

Wisconsin Medicare Supplement Policy Types and Riders

Thank you for contacting the State of Wisconsin Medigap Helpline or Medigap Prescription Drug Helpline. These helplines are a part of the Wisconsin State Health Insurance Assistance Program (SHIP), and our number can be found on the back of the Wisconsin Medicare and You Book. Counseling and resources are available for beneficiaries with any Medicare-related questions.

Wisconsin is what is called a waiver state when it comes to Medicare Supplement policies. This means we do not have the ‘alphabet soup’ of Medicare Supplement policies that are in the Medicare and You book and in most other states. In Wisconsin, we have different types of Supplement policies the most common being the traditional Supplement policy. Traditional policies will all offer the same coverage including Part B coinsurance (20%) costs and may have riders added, see below. Other types of Supplement policies available in Wisconsin can be found on the back of this document.

Traditional Wisconsin Medicare Supplement Policy Riders:

The following riders may be attached, if eligible, to a traditional Medicare supplement policy to modify what that policy will cover (add coverage or *increase cost sharing*). These riders must be added at the time of purchase to avoid potential health underwriting. All riders are optional.

Part A Deductible Rider: This rider requires a Medicare Supplement policy to cover the Medicare Part A deductible in full. Medicare Part A has a deductible for each benefit period, without this rider a beneficiary is required to pay this deductible for each benefit period before Medicare starts to pay. There is no limit to the number of Part A benefit periods a beneficiary might have throughout their lifetime.

Part B Deductible Rider (*Not Available After 1/1/2020*): This rider causes the Supplement policy to pay the Part B deductible (annual deductible). It is available to any person eligible to start Medicare prior to 1/1/2020 even if Medicare enrollment was delayed.

Part B Excess Charges Rider: Providers that accept Medicare but do not accept Medicare assignment may charge up to 15% more than the Medicare approved amount for services. The Part B excess charges rider requires the Supplement policy to cover the difference between the excess charge and what Medicare has approved as the full payment amount.

Additional Home Health Care Rider: This rider extends the Wisconsin Supplement policy coverage of 40 home health care visits up to 365 home health care visits per year (in addition to those covered by Medicare).

Foreign Travel Emergency Rider: Adds up to \$50,000 per lifetime for Medicare-eligible expenses incurred outside the United States. This rider pays at least 80% of the billed charges for medically necessary emergency care. Emergency care must begin during the first 60 consecutive days outside the United States.

The following two riders may decrease the policy premium but may also increase out of pocket cost sharing requirements if selected.

***Part A 50% Deductible Rider*:** This rider provides coverage of 50% of the Medicare Part A deductible per benefit period with no out of pocket maximum.

***Part B Copayment/Coinsurance Rider*:** This rider requires the policyholder to cover the Medicare Part B deductible, 20% copays (up to a maximum of \$20) per doctor's office visit, and 20% copays (up to \$50 maximum) per emergency room visit (*copay is waived if the emergency room visit results in hospitalization*).

Other Types of Wisconsin Medicare Supplement Policies:

The other types of Medicare Supplement policies offered in Wisconsin outside of the Traditional Supplement include cost sharing and high deductible policies. These policies will typically have lower monthly premiums in exchange for higher out-of-pocket costs. These policies will have the same guaranteed purchasing periods (Open Enrollment and Guaranteed Issue) as a traditional policy.

Cost Sharing Medicare Supplement Policy (50% or 75%): These policies include full Medicare Supplement benefit coverage after the annual Medicare Part B deductible and out-of-pocket limit have been met. Out-of-pocket costs that count towards the limit are determined based on the 20% Original Medicare does not cover being shared between the policy holder and insurer. This cost sharing is either 50% insurer and 50% policyholder or 75% insurer and 25% policyholder. Out-of-pocket limits change each year.

Note: Cost sharing policies do not include all of the above Traditional policy riders.

High Deductible Medicare Supplement Policy: These policies require policy holders to pay all costs after Medicare on Medicare approved services (typically 20%) until the deductible is met. Once the policy deductible is met, the supplement policy will cover the costs after Medicare pays for covered services. The policy holder is responsible for the Medicare Part A deductible and the Part B deductible until their policy deductible is met. The deductible amount can change each year.

Note: High deductible policies include all of the above Traditional policy riders once the deductible is met.

If you need any additional counseling or resources, contact us again at either of the numbers below. In your message please be sure to include your name, address, call back number, email address (if available), and reason for your call. A counselor will contact you using the information you provide.

Medigap Helpline: (800) 242-1060

Medigap Part D & Prescription Drug Helpline: (855) 677-2783

Thank You,

Medigap Helpline Services
State of Wisconsin Board on Aging and Long Term Care
Email: BOALTCMedigap@wisconsin.gov
Webpage: <http://longtermcare.wi.gov>
Address: 1402 Pankratz Street, Suite 111, Madison, WI 53704-4001

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