335				2001
	80	1481	2201	2636		2654	856	2465				2141
A												
Government Personnel Mutual Life Insurance Company	<65 Disabled	7587		10243		10491		8061				7126
	<65 ESRD	34367		34899		35742		27424				24190
	65	2728		3635		3723		2857				2520
	70	3016		4039		4136		3175				2803
	75	3444		4686		4799		3691				3268
	80	3816		5301		5429		4185				3718
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

## 2019 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
Highmark Blue Cross Blue Shield Delaware	<65 Disabled	2686	3226	4341	3280	4443	1549	4057				3137
	<65 ESRD	18176	21006	28276	21842	28930	10130	28529				23578
	65	1069	1284	1728	1306	1769	617	1464				1249
	70	1481	1779	2394	1809	2449	854	1934				1729
	75	1916	2302	3098	2341	3170	1105	2735				2238
	80	2168	2604	3505	2648	3586	1250	3240				2532
A												
Humana Insurance Company	<65 Disabled	4990	5969	7008		7150	2322		3166	4577		
	<65 ESRD	16554	19814	23273		23747	10485		10485	15181		
	65	1353	1615	1893		1931	639		865	1243		
	70	1595	1904	2233		2278	751		1018	1464		
	75	1845	2204	2585		2637	867		1176	1694		
	80	2094	2502	2936		2995	982		1334	1922		
I, A												
Humana Insurance Company (Healthy Living)	<65 Disabled	5880				8139	3048		3824			5654
	<65 ESRD	18870				26369	9469		12045			18119
	65	1779				2384	1021		1229			1719
	70	2052				2766	1156		1401			1980
	75	2334				3162	1295		1580			2251
	80	2615				3556	1434		1758			2520
I, A												
Individual Assurance Company	<65 Disabled	2978				3869		2981				2517
	<65 ESRD	19403				25209		19424				16399
	65	2151				2870		2154				1821
	70	2435				3210		2438				2054
	75	2877				3738		2880				2432
	80	3335				4299		3339				2841
A												
Liberty Bankers Life Insurance Company	<65 Disabled	4335				5339		4280				3658
	<65 ESRD	28663				35298		28294				24183
	65	1882				2244		1799				1537
	70	2050				2508		2037				1735
	75	2357				2916		2405				2053
	80	2653				3387		2816				2422
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

## 2019 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
National Health Insurance Company	<65 Disabled	12294				16234	5038	12830				10823
	<65 ESRD	29315				38711	12013	30594				25808
	65	1891				2498	775	1974				1665
	70	2076				2739	849	2164				1825
	75	2406				3174	983	2508				2114
	80	2789				3680	1139	2906				2451
A												
Omaha Insurance Company	<65 Disabled	5665				7454	1909	6293				4230
	<65 ESRD	30321				39895	34429	33680				22618
	65	2258				2971	698	2508				1685
	70	2566				3377	793	2851				1916
	75	2986				3929	923	3317				2229
	80	3256				4285	1007	3617				2431
A												
Renaissance Life and Health Insurance Company of America	<65 Disabled	3575				4554		3643				3015
	<65 ESRD	3575				4554		3643				3015
	65	1521				1938		1550				1283
	70	1727				2200		1761				1457
	75	2094				2667		2140				1766
	80	2379				3031		2448				2007
A												
State Farm Mutual Automobile Insurance Company	<65 Disabled	3994	4473	4848	4700	4897		4719				3642
	<65 ESRD	17011	18427	19181	20776	19372		20789				18663
	65	1511	2004	2278	1835	2300		1840				1423
	70	1902	2526	2871	2427	2898		2432				1867
	75	2205	2927	3325	2927	3358		2935				2259
	80	2477	3288	3736	3381	3774		3389				2634
A												
Transamerica Life Insurance Company	<65 Disabled	2024	2672	3162	2923	3180		2921	1456	2162	2662	2503
	<65 ESRD	12022	15873	18780	17361	18889		17353	8650	12840	15810	14867
	65	1196	1579	1868	1727	1879		1726	860	1277	1573	1479
	70	1503	1985	2348	2171	2362		2170	1082	1606	1977	1859
	75	1830	2416	2859	2643	2876		2642	1317	1955	2407	2263
	80	2157	2849	3370	3116	3390		3114	1552	2304	2837	2668
I												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

