



# SHIP

State Health Insurance  
Assistance Program

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Navigating Medicare

# 2025

## WYOMING BUYER'S GUIDE

### TO

## MEDICARE SUPPLEMENT "MEDIGAP" AND MEDICARE ADVANTAGE INSURANCE



Presented by the

WYOMING DEPARTMENT OF INSURANCE

<http://doi.wyo.gov> and the

WYOMING STATE HEALTH INSURANCE INFORMATION PROGRAM

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WYOMING SENIOR CITIZENS, INC.

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THE STATE OF WYOMING

Insurance Department

Mark Gordon

Governor

Jeffrey P. Rude

Commissioner

Dear Fellow Citizens of Wyoming:

I am pleased to present the 2025 Wyoming Buyer's Guide to Medicare Supplement Insurance. This comprehensive guide is vital to my ongoing commitment to keeping Wyoming insurance consumers informed about the latest changes in Medicare offerings and Medicare Supplement Insurance.

This Buyer's Guide was developed collaboratively, with financial assistance through a grant from the U.S. Department of Health and Human Services, Administration for Community Living. It was prepared with the cooperation of the Wyoming Insurance Department, Wyoming Senior Citizens, Inc., and the Wyoming State Health Insurance Information Program (WSHIIP) contractor based in Riverton, Wyoming.

The Wyoming State Health Insurance Information Program (WSHIIP) is a federally grant-funded initiative. It plays a pivotal role in assisting Medicare beneficiaries across Wyoming to enroll in and understand their benefits, determine eligibility and apply for low-income assistance programs, and assist in filing Medicare appeals, all at no cost to the Wyoming consumer. The program provides numerous presentations, distributes educational materials, and attends health and senior fairs across Wyoming. During Open Enrollment alone, the program served over 3,000 Medicare beneficiaries.

It is essential that you have all the necessary tools to make an informed purchase. The Buyer's Guide, used with the Guide to Health Insurance for People with Medicare and the Medicare & You handbook from CMS, offers comprehensive information about the Medicare program and the modernized Medicare supplement benefit plans. It includes charts illustrating what Medicare pays for and what you are responsible for. It also compares Medicare supplement benefit plans, premiums, and consumer protections brought about by federal laws. Please note that the companies listed in this guide do so voluntarily, and the guide may not include all companies offering Medicare Supplement Insurance in Wyoming. In addition, the rates listed in the guide are subject to change at any time and may differ when you purchase your policy.

I am confident that the 2025 Wyoming Buyer's Guide to Medicare Supplement Insurance will be an invaluable resource as you consider your options. Should you have any questions or require further assistance, please do not hesitate to contact the Wyoming State Health Insurance Information Program (WSHIIP) toll-free at 1-800-856-4398 or the Wyoming Insurance Department at 1-800-438-5768.

Best Regards,

A handwritten signature in blue ink, appearing to read "Jeff Rude".

Jeff Rude

Insurance Commissioner



## **Wyoming State Health Insurance Information Program (WSHIIP)**

The Wyoming State Health Insurance Information Program (WSHIIP) is a federally funded grant program to provide unbiased assistance to Medicare beneficiaries **FREE OF CHARGE**. Wyoming Senior Citizens, Inc. has held this grant for over 25 years.

WSHIIP counselors help Medicare beneficiaries, their families or other representatives by providing information and answers to questions related to Medicare, Medicare supplement, prescription drug plan or other health insurance products. WSHIIP counselors have no connection with any insurance company or product.

WSHIIP counselors receive extensive initial and ongoing training in Medicare, Medicare supplement and prescription drug plans. Statewide counselors are available for individual appointments by calling 1-800-856-4398.

WSHIIP program staff is available to offer public presentations to groups, businesses and organizations. To schedule a presentation or to locate the WSHIIP coordinator or volunteer nearest you, contact Wyoming Senior Citizens, Inc. by calling 1-800-856-4398 or emailing [wshiipmgr@wyoming.com](mailto:wshiipmgr@wyoming.com).

## **YOU COULD HELP OTHERS- BECOME A VOLUNTEER!**

Have you ever thought you might want to help others with Medicare choices? WSHIIP invites you to consider becoming a trained volunteer.

Volunteers can assist others in Wyoming with simple or complex questions on Medicare. The WSHIIP staff provides thorough training and support to all volunteers to make sure they are kept updated on any changes to Medicare or Medicare Supplement policies.

For more information on becoming a volunteer, call Wyoming Senior Citizens, Inc. WSHIIP at 1-800-856-4398.

# Understanding Medicare

## What is Medicare?

Medicare is a national, tax supported, health insurance program for people 65 and over and for some persons with disabilities. If you or your spouse have worked for 10 or more years over a lifetime, you are probably eligible to receive Medicare Part A (hospital insurance) free of charge. Medicare Part B (medical insurance) is available at a monthly rate. If you have a lower income and limited assets you may qualify to receive Part B free by submitting an application for the Medicare Savings Program.

