



A Beacon for RI's Aging Community

Date: April 10, 2025

TO: The Honorable Susan Donovan, Chair
Members, House Health and Human Services Committee

FROM: Carol Costa, Executive Director
Senior Agenda Coalition of RI (SACRI)

RE: H5431, H5494, H5499 Relating to Medicare Supplement Insurance Policies

The Senior Agenda Coalition of RI supports these several bills that make changes to MEDICARE SUPPLEMENT INSURANCE POLICIES.

Medicare has different parts and provisions for when a person can apply or make changes. Original Medicare (aka traditional Medicare) requires enrollees to pay certain costs out-of-pocket like copayments, coinsurance, and deductibles. Medicare Supplement plans (aka Medigap plans) are sold by private insurance companies and pair with Medicare Parts A and B insurance to help cover the cost of co-payments, deductibles, and other out-of-pocket expenses related to health care not covered by Original Medicare. There are 10 different Medigap Plan types (see Attachment A) with differing benefits. For example, Plans A & B do not cover skilled nursing home coinsurance. Some Medigap plans have a guaranteed issue rule requiring all companies to offer a Medigap plan to anyone who applies without the process of medical underwriting. Others only offer guaranteed issue based on state requirements. Federal law provides for a 6-month Medigap Open Enrollment Period starting the first month you have Medicare Part B and you are age 65 or older. During this time, insurers cannot use medical underwriting to deny coverage. Otherwise, federal law only allows for a handful of instances where persons can use guaranteed issue rights -- usually when you lose coverage for reasons beyond your control such as if you move out of your policy's coverage area. States, however, can enact laws that go beyond the federal laws in this area and many states have done so, e.g. New York has Medigap guaranteed issue for the entire year and you may switch plans at any time.

These bills allow for increased access to Medicare Supplement Plans (aka MediGap plans) but in somewhat different ways. **H5499** provides for the most enrollment opportunities and consumer protections. It provides for continuous enrollment rights, prohibits use of medical underwriting to deny enrollment and requires community-based rating. **H5431** allows for guaranteed issue for Supplement Plan A only for at least one month each calendar year and guaranteed issue for Medicare recipients over age 65 for at least one month each year. For persons enrolled in Parts A & B or a Medicare Advantage Plan. Among other provisions, **H5954** (Fogarty/OHIC) allows a 6-month open enrollment period for persons under age 65 on Medicare starting on the 1st day they reach age 65; provides guaranteed issue for available Plan A policies for those under 65;

requires community-based rating and prohibits use of gender and attained age or issue-age in rate making.

SACRI strongly believes that persons eligible for Medicare should have as many options as possible to select plans that best suit their personal needs without past medical history or limited enrollment periods serving to deny them optimal coverage. SACRI supports all of the bills as each will provide for greater enrollment options. However, SACRI believes H5499 provides for the most consumer choice for Medigap enrollment and urges you to take that into consideration in your recommendations to the full Senate. Thank you for your consideration.

Attachment A

Compare Medigap Plan Benefits

The chart below shows basic information about the different benefits Medigap policies cover.

✓ = the plan covers 100% of this benefit

✗ = the plan doesn't cover this benefit

% = the plan covers that percentage of this benefit and you're responsible for the rest

N/A = not applicable

The Medigap policy will only pay your coinsurance after you've paid the deductible (unless the Medigap policy also covers your deductible).

Compare the benefits offered by each plan:

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood benefit (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	✗	✗	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	✗	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗
Part B excess charge	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗
Foreign travel emergency (up to plan limits)	✗	✗	80%	80%	80%	80%	✗	✗	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$7,220 in 2025	\$3,610 in 2025	N/A	N/A

Note: Plan C & Plan F aren't available if you turned 65 on or after January 1, 2020, and to some people under age 65. You might be able to get these plans if you're already enrolled in Medicare.