BRIDGING THE GAP 2021

MEDICARE & MEDICARE SUPPLEMENT COMPARISON (MEDIGAP) GUIDE

From the Arkansas Insurance Department the Senior Health Insurance Information Program (SHIIP) division

This booklet contains
Introduction
Enrollment Dates to Remember
Medicare Part A and Part B
Medicare Cost for Part A & B
Medicare Part C (Medicare Advantage)
Medicare Part D (Prescription Drug)
Medicare Supplement (Medigap)
Buyer Beware and Variables
Preferred and Standard Premium
Compare Medigap Plans (A-N)
2020 Medigap Plans /Rates
Medigap Plans 65 and Older
Medigap Plans Under 65/Closed Plans
Glossary and Helpful Information

SHIIP can help with understanding your Medicare choices

SHIIP is funded by the Administration for Community Living, an agency of the U.S. Department of Health and Human Services.

We are here to aid you in saving money and making informed decisions about Medicare.

Our certified Medicare counselors offer in-person or over the phone assistance regarding Medicare questions.

SHIIP and our partners are not here to sell or solicit any type of insurance or provide legal advice, we offer unbiased information and resources about Medicare and assist applicants with limited income apply for Low Income Subsidy (LIS) and/or Medicare Saving Program (MSP).

1 Commerce Way
Little Rock, AR 72202
Toll Free: 1-800-224-6330
www.insurance.arkansas.gov

ARKANSAS SHIIP
Seniors Health Insurance Information Program

Your Health and Medication may Change ● Medicare Plans Change

STAY INFORMED ● SHOP ● COMPARE

Table of Contents

Table of Contents

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INTRODUCTION: This guide summarizes Medicare and the benefits of Medicare Supplement Insurance (Medigap). Policies currently approved by the Arkansas Insurance Department for sale. Inclusion of information in this guide regarding a policy does not, in any way, constitute an endorsement of the policy or company by the Arkansas Insurance Department.

For quotes and exact premium cost contact a company or agent to purchase.
Please note—BUYER BEWARE—page 22.

BE ADVISED. Some new policies may have entered the marketplace since this publication was printed and will not be included. See the back cover of this publication, lower left corner for revision date.

DO NOT BE ALARMED. If your Medicare Supplement Policy does not appear in this booklet. You may choose to keep your policy as long as you pay the premium.

Publication of this guide is for information purposes only. Please refer to the policy itself for the complete and actual terms of coverage since the policy constitutes the contract between the insurer and the insured and will ultimately be the basis of final determinations.

SHOP WITH CAUTION. Do not just buy the cheapest policy without weighing other factors and determining the company's financial stability and reputation for resolving complaints.

AVOID HIGH PRESSURE SALES TACTICS. Take time and avoid being pushed into buying an insurance policy. Do not buy a policy under the pressure of limited enrollment periods or of 'last chance to enroll." Be wary of agents and sales material that imply a policy is connected with or endorsed by the government. Medicare Supplement Insurance and Long-term Care insurance are not connected with or endorsed by the federal government.

DON'T BE MISLED BY ADVERTISING. Do not buy a policy because celebrities endorse it on television, radio, newspaper, or other advertisements. Ask questions before buying a policy.

BE CAREFUL HOW YOU PAY FOR POLICIES. **Do not pay in cash.** When purchasing Medicare Supplement Insurance, it is always best to pay by check, money order, or bank draft. Premium payments should always be made payable to the insurance company, not the agent selling the policy. If you must pay in cash, be sure to get a company-authorized receipt.

KEEP YOUR POLICY IN A SAFE PLACE. Select a friend or relative in advance to handle your medical affairs in case of illness and let that person know where to locate your policy.

KEEP RECORDS. Write down and keep the correct name, telephone number, and permanent address of the agent and the insurance company. Ask for a toll-free number in case you need to call long distance. Record important policy, company and agent information below and keep it in a safe place.