## How does Original Medicare work?

Medicare is two separate types of insurance: Part A covers hospital inpatient status, hospice, home health and limited skilled nursing. Part B covers part of doctor bills, outpatient care, medical equipment, lab and diagnostic tests.

## How do I get Original Medicare?

- Enroll by calling Social Security or online at [www.ssa.gov](http://www.ssa.gov)
- Enrolled automatically if receiving Social Security Retirement benefits prior
- Enrolled automatically (after 2 years) if receiving Social Security Disability Income (SSDI)
- Enrolled automatically if receiving Railroad Retirement Benefits

Initial enrollment period begins 3 months before age 65 and up to 3 months after.

## What if I am still working?

- Have employer insurance coverage? YES = enroll in Part A only.
- On spouse's employer coverage? YES = enroll in Part A only.
- Have up to 8 months to enroll Part B once employer plan ends
- No penalty for late Part B enrollment if on employer plan
- **ALWAYS** verify with the employer how Medicare works with the employer plan. Medicare (part A & B) is primary for employers with fewer than 20 employees.

## Veterans may be eligible for special medical program

Eligibility and benefits are very restrictive and are subject to change. The Department of Veterans Affairs advises veterans to apply for both Part A and B of Medicare to ensure adequate medical coverage.

## **What about costs Medicare does not cover?**

Medicare pays for only a portion of hospital and medical bills. Beneficiaries will pay a share of their bills. Medicare Parts A and B both have deductibles and coinsurance requirements. Private insurance is available to cover all or some of these out-of-pocket costs. These insurance plans are called Medicare supplements (also called Med Sup or Medigap plans).

**Only one Medicare Supplement plan is necessary.** You can only buy one Medicare supplement (Medigap) plan. No one should try to sell you an additional Medigap plan unless you decide you need to switch policies.

The best time to buy a Medicare Supplement policy is during the initial 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 to decide whether to accept your application. This means the insurance company can't refuse to sell you a policy or charge you more for a policy because of any health problems you may have. After this limited initial enrollment period, companies can pick and choose whom they will cover.

## **Standardization of Medigap Plans**

Following the models developed by the National Association of Insurance Commissioners (NAIC), Wyoming's regulations regarding Medigap insurance limit the different Medigap policies that can be sold to no more than 10 standard benefit plans plus the high-deductible plan G. There is a high-deductible plan F for those who were Medicare eligible prior to January 1, 2020. The plans are labeled A through N. The benefit for consumers is that upon deciding which plan you want, you can compare different companies' specific plans side by side.

Medigap insurers do not have to offer all of the plans, but are required to sell Plan A. If they offer any other plans in addition to A, they must also offer either Plan C or Plan F to individuals eligible for Medigap policies prior to 1/01/2020. If you have decided that you wish to purchase a supplement, this guide shows which companies offer them, and allows you to compare the rates.

As of January 1, 2020, insurance companies are no longer able to offer a new Medigap Plan C or F. Congress has passed laws that no longer allow Medicare supplement policies to cover the part B deductible after January 1, 2020. Anyone enrolled in Medigap Plan C or F as of 12/31/2019 was allowed to keep their plan.

## Definitions

To help you understand the benefits provided by Medicare and Medigap policies, we will concentrate on explaining the following terms that are frequently used with Medicare and Medigap policies:

**Assignment** - When benefits are assigned to a health care provider, the benefit is paid directly to the provider. A health care provider that accepts assignments for Medicare also agrees to accept Medicare's allowance for covered services. The beneficiary would then be responsible for any unmet deductible applied to the charge, for the copayments or coinsurance and for any services which were not covered. The beneficiary is not required to pay the health care provider the difference between the provider's normal fee and the Medicare-approved charge, and the provider should not bill the beneficiary the difference.

**Benefit Period** - Medicare Part A benefits are paid on the basis of benefit periods and apply to hospital and skilled nursing facility (SNF) care. A benefit period begins on the day you are hospitalized and ends after you have been out of a hospital or SNF for 60 continuous days. A benefit period also ends if you remain in a SNF, but do not receive any skilled care for 60 continuous days. If you enter a hospital again after 60 days, a new benefit period begins.

**Copayments or Coinsurance** - Medicare generally pays 80% of the approved Part B charge and you are responsible for paying the remaining 20%. The portion of the Medicare approved charge that you pay is called a copayment or coinsurance.

**Deductible** - The deductible is the amount that you pay for eligible medical expenses before Medicare benefits begin to be paid. **In 2025, the Medicare Part A deductible is \$1,667.00 per benefit period. The deductible for Part B is \$257. for the calendar year 2025.**

**DRGs** - DRGs are the initials for Diagnostic-Related-Groups which is a classification and payment system used by Medicare to pay hospitals for different kinds of treatment. The treatment you receive at a hospital falls into one of several hundred DRG classifications. Hospitals are prohibited from charging Medicare patients for any difference between the actual cost of performing a procedure and the amount approved by Medicare.

