CONSUMER ALERT

THE TRUTH ABOUT NEW MEDIGAP CHANGES NEXT YEAR

In 2015, the Congress passed, and the President signed into law, a measure that makes changes to the sale of Medigap Plans C, F and F High Deductible after January 1, 2020. The law is the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

There is a lot of misinformation being circulated about these MACRA changes. The purpose of this bulletin is to make clear what MACRA does and does not do and clarify and correct the false and misleading information provided by some groups, entities and individuals.

MACRA FACTS:

- If you are currently age 65 or will be age 65 before January 1, 2020, MACRA **DOES NOT** affect you.
- If you first become eligible for Medicare due to age, disability or end-stage renal disease before January 1, 2020, MACRA **DOES NOT** affect you.
- MACRA states that, as of January 1, 2020, those who are "<u>newly eligible</u>" cannot buy or be sold Plans C, F or F High Deductible after January 1, 2020.
- "Newly eligible" means those persons who a) attain the age of 65 on or after January 1, 2020 or b) first become eligible for Medicare due to age, disability or end-stage renal disease, on or after January 1, 2020.
- All other Medigap plans will remain unchanged EXCEPT for Medigap Plans D, G and G High Deductible replacing Plans C, F, and F High Deductible for "newly eligible" beneficiaries.
- For the "newly eligible," Plans D, G, and G High Deductible substitute for Plans C, F and F High deductible.

A person who reaches the age of 65 or is eligible for Medicare BEFORE January 1, 2020 IS NOT a "newly eligible" individual.

- Plans C, F or High F will not be discontinued for those individuals who became eligible for Medicare before January 1, 2020. Those individuals who were Medicare eligible before January 1, 2020 will still be able to keep their policies or can purchase and can still be sold Plans C or F on or after January 1, 2020.
- Some policyholders are being told that premiums for coverage under Plans C or F will be increasing to such an extent that they should purchase other coverage. These would be considered **FALSE** or **MISLEADING** statements to induce policyholders to improperly switch coverage and are in clear violation of Medigap insurance laws.

For more detailed information do not hesitate to contact your state department of insurance, state health assistance insurance program (SHIP) or the company that issued your policy.