MEDICARE SIGN UP PERIODS

OCTOBER 15 - DECEMBER 7 (EACH YEAR)

Medicare's Open Enrollment Period, during which you can freely enroll in or switch plans,

During this period you may enroll in a Medicare Part D (prescription drug) plan or, if you currently have a plan, you may change plans. In addition, during the seven-week period you can return to traditional Medicare (Parts A and B) from a Medicare Advantage (Part C, managed care) plan, enroll in a Medicare Advantage plan, or change Advantage plans. Coverage elections will be effective January 1st.

General Enrollment Periods

JANUARY 1–MARCH 31 (EACH YEAR)

You can sign up for Part A and/or Part B during the General Enrollment Period between January 1 – March 31 each year if both of these apply:

- You didn't sign up when you were first eligible
- You aren’t eligible for a Special Enrollment Period (see below).

You must pay premiums for Part A and/or Part B. Your coverage will start July 1. You may have to pay a higher premium for late enrollment in Part A and/or a higher premium for late enrollment in Part B.

Special circumstances (Special Enrollment Periods)

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a **Special Enrollment Period (SEP).** If you're covered under a group health plan based on current employment, you have a SEP to sign up for Part A and/or Part B anytime as long as:

- You or your spouse (or family member if you're disabled) is working.
- You're covered by a group health plan through the employer or union based on that work.

You also have an 8-month SEP to sign up for Part A and/or Part B that starts at one of these times (whichever happens first):

- The month after the employment ends
- The month after group health plan insurance based on current employment ends

Usually, you don't pay a late enrollment penalty if you sign up during a SEP.

Getting Started with Medicare

Getting Medicare is a major milestone. Here's where you can get the information you need, no matter where you are in your Medicare journey. Before you choose a path below, check out these **5 important facts:**

1. Some people get Medicare automatically, and some have to sign up. You may have to sign up if you're 65 (or almost 65) and not getting Social Security.

2. There are certain times of the year when you can sign up or change how you get your coverage.

3. If you sign up for Medicare Part B when you're first eligible, you can avoid a penalty.

4. You can choose how you get your Medicare coverage.

5. You may be able to get help with your Medicare costs

Medigap is supplemental Medicare insurance sold by private companies to help cover original Medicare costs, such as deductibles, copayments, and coinsurance.

> Some people get Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) automatically and other people have to sign up for it. In most cases, it depends on whether you're getting Social Security benefits.

Many people **need a Medicare supplement** (Medigap) to help cover cost-sharing they otherwise could not afford. For instance Plan F pays 100% of all out-of-pocket expenses but may cost more. A **Medigap** plan can help pay for: Medicare Part A coinsurance hospital costs after initial Medicare coverage is exhausted. After January 2020 Medigap plans will no longer cover Part B deductibles for new policies sold.

In some cases, Medigap will also cover emergency medical fees when you're traveling outside the United States. A Medigap policy only pays out after both you and Medicare have paid your share of costs for medical services.

How do I get Part A & Part B

When you first eligible for Medicare

If you're eligible for Medicare when you turn 65 you have a 7-month Initial Enrollment Period to sign up for Part A and/or Part B.

The 7-month period begins:

- 3 months before the month you turn 65
- Includes the month you turn 65
- Ends 3 months after the month you turn 65

Note
If you wait until the month you turn 65 (or the 3 months after you turn 65) to enroll, your Part B coverage will be delayed. This could cause a gap in your coverage.

Note
If you aren't automatically enrolled, you can sign up for free Part A (if you're eligible) any time during or after your Initial Enrollment Period starts. Your coverage start date will depend on when you sign up. If you have to buy Part A and/or Part B, you can only sign up during a valid enrollment period.

If you didn't get Part B when you're first eligible, your monthly premium may go up 10% for each 12-month period you could've had Part B, but didn't sign up. In most cases, you'll have to pay this penalty each time you pay your premiums, for as long as you have Part B. And, the penalty increases the longer you go without Part B coverage.

Usually, you don't pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Part B during a Special Enrollment Period. Read more about different situations that may affect when you decide to get Part B.