**Exclusions** - There are certain conditions, circumstances, or services that are not covered by Medicare. These are referred to as exclusions.

**Free Look** - Wyoming's law provides you the right to return a Medigap policy within 30 days after you receive it. This is called the Free Look Provision. If you have paid the first premium and decide that you do not want to keep the policy, you are entitled to a full refund as long as you return the policy within 30 days after you receive it. To better assure the premium refund, you should consider returning the policy to the company by certified mail within the 30 days.

**Medicare-Approved Charge** - In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

**Initial Enrollment** - Every new Medicare recipient who is age 65 or older has a guaranteed right to buy a Medicare supplement policy during their initial enrollment. **A company cannot reject you for any policy it sells, and it cannot charge you more than anyone else your age during this initial enrollment period.**

Your initial enrollment period starts when you are age 65 or older and first enroll in Medicare Part B. It ends six months later. **If you apply for a Medigap policy after your initial enrollment period, companies may refuse coverage because of health reasons.** You will be eligible for an initial enrollment period when you become 65 if you have had Medicare Part B coverage before age 65 (e.g. Medicare disability or end-stage renal disease).

**Open Enrollment** – Medicare Open Enrollment runs every year from October 15<sup>th</sup> through December 7<sup>th</sup>. During this period each year, you are able to make changes to your Medicare Part D prescription drug plan and change from Original Medicare to a Medicare Advantage plan. The best time to buy a Medigap policy is during your initial enrollment period when you first become eligible for Medicare.

**Pre-Existing Conditions** - Wyoming law restricts the limitations Medigap insurance policies can specify regarding conditions that existed prior to the policy's effective date, i.e., preexisting conditions. (Note: The Affordable Care Act does not affect Medigap policies, and pre-existing condition exclusions may apply)

- A preexisting condition cannot be defined as being more restrictive than a condition for which medical advice or treatment was received within 90 days prior to the policy's effective date.
- A Medigap policy cannot deny a claim for treatment pertaining to a preexisting condition when treatment is received more than 90 days after the policy's effective date.
- If the Medigap policy was purchased to replace another Medigap policy or during the open-enrollment period, the new policy cannot apply any limitations on preexisting conditions if the original creditable coverage was in effect for at least 90 days.

**SNF** – Skilled Nursing Facility - Medicare Part A can help pay for up to 100 days of extended care services in a skilled nursing facility (SNF) during a benefit period.

**Special Enrollment Period for the Working Aged** – If you are covered by a group health plan when you are first eligible for Medicare, you may be able to delay enrollment in Part B



without incurring a penalty and/or in Part A without a premium surcharge and without waiting for a general enrollment period. The group plan must be based upon current employment. It cannot be a retiree plan. If you choose COBRA after your employee coverage ends, don't wait until your COBRA ends to enroll in Part B. If you don't enroll in Part B during the 8 months after the employment ends you may have to pay a penalty for as long as you have Part B.

If you have chosen to delay enrolling in Part B or premium Part A because you don't need Medicare coverage while you are covered under a group health plan, you may enroll during a special eight-month period subsequent to when your coverage under the group health plan ends. You should contact your local Social Security District Office as soon as employment ends or the plan coverage ends or changes.

Under certain circumstances, Medicare beneficiaries who are at least 65 years old are guaranteed issuance of certain Medigap policies if they apply within 63 days of an employer plan termination or cessation of benefits.

## Should I Purchase Long Term Care Insurance?

In the past, families often stepped in to help when older family members were no longer able to care for themselves. Today, with people living longer, families living long distances apart and working outside the home, fewer families are able to provide this care. A wide range of long-term care services are available - adult day care, respite care, home care and nursing care. These services are expensive and often exceed a person's ability to pay. Unfortunately, people often mistakenly assume that Medicare will cover their long-term care costs.

### **MEDICARE ONLY COVERS LONG-TERM CARE IN VERY LIMITED CIRCUMSTANCES.**

Many Wyoming residents are eligible for Medicaid payment of their long term care bills. Medicaid is a medical assistance program for people with limited income and assets. Eligibility is determined by the Department of Health in Cheyenne, Wyoming. (Wyoming Department of Health-Medicaid 1-855-294-2127

Private long-term insurance is an option for people to consider, particularly if they have assets they wish to protect. You should not buy this type of insurance unless you can afford to pay the premiums every year. Remember, long term care insurance premiums can and often do go up, even after you retire. Long-term care plans are not standardized like Medigap plans. Therefore, it is very important to shop around and compare benefit options and cost. Please visit the Wyoming Department of Insurance Consumer webpage (<https://doi.wyo.gov>) for a copy of a 'Long Term Care Shoppers Guide'.