## 2019 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

Insurance Company	Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan High Ded F	Plan G	Plan K	Plan L	Plan M	Plan N
United American Insurance Company	<65 Disabled	6176	7550	7784	7548	7884	2943	7568	3822	5333		6146
	<65 ESRD	15443	18878	19675	19098	19944	7360	19131	8544	12009		13838
	65	1681	2450	2674	2497	2693	351	2507	1175	1653		1947
	70	2021	3015	3330	3153	3346	458	3164	1567	2205		2473
	75	2154	3312	3763	3587	3778	571	3599	1746	2454		2834
	80	2157	3364	4106	3931	4120	712	3941	1838	2586		3145
I, A												
United Healthcare Insurance Company (AARP)	<65 Disabled	3024	4143	5055		5088		4803	1755	2916		3462
	<65 ESRD	22290	25548	27705		27732		27459	20235	23598		26493
	65	1075	1473	1797		1809		1492	624	1037		1231
	70	1327	1818	2218		2232		1841	770	1280		1519
	75	1848	2531	3089		3109		2564	1072	1782		2115
	80	1848	2531	3089		3109		2564	1072	1782		2115
C												
USAA Life Insurance Company	<65 Disabled	3312				5060						3632
	<65 ESRD	13812				18648						12040
	65	1334				2198						1504
	70	1560				2570						1760
	75	1860				3062						2092
	80	2154				3556						2430
A												

I—Issue Age; A—Attained Age; C—Community Rated, for explanation see page 12.

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## 2019 ANNUAL RATES FOR MEDIGAP INSURANCE PLANS, CON'T

### **ATTENTION:**

**Premiums are accurate as of February 2019, but may change over the course of the year. For more updated rates, please contact the companies. Typically companies do not release information concerning premium rates until after the first quarter of the year. Each year the guide will be released during the subsequent quarter.**

### **NOTES**

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## RESOURCES AVAILABLE TO YOU

### **DELAWARE MEDICARE ASSISTANCE BUREAU STATE HEALTH INSURANCE ASSISTANCE PROGRAM (S.H.I.P.)** (800) 336-9500 or [www.insurance.delaware.gov/DMAB](http://www.insurance.delaware.gov/DMAB)

Delaware Medicare Assistance Bureau “DMAB”, Delaware’s State Health Insurance Assistance Program (S.H.I.P.), a division of the Delaware Department of Insurance, offers free, objective information about Medicare, Medicare Advantage plans, Medicare claims, Medicare supplement insurance, Medicare prescription drug plans and long-term care insurance. Trained SHIP volunteer counselors are available for one-on-one counseling in every county in the state.

### **MEDICARE** (800) 633-4227 or [www.medicare.gov](http://www.medicare.gov)

Medicare provides information 24 hours a day, seven days a week about eligibility, enrollment and coverage.

### **SOCIAL SECURITY ADMINISTRATION** (800) 772-1213 or [www.socialsecurity.gov](http://www.socialsecurity.gov)

Contact the Social Security Administration to enroll in Medicare Part A or B, or to request a replacement Medicare card.

### **EMPLOYER BENEFITS REPRESENTATIVE**

See your representative for information about Employer Group Health Plan coverage.

### **DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)** (800) 372-2022 or <https://dhss.delaware.gov/dhss/>

State DHSS offices have information about Medicaid and Medicare Savings Program eligibility and applications.

### **TRICARE FOR LIFE** (877) 874-2273 or [www.tricare.mil](http://www.tricare.mil)

TRICARE for Life representatives can assist military retirees with questions on eligibility and coverage.

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## RESOURCES, CON'T.

### **DELAWARE PRESCRIPTION ASSISTANCE PROGRAM (DPAP)**

(800) 996-9969 or [www.dhss.delaware.gov/dhss/dmma/dpap.html](http://www.dhss.delaware.gov/dhss/dmma/dpap.html)

The Delaware Prescription Assistance Program, (DPAP) is funded by tobacco settlement money and provides a \$3,000 prescription benefit per year for low-income seniors or low-income disabled persons. To determine if you are eligible for assistance, please contact DPAP for prescription assistance.

### **AGING AND DISABILITY RESOURCE CENTER (ADRC)**

(800) 223-9074 or <https://www.dhss.delaware.gov/dhss/dsaapd/adrc.html>

The Aging and Disability Resource Center is a one-step access point for information and services for older persons and disabilities with physical disabilities throughout the State.

### **NEMOURS SENIOR CARE**

(302) 651-4405 (Wilmington) or (800) 763-9326 (Milford)  
[www.seniorcarenemours.org/home/about.html](http://www.seniorcarenemours.org/home/about.html)

The privately funded Nemours Health Clinic provides dental, optometry and ophthalmology (eye) services including eyeglass; audiology (hearing) screenings and tests, and provides hearing aids for qualified senior citizens of Delaware. Some of the services require small co-pays.

## **Help From Delaware Medicare Assistance Bureau “DMAB”**

The issues involved in Medicare, Medigap and other health insurance issues can be complex and confusing. For Delawareans with Medicare, the Insurance Commissioner’s DMAB program provides Medicare beneficiaries with information and counseling related to all types of health insurance. To contact DMAB, call 1-800-336-9500 or go to [www.insurance.delaware.gov/DMAB](http://www.insurance.delaware.gov/DMAB). See back cover for more information.