EXAMPLE:

Your Initial Enrollment Period ended December 2016. You waited to sign up for Part B until March 2019 during the General Enrollment Period. Your coverage starts July 1, 2019. Your Part B premium penalty is 20% of the standard premium, and you'll have to pay this penalty for as long as you have Part B. (Even though you weren't covered a total of 27 months, this included only 2 full 12-month periods.)

How much does Part A cost?

Part A Costs

Premium-free Part A

You usually don't pay a monthly premium (periodic payment) for **Medicare Part A (Hospital Insurance)** coverage if you or your spouse paid Medicare taxes for a certain amount of time while working. This is sometimes called "premium-free Part A."

Most people get premium-free Part A.

You can get premium-free Part A at 65 if:

- You already get retirement benefits from Social Security or the Railroad Retirement Board.
- You're eligible to get Social Security or Railroad benefits but haven't filed for them yet.
- You or your spouse had Medicare-covered government employment.

If you're under 65, you can get premium-free Part A if:

- You got Social Security or Railroad Retirement Board disability benefits for 24 months.
- You have End-Stage Renal Disease (ESRD) and meet certain requirements.

Part A premiums

If you don't qualify for premium-free Part A, you can buy Part A.

If you buy Part A, you'll pay up to $471 each month. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is $259.

In most cases, if you choose to buy Part A, you must also:

- Have Medicare Part B (Medical Insurance)
- Pay monthly premiums for both Part A and Part B

Contact Social Security for more information about the Part A premium.

How much does Part B cost?

Part B costs

Part B Premium

You pay a premium each month for Part B. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- Social Security
- Railroad Retirement Board
- Office of Personnel Management

If you don't get these benefit payments, you'll get a bill.

Most people will pay the standard premium amount. If your modified adjusted gross income is above a certain amount, you may pay an Income Related Monthly Adjustment Amount (IRMAA). Medicare uses the modified adjusted gross income reported on your IRS tax return from 2 years ago. This is the most recent tax return information provided to Social Security by the IRS.

The standard Part B premium amount in 2021 is $148.50. Most people pay the standard Part B premium amount. 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 premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

If your yearly income in 2018 (for what you pay in 2020) was			You pay each month (in 2021)
File individual tax return	**File joint tax return**	**File married & separate tax return**	
$88,000 or less	$176,000 or less	$88,000 or less	$148.50
above $88,000 up to $111,000	above $176,000 up to $222,000	Not applicable	$207.90
above $111,000 up to $138,000	above $222,000 up to $276,000	Not applicable	$297.00
above $138,000 up to $165,000	above $276,000 up to $330,000	Not applicable	$386.10
above $165,000 and less than $500,000	above $330,000 and less than $750,000	above $88,000 and less than $412,000	$475.20
$500,000 or above	$750,000 and above	$412,000 and above	$504.90

2020 Services Covered by Medicare

PART A HOSPITAL INSURANCE COVERED SERVICES			
SERVICES	BENEFITS	MEDICARE PAYS	YOU PAY
Hospitalization Semiprivate room, general nursing, misc. services	First 60 days 61st to 90th day 91st and Beyond	All but $1,484 All but $371 per day All but $742 per day	$1,484 deductible $371 per day $742 per day
Skilled Nursing Facility Care (SNF) after a 3 night hospital stay	First 20 days 21st to 100th day Beyond 100 days	100% of approved All but $185.50 per day Nothing	Nothing if approved $185.50 per day All costs
Home Health Care Medically necessary skilled care, therapy	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved
Hospice Care For the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first 3 pints	First 3 pints