## Medicare Prescription Drug (Part D)

Everyone with Medicare is eligible to join a Medicare Prescription Drug Plan. The Medicare drug program is voluntary. Most people with Medicare will have to pay a monthly premium for the benefit as well as deductibles and copayments. In 2025, the national average premium for a Part D prescription drug plan is \$36.78 per month. People with limited income and resources may receive help to reduce premiums, deductibles and copayments. In any case, most people can expect to save money on their medicine if they enroll.

### Basic facts about Medicare Part D:

- Medicare prescription drug plans provide insurance coverage for prescription drugs.
- Anyone on Medicare can enroll in a plan.
- You have three months following your 65th birthday to enroll in a plan. After that you may have to pay a penalty.
- There is a monthly premium to join a plan.
- The patient will pay a share of the cost of prescriptions in addition to the monthly premium. The actual amount will vary depending on the drug plan.
- You have 63 days to enroll once the employer coverage ends or if you move out of the service area.
- People with limited income may be eligible for the Extra Help Program that will reduce the premium, deductible and co-payments and cancel late enrollment penalties.
- A late enrollment may incur a penalty if the person does not enroll at the first opportunity.
- \$2,000. Out of Pocket Spending Cap.
- \$590. Deductible.

Contact WSHIIP for assistance in determining the best plan for you. You can also review plan information and do a plan comparison at [www.medicare.gov](http://www.medicare.gov).

### Part D ANNUAL ENROLLMENT PERIOD is October 15- December 7 each year:

- Enroll in a Prescription Drug Plan if not enrolled during the initial enrollment period (65th birthday).
- **Compare current plan each year to ensure best coverage and cost effectiveness.**
- Call WSHIIP for an appointment to evaluate your plan option each year.

## **Medicare Advantage (Part C)**

Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. Medicare Advantage Plans provide all of your Part A and Part B benefits, excluding clinical trials, hospice services, and, for a temporary time, some new benefits that come from legislation or national coverage determinations. Plans must cover all emergency and urgent care, and almost all medically necessary services Original Medicare covers. If you're in a Medicare Advantage Plan, Original Medicare will still help cover the cost for hospice care, some new Medicare benefits, and some costs for clinical research studies. Most Medicare Advantage plans also include drug coverage (Part D).

### **Things to know about Medicare Advantage:**

- Not all plans are available in all areas of the state.
- Providers can be in or out of network, verify with the plan if your provider is in-network.
- Out-of-pocket costs vary depending on the plan and the type of service.
- Plans have a yearly limit on what you pay out of pocket for services.
- You may need to get a referral to see a specialist.
- Any changes to the plan will be communicated in an "Annual Notice of Change" that will be mailed by September 30th each year.
- See pages 71-72 of your "Medicare and You Handbook 2025" for more information about when you can join, switch, drop or make changes to a Medicare Advantage Plan.

# Key Differences Between Original Medicare and Medicare Advantage

	ORIGINAL MEDICARE	MEDICARE ADVANTAGE
Costs	Premiums, copays, deductible and coinsurance	Premiums, copays, deductible and coinsurance
Coinsurance	Members usually pay 20% of the total cost of services, which means the amount they pay will fluctuate based on the cost of the service. Most people purchase a Medigap plan to cover some or all of these copays.	Members usually have limited coinsurance or a set dollar copayment amount so they can expect what to pay.
Out-of-pocket costs	No limit to how much members may have to spend. Most people purchase a Medigap plan to limit out-of-pocket costs.	In 2024, the out-of-pocket maximum is \$8,850, according to the National Council on Aging. (This amount may change in 2025.) You may need to pay more for out-of-network services.
Prescription drugs	You likely need to purchase Part D for prescription drug coverage.	Most plans include prescription drug coverage.
Supplemental benefits	None	Benefits vary by plan.
Provider network	Any provider who accepts Medicare	Providers must be in the plan's network.
Referrals	No referrals	PPO (no); HMO (yes)

\*Source: Health.usnews.com

## Questions to ask before joining a Medicare Advantage Plan

When you are choosing between Original Medicare and Medicare Advantage or between Medicare Advantage Plans. Here are some questions to keep in mind.  
([www.medicareinteractive.org](http://www.medicareinteractive.org))

### Providers, hospitals, and other facilities

- Will I be able to use my doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers are not in-network, will the plan still cover my visits?
- Which specialists, hospitals, home health agencies, and skilled nursing facilities are in the plan's network?

### Access to health care

- What is the service area for the plan?
- Do I have any coverage for care received outside the service area?
- Who can I choose as my Primary Care Provider (PCP)?
- Does my doctor need to get approval from the plan to admit me to a hospital?
- Do I need a referral from my PCP to see a specialist?