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## **IMPORTANT INFORMATION ABOUT MEDICARE ADVANTAGE (PART C)**

### **ADVANTAGES:**

- If you are receiving the Qualified Medicare Beneficiary (QMB) benefit, you **DO NOT** **NEED** a Medicare Advantage Plan.
- You are still in the Medicare Program; however, the Medicare Advantage plan administers all of your benefits.
- You still have all the rights and protections as original Medicare.
- Most plans include prescription drugs.
- You may receive additional benefits (vision, dental, hearing, which services are not provided by Medicare.)
- If you are unable to purchase a Medigap policy, you may be able to purchase a Medicare Advantage plan.

### **DISADVANTAGES:**

- You no longer use your Medicare card, but the card provided by the Medicare Advantage plan.
- You must live in the plan's service area.
- In some cases, you must use doctors, specialists, and hospitals contracted by the Medicare Advantage plan (except in an emergency situation).
- You cannot have End-Stage Renal Disease (ESRD).
- You still have to pay your Medicare Part B premium.
- You pay deductible, coinsurance, and co-payment different than original Medicare.
- The plans are offered on a yearly contract. Every year you should review your plan to make sure it will be available the following year.
- In some cases, you need a referral to see a specialist.
- If you get healthcare outside the plan's network, you may have to pay the full cost.

**REMEMBER, MEDICARE PLANS CAN CHANGE  
EACH YEAR!**

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## IMPORTANT MEDICARE DATES

### OCTOBER-REVIEW AND COMPARE

**Review:** Your plan may change. Review any notices from your plan about changes for next year.

**Compare:** In October, use Medicare's tools to find a plan that meets your needs.

### OCTOBER 15 – OPEN ENROLLMENT BEGINS

This is the one chance each year most people with Medicare have to make a change to their health and prescription drug plans for the next year.

**Decide:** October 15 is the first day you can change your Medicare coverage for next year. Make your choice as soon as possible to give the plan time to mail your membership card, acknowledgment letter, and welcome package before your coverage begins on January 1.

### DECEMBER 7- OPEN ENROLLMENT ENDS

In most cases, December 7 is the last day you can change your Medicare coverage for the next year. The plan has to get your enrollment request (application) by December 7.

### JANUARY 1 – COVERAGE BEGINS

Your new coverage begins if you switched to a new plan. If you stay with the same plan, January 1 is the date that any changes to coverage, benefits, or costs for the new year will begin.

### JANUARY 1—MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD

Between January 1 and March 31 If you're in a Medicare Advantage Plan (with or without drug coverage), you can switch to another Medicare Advantage Plan (with or without drug coverage). You can disenroll from your Medicare Advantage Plan and return to Original Medicare. If you choose to do so, you'll be able to join a Medicare Prescription Drug Plan. If you enrolled in a Medicare Advantage Plan during your Initial Enrollment Period, you can change to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months you have Medicare.

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# **SCHEDULED INFORMATION SESSIONS**

## **WELCOME TO MEDICARE:**

Bear Library 10:30 a.m. - 12:30 p.m.  
101 Governors Place, Bear, DE  
Tuesday, March 26th  
June, TBA  
September, TBA

CHEER Community Center, 10 a.m. - 12 noon  
20520 Sandhill Road, Georgetown  
Thursday, March 28th  
Tuesday, June 25th  
Tuesday, September 24th

Dover Public Library, 10 a.m. - 12 noon  
35 E Loockerman St. Dover  
Tuesday, March 5th  
June, TBA  
September, TBA

Hockessin Library, 10:15 a.m. - 12 noon  
1023 Valley Road, Hockessin, DE  
Monday, June 3rd  
Monday, September 16th

Newark Senior Center, 10 a.m. - 12 noon  
200 White Chapel Dr., Newark  
Wednesday, March 20th

Rockland Place, 10 a.m. - 12 noon  
1519 Rockland Road, Wilmington, DE  
Wednesday, March 13th  
Wednesday, June 12th  
Wednesday, September 11th

**PLEASE CALL OUR OFFICE AT (800) 336-9500 OR (302) 674-7364 TO REGISTER.**

# Delaware Medicare Assistance Bureau

## “DMAB”

**DMAB provides free,  
unbiased Medicare  
counseling to all  
Delawareans.**



**1-800-336-9500**

**DMAB@delaware.gov**

**insurance.delaware.gov/dmab**

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**Main Office:** Delaware Department of Insurance  
Dover, DE 19904  
302-674-7300

**Wilmington Office:** The Nemours Building  
1007 North Orange Street, Suite 1010  
Wilmington, DE 19801  
302-577-5280

**Georgetown Office:** 28 The Circle  
Georgetown, DE 19947  
302-259-7552

**Hours: Monday - Friday, 8:00 am - 4:30 pm**

The Delaware Medicare Assistance Bureau is a public service of the Delaware Department of Insurance and is funded in part by a grant from the federal Administration for Community Living.

