NAIC Senior Issues Task Force

Access to Medigap Insurance for Medicare Beneficiaries Under Age 65

Access to Medigap Health Benefits

No federal right to a Medigap until age 65

- Discrimination based on age
 - At age 64 or younger (12% of Medicare population)
 - Disabled
 - With health conditions
- Example of no discrimination based on age
 - Insured beneficiaries at age 80+
 - Protected by federal and state guaranteed issue events
 - Also likely to have existing health conditions

Medigap Access: State Variations

• Variations range from:

- Same Medigap rights as age 65
- Limited access
 - To certain Medigap plans
 - Higher premiums, some with certain limitations
- Access through a state high risk pool
- Some voluntary sales with health underwriting
 - In some states
- No access until age 65 in some states

Nationally:

Only 2% of younger beneficiaries have a Medigap

State Availability Of Medigaps

3 states

- All Medigaps available to all Medicare beneficiaries
- Age and health pricing factors not permitted

o 5 states

- Same access as age 65
 - Premiums or other limitations exist

3 Medigap Waiver states

- Some Medigaps available
 - Some limitations exist

State Availability Of Medigaps

12 states and D.C.

- Have no requirements for younger than 65
 - 6 states provide access to the state high risk pool
 - 1 state issues Medigap through their high risk pool
 - Some voluntary sales with health underwriting occur

o 2 states*

- Year round access with no health or age restrictions
 - *One state limits the Medigap plans younger beneficiaries can buy

What Can The NAIC Do?

• Why are 3 states able to accept all risks?

- What is the Medigap experience in those states?
 - Premium costs
 - Medical/claims experience
 - Loss ratio experience
- Comparison to other states?

NAIC could collect data to inform states and policymakers

- What is the impact of state rules on:
 - 1. Access to Medigap
 - Each population (age, gender, urban/rural)
 - 2. Medigap rates
 - All populations?
 - Over 65?
 - Younger beneficiaries only?
 - 3. Loss ratios
 - 4. State high risk pools
 - 5. Medicaid/duals (65+, -64)
- Insurer data
 - Health underwriting in voluntary markets
 - Pricing data

Questions?



Bonnie Burns
California Health Advocates
831-438-6677
bburns@cahealthadvocates.org