### Costs

- What costs should I expect for my coverage (premiums, deductibles, copayments)?
- What is the annual maximum out-of-pocket (MOOP) cost? (Note: PPOs have different out-of-pocket limits for in-network and out-of-network care. If you're considering a PPO, find out what the different out-of-pocket limits are for in-network and out-of-network care.)
- How much will I have to pay out of pocket before coverage starts (what is the deductible)?
- How much is my copayment for services I regularly receive, such as PCP or specialist care?
- How much will I pay if I visit an out-of-network provider or facility?
- Are there higher copays for certain types of care, such as hospital stays or home health care?

### Benefits

- Does the plan cover any services that Original Medicare does not?
  - Dental services
  - Vision care
  - Hearing aids
- Are there any rules or restrictions I should be aware of when accessing these benefits?

### Prescription drugs

- Does the plan cover outpatient prescription drugs?
- Are my prescriptions on the plan's formulary?
- Does the plan impose any coverage restrictions?
- What costs should I expect to pay for my drug coverage (premiums, deductibles, copayments)?
- How much will I have to pay for brand-name drugs? How much for generic drugs?
- What will I pay for my drugs during the coverage gap?
- Will I be able to use my pharmacy? Can I get my drugs through mail order?
- Will the plan cover my prescriptions when I travel?

### Coordination of benefits

- How does the plan work with my current coverage?
- If I Join, would I lose my job-based insurance or retiree coverage?

## Types of Medicare Advantage Plans:

- Private Fee-for-Service (PFFS)
- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Medical Savings Account (MSA)

**Medical Savings Account (MSA)** plans combine a high-deductible insurance plan with a medical savings account that you can use to pay for your health care costs. These plans are similar to Health Savings Account Plans available outside of Medicare. You can choose your health care services and providers (MSA plans usually don't have a network of doctors, other health care providers, or hospitals). MSA's do NOT include drug coverage (Part D). Medical Savings Accounts have specific guidelines on what the money in your account can be used for and there can be tax consequences if the funds are used incorrectly. Please contact the company directly for more information.

## Compare Medicare Advantage plans side by side

	PPO	HMO	PFFS	SNP	MSA
<b>Monthly Premium</b>	Yes	Yes	Yes	Yes	No  But you'll keep paying the monthly Part B premium.
<b>Drugs</b>  Does the plan include Medicare prescription drug coverage?	Typically  If your PPO plan doesn't include drug coverage, you <u>cannot</u> get a separate Medicare Part D plan.	Typically  If your HMO plan doesn't include drug coverage, you <u>cannot</u> get a separate Medicare Part D plan.	Typically  If your PFFS plan doesn't include drug coverage, you <u>can</u> get a Medicare Part D plan.	Yes  All SNPs have to provide Medicare prescription drug coverage.	No  You'll need to join a Medicare Part D plan. If you already have a Medigap policy with drug coverage, you can keep using it to pay for some of your drugs.
<b>Providers</b>  Can you use any doctor or hospital that accepts Medicare for covered services?	Yes  Each plan has a network of providers that you can visit. You may go outside of this network, but you might pay more.	Potentially  You typically have to get your care and services from doctors or hospitals in the plan's network — except emergency care or out-of-area dialysis.	Yes  You can visit any Medicare-approved doctor or hospital that takes the plan's payment terms and agrees to treat you.	No  Typically, you have to get your care and services from doctors or hospitals in the network — except emergency or urgent care or if you have ESRD.	Yes  You have flexibility in picking your services and providers.
<b>Doctor Referral Needed?</b>	No	Yes	Potentially  Plans can vary.	Potentially	No

### Medicare Advantage Plans Offered in Each County

County	Organization Name	Plan Name
Albany	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Albany	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Albany	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Albany	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Albany	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Campbell	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Campbell	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Campbell	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Carbon	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Carbon	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Carbon	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Converse	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Converse	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Converse	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Crook	Medica	Medica Prime Solution Core (Cost)
Crook	Medica	Medica Prime Solution Premier (Cost)
Crook	Medica	Medica Prime Solution Thrift (Cost)
Crook	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Crook	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Crook	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Crook	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)



### Medicare Advantage Plans Offered in Each County

County	Organization Name	Plan Name
Fremont	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Fremont	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Fremont	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Fremont	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Goshen	Medica	Medica Prime Solution Core (Cost)
Goshen	Medica	Medica Prime Solution Premier (Cost)
Goshen	Medica	Medica Prime Solution Thrift (Cost)
Goshen	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Goshen	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Goshen	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Hot Springs	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Hot Springs	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Hot Springs	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Johnson	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Johnson	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Johnson	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Laramie	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Laramie	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Lincoln	Aetna Medicare	Aetna Medicare Advantra Select (HMO-POS)
Lincoln	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)
Lincoln	Aetna Medicare	Aetna Medicare Value Plan (PPO)
Lincoln	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)

**Medicare Advantage Plans Offered in Each County**

<b>County</b>	<b>Organization Name</b>	<b>Plan Name</b>
Lincoln	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Natrona	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Natrona	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Natrona	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Natrona	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Niobrara	Medica	Medica Prime Solution Core (Cost)
Niobrara	Medica	Medica Prime Solution Premier (Cost)
Niobrara	Medica	Medica Prime Solution Thrift (Cost)
Niobrara	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Niobrara	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Niobrara	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Platte	Medica	Medica Prime Solution Core (Cost)
Platte	Medica	Medica Prime Solution Premier (Cost)
Platte	Medica	Medica Prime Solution Thrift (Cost)
Platte	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Platte	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Platte	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Sheridan	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Sweetwater	Aetna Medicare	Aetna Medicare Advantra Select (HMO-POS)
Sweetwater	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)
Sweetwater	Aetna Medicare	Aetna Medicare Value Plan (PPO)
Teton	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)

**Medicare Advantage Plans Offered in Each County**

<b>County</b>	<b>Organization Name</b>	<b>Plan Name</b>
Teton	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Teton	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Teton	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Teton	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)
Uinta	Aetna Medicare	Aetna Medicare Advantra Select (HMO-POS)
Uinta	Aetna Medicare	Aetna Medicare Eagle Plan (PPO)
Uinta	Aetna Medicare	Aetna Medicare Value Plan (PPO)
Uinta	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Uinta	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Washakie	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Washakie	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Washakie	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Weston	Medica	Medica Prime Solution Core (Cost)
Weston	Medica	Medica Prime Solution Premier (Cost)
Weston	Medica	Medica Prime Solution Thrift (Cost)
Weston	UnitedHealthcare	AARP Medicare Advantage Choice Plan 1 (PPO)
Weston	UnitedHealthcare	AARP Medicare Advantage Choice Plan 2 (PPO)
Weston	UnitedHealthcare	UnitedHealthcare Medicare Advantage Patriot (PPO)
Weston	UnitedHealthcare	UnitedHealthcare MedicareDirect Patriot (PFFS)
Weston	UnitedHealthcare	UnitedHealthcare MedicareDirect Rx (PFFS)

**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 available after January 1, 2020. Some plans may not be available.

<b>Medicare Supplement Insurance (Medigap) Plans</b>								
<b>Benefits</b>	<b>A</b>	<b>B</b>	<b>D</b>	<b>G*</b>	<b>K**</b>	<b>L**</b>	<b>M</b>	<b>N***</b>
<b>Medicare Part A coinsurance and hospital costs</b> (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%
<b>Medicare B coinsurance or copayment</b>	100%	100%	100%	100%	50%	75%	100%	100%
<b>Blood</b> (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%
<b>Part A hospice care coinsurance or copayment</b>	100%	100%	100%	100%	50%	75%	100%	100%
<b>Skilled nursing facility care coinsurance</b>			100%	100%	50%	75%	100%	100%
<b>Part A deductible</b>		100%	100%	100%	50%	75%	50%	100%
<b>Part B deductible</b>								
<b>Part B excess charges</b>				100%				
<b>Foreign travel emergency</b> (up to plan limits)			80%	80%			80%	80%
	<b>Out-of-pocket limit in 2025</b>				\$7,060	\$3,530		

\* Plan G also has a high deductible option which requires first paying a plan deductible of \$2,800 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 plan G counts 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 co-payment for emergency room visits that do not result in an inpatient admission.

**Benefit Chart of Medicare Supplement Plans Sold to those eligible for Medicare before January 1, 2020.** This chart and the previous chart shows the benefits included in the standard Medicare supplement plans available before January 1, 2020. These plans (C & F) are listed separately as they are not available to beneficiaries who become eligible for Medicare after January 1, 2020.

<b>Medicare Supplement Insurance (Medigap) Plans</b> <b><u>Only applicants first eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.</u></b>		
<b>Benefits</b>	<b>C</b>	<b>F*</b>
<b>Medicare Part A coinsurance and hospital costs</b> (up to an additional 365 days after Medicare benefits are used)	100%	100%
<b>Medicare B coinsurance or copayment</b>	100%	100%
<b>Blood (first 3 pints)</b>	100%	100%
<b>Part A hospice care coinsurance or copayment</b>	100%	100%
<b>Skilled nursing facility care coinsurance</b>	100%	100%
<b>Part A deductible</b>	100%	100%
<b>Part B deductible</b>	100%	100%
<b>Part B excess charges</b>		100%
<b>Foreign travel emergency (up to plan limits)</b>	80%	80%

\* Plan F also has a high deductible option which requires first paying a plan deductible of \$2,800 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 plan F counts your payment of the Medicare Part B deductible toward meeting the plan deductible.

# **2025 Medicare Cost Guide**

## **Medicare Part A (Hospital Insurance) Costs**

### Part A monthly premium

Most people don't pay a Part A premium because they paid Medicare taxes while working. If you don't get premium-free Part A, you pay up to \$505 each month.

If you don't buy Part A when you're first eligible for Medicare (usually when you turn 65), you might pay a penalty.

### **Hospital stay**

In 2025, you pay

- \$1676. deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$418. per day for days 61–90 of each benefit period
- \$838. per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

### **Skilled Nursing Facility stay**

In 2025, you pay

- \$0 for the first 20 days of each benefit period
- \$209.50 per day for days 21–100 of each benefit period
- All costs for each day after day 100 of the benefit period

## **Medicare Part B (Medical Insurance) Costs**

### Part B monthly premium

Most people pay the standard Part B monthly premium amount (\$185 in 2025). Social Security will tell you the exact amount you'll pay for Part B in 2025.

You pay the standard premium amount if:

- You enroll in Part B for the first time in 2025.
- You don't get Social Security benefits.
- You're directly billed for your Part B premiums.
- You have Medicare and Medicaid, and Medicaid pays your premiums. (Your state will pay the standard premium amount of \$185 in 2025.)

Here's what you'll pay:

If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard Part B premium and an income-related monthly adjustment amount.

Visit [Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance) to find the information in this chart. If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. If you pay a late enrollment penalty, these amounts may be higher.

**Part B deductible—\$257 per year**

<b>Medicare 2025 Part B Premiums by Income</b>			
If your Filing status and yearly income in 2023 was:			
<b>Beneficiaries who file individual tax returns with modified adjusted gross income:</b>	<b>Beneficiaries who file joint tax returns with modified adjusted gross income:</b>	<b>Income-Related Monthly Adjustment Amount</b>	<b>Total Monthly Premium Amount</b>
Less than or equal to \$106,000	Less than or equal to \$212,000	\$0.00	\$110.40
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$73.60	\$184.00
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,000	\$184.10	\$294.50
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$294.50	\$404.90
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$404.90	\$515.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$441.70	\$552.10

<b>Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses with modified adjusted gross income:</b>	<b>Income-Related Monthly Adjustment Amount</b>	<b>Total Monthly Premium Amount</b>
Less than or equal to \$106,000	\$0.00	\$185.00
Greater than \$106,000 and less than \$394,000	\$406.90	\$591.90
Greater than or equal to \$394,000	\$443.90	\$628.90

## Part D monthly premium

The chart below shows your estimated drug plan monthly premium based on your income. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

### 2024 Part D national base beneficiary premium — \$35.30

<b>Medicare 2025 Part D Premiums by Income</b> If your filing status and yearly income in 2023 was:		
<b>Beneficiaries who file individual tax returns with modified adjusted gross income:</b>	<b>Beneficiaries who file joint tax returns with modified adjusted gross income:</b>	<b>Income-related monthly adjustment amount</b>
Less than or equal to \$106,000	Less than or equal to \$212,000	\$0.00
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$13.70
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$255,000 and less than or equal to \$334,000	\$35.30
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$57.00
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$78.60
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$85.80

<b>Beneficiaries who are married and lived with their spouses at any time during the year, but file separate tax returns from their spouses with modified adjusted gross income:</b>	<b>Income-related monthly adjustment amount</b>
Less than or equal to \$106,000	\$0.00
Greater than \$106,000 and less than \$394,000	\$78.60
Greater than or equal to \$394,000	\$85.80

This amount is used to estimate the Part D late enrollment penalty and the income-related monthly adjustment amounts listed in the table above. The national base beneficiary premium amount can change each year. If you pay a late enrollment penalty, these amounts may be higher. See your Medicare & You handbook or visit Medicare.gov for more information.



## Medicare Supplement Company Information and Financial Strength Rating

### Understanding Best's Financial Strength Ratings

AM Best's Financial Strength Rating can be assigned to an insurance company on an interactive or non-interactive basis. In both cases, the rating scale and descriptors are:

Secure	Vulnerable
A++, A+ (Superior)	B, B- (Fair)
A, A- (Excellent)	C++, C+ (Marginal)
B++, B+ (Good)	C, C- (Weak)
	D (Poor)
	E (Under Regulatory Supervision)
	F (In Liquidation)
	S (Suspended)

### Not Rated Designation

The Not Rated (NR) designation is assigned to companies that are not rated by A.M. Best. A.M. Best is a voluntary financial rating system and is an independent opinion of A.M. Best. Some insurance companies choose to forgo this voluntary rating system as they are required to comply with the state regulations, guidelines and audits.

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Plans that are offered in all counties. Please keep in mind that this is not a complete list.

<b>Companies</b>	<b>AM Best's Financial Strength Ratings</b>	<b>Medicare Supplement Policies - Plans</b>	<b>Customer Service number</b>	<b>Offered in all counties</b>
American Continental Insurance Company	A (Excellent)	A, B, F, High Ded F, G and N	800-264-4000	X
Bankers Fidelity Life Insurance Company	A- (Excellent)	All*	866-458-7500	X
Blue Cross Blue Shield of Wyoming	Not Rated	A, G, High Ded G, K, and N	800-442-2376	X
Empheysys Insurance Company	Not Rated	A, F, G High Ded G, N	800-318-9984	X
Federal Life Insurance Company	A- (Excellent)	A, F, G, N	888-747-3760	X
Globe Life And Accident Insurance Company	A (Excellent)	All*	800-801-6831	X
GPM Health and Life Insurance Company	B++ (Good)	A, F, G, and N	877-844-1036	X
Humana Insurance Company	A (Excellent)	A, B, C, F, High Ded F, G, High Ded G, K, L & N	888-494-6027	X
Lifeshield National Insurance Company	B++ (Good)	A, F, G and N.	844-649-1897	X
Monitor Life Insurance Company of New York	A (Excellent)	A, F, G, High Ded G and N	866-322-2824	X
Mountain Health Coop	Not Rated	A, F, G, High Ded G and N	800-366-8354	X
Mutual of Omaha Insurance Company	A+ (Superior)	A, F, G, High Ded G, and N	800-667-2937	X
The American Home Life Insurance Company	B++ (Good)	A, F, G, and N	833-504-0334	X
Tier One Insurance Company	Not Rated	A, F, G and N	833-504-0336	X
United American Insurance Company	A (Excellent)	All*	800-755-2137	X
USAA Life Insurance Company	A++ (Superior)	A, F, G and N	800-531-8722	X
Washington National Insurance Company	A (Excellent)	A, F, G, High Ded G, and N	888-910-3133	X

\* All plans: A, B, C, F, High Deductible F, G, High Deductible G, K, L & N

## Pricing from companies to use as a guide.

<b>Companies</b>	Pricing for a male 65, non-smoker, guaranteed insured on Plan G in zip code 82001, Annual/Monthly premiums
American Continental Insurance Company	\$2,551/ \$212.58
Bankers Fidelity Life Insurance Company	\$3,011.86/ \$250.98
Blue Cross Blue Shield of Wyoming	\$2,050.80/ \$170.90
EmpheSys Insurance Company	\$2,046.24/ \$170.52
Federal Life Insurance Company	\$1,457.04/ \$121.42
Globe Life And Accident Insurance Company	\$2,502/ \$208.50
GPM Health and Life Insurance Company	\$3,132.96/ \$261.08
Humana Insurance Company	\$2,631.84/ \$219.32
LifeShield National Insurance Company	\$1,577.49/ \$129.79
Monitor Life Insurance Company of New York	\$1,829.56/ \$152.46
Mountain Health Coop	\$1,719.48/ \$143.29
Mutual of Omaha Insurance Company	\$2,190.52/ \$182.54
The American Home Life Insurance Company	\$1,626.12/ \$135.53
Tier One Insurance Company	\$1,682.12/ \$140.17
United American Insurance Company	\$3,000/ \$250
USAA Life Insurance Company	\$1,838.04/ \$153.17
Washington National Insurance Company	\$1,868.06/ \$155.67

Please note that the companies listed in this guide do so voluntarily, and the guide may not include all companies offering Medicare Supplement Insurance in Wyoming. In addition, the rates listed in the guide are subject to change at any time and may differ when you purchase your policy.

## **Questions to consider regarding Medicare Supplement coverage:**

Can I afford it?

What plan best fits my needs?

Will my premiums increase?

If I change plans, will there be issues due to my health conditions?

Are there factors other than cost that I should consider?

### **NOTES:**

# **Helpful Resources**

## **Wyoming State Health Insurance Information Program (WSHIIP)**

Wyoming Senior Citizens, Inc.

1-800-856-4398

Offices in Casper, Cheyenne, and Riverton, volunteers in Senior Centers statewide

## **Senior Medicare Patrol**

Wyoming Senior Citizens, Inc.

1-800-856-4398

Medicare errors, fraud, or abuse

## **Medicare (1-800-MEDICARE)**

1-800- 633-4227

Questions or complaints about Medicare [www.medicare.gov](http://www.medicare.gov)

## **Wyoming Insurance Department**

307-777-7401

Questions or complaints about insurance companies or agents

## **Social Security Administration**

1-800-772-1213

Medicare eligibility and payment of Medicare premiums, and Extra Help Offices in Casper, Cheyenne, Cody, Riverton, Rock Springs, and Sheridan [www.socialsecurity.gov](http://www.socialsecurity.gov)

## **Wyoming Medicaid**

1-855-294-2127 (toll free)

<https://health.wyo.gov/healthcarefin/medicaid/>



# SHIP

State Health Insurance  
Assistance Program

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Navigating Medicare



## **Need more help understanding how Medicare works?**

Call Wyoming State Health Insurance Information Program (WSHIIP) for  
free, unbiased & confidential help at:

**1-800-856-4398**

[wshiipmgr@wyoming.com](mailto:wshiipmgr@wyoming.com)

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