PART B MEDICAL INSURANCE COVERED SERVICES		
SERVICES	MEDICARE PAYS	YOU PAY
Medical Expense Physician services and medical supplies in and out of the hospital.	**80%** of approved amount (after $203 deductible)	**20%** of approved amount (after $203 deductible)
Clinical Laboratory diagnostic tests	**100%** of approved	Nothing if approved
Home Health Care Medically necessary skilled care, home health aide services, medical supplies etc. after a 3-day inpatient hospital stay, Requires a prescription.	**100%** of approved	Nothing if approved
Outpatient Hospital Treatment Unlimited if medically necessary	**80%** of approved	**20%** of approved amount (after $203 deductible)
Durable Medical Equipment Prescribed by a doctor for use in home	**80%** of approved amount (after $203 deductible)	**20%** of approved amount (after $203 deductible)
Blood	**80%** of approved amount (after $203 deductible and after the first 3 pints)	**20%** of approved amount (after $203 deductible and after payment of the first 3 pints)

What is Medicare Part C

Medicare Part C is known as **Medicare Advantage**. These are private plans run through Medicare that, by law, must at least be "equivalent" to regular Part A and Part B coverage. But there's lots of variation among Part C plans.

How does Medicare Advantage Plans work?

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an “all in one” alternative to Original Medicare. They are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, you still have Medicare. These "bundled" plans include Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), and usually Medicare prescription drug (Part D).

Medicare pays a fixed amount for your care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non□emergency or non-urgent care). These rules can change each year.

Find Medicare Advantage Plans offered in 2020 (page 24).

What are the different types of Medicare Advantage Plans?

- Health Maintenance Organization (HMO) plan
- HMO Point-of-Service (HMOPOS) plan: This HMO plan may allow you to get some services out-of-network for a higher copayment or coinsurance.
- Medical Savings Account (MSA) plans.
- Preferred Provider Organization (PPO) plan.
- Private Fee-for-Service (PFFS) plan.
- Special Needs Plan (SNP).

Covered services in Medicare Advantage Plans

Medicare Advantage Plans cover all Medicare services. Some Medicare Advantage Plans also offer extra coverage, like vision, hearing and dental coverage. Learn more about what Medicare Advantage Plans cover.

Medicare Advantage Plans cover almost all Medicare Part A and Part B benefits. Plans must cover all emergency and urgent care, and almost all medically necessary services Original Medicare covers. However, if you’re in a Medicare Advantage Plan, Original Medicare will still cover the cost for hospice care, some new Medicare benefits, and some costs for clinical research studies.

Costs for Part C - Medicare Advantage

What you pay in a Medicare Advantage Plan

Your out-of-pocket costs in a Medicare Advantage Plan (Part C) depend on:

- Whether the plan charges a monthly premium. Many Medicare Advantage Plans have a $0 premium. If you enroll in a plan that does charge a premium, you pay this in addition to the Part B premium.
- Whether the plan pays any of your monthly Medicare premiums. Some Medicare Advantage Plans will help pay all or part of your Part B premium. This benefit is sometimes called a "Medicare Part B premium reduction."
- Whether the plan has a yearly deductible or any additional deductibles for certain services.
- How much you pay for each visit or service (copayments or coinsurance).
- Medicare Advantage Plans can't charge more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility care.
- The type of health care services you need and how often you get them.
- Whether you get services from a network provider or a provider that doesn't contract with the plan. If you go to a doctor, other health care provider, facility, or supplier that doesn't belong to the plan's network for non-emergency or non-urgent care services, your plan may not cover your services, or your costs could be higher. In most cases, this applies to Medicare Advantage Plans, Health Maintenance Organizations and Preferred Provider Organizations.
- Whether you go to a doctor or supplier who accepts assignment (if you're in a Preferred Provider Organization or Private Fee-for-Service plan, or Medical Savings Account plan and you go out of network).
- Whether the plan offers extra benefits (in addition to Original Medicare benefits) and if you need to pay extra to get them.
- The plan's yearly limit on your out of pocket costs for all Part A and Part B medical services. Once you reach this limit, you'll pay nothing for Part A and Part B covered services.
- Whether you have Medicaid or get help from your state through a Medicare Savings Program.

Medicare (Part D) Drug Coverage

How does Medicare drug coverage work?

Medicare drug coverage helps pay for prescription drugs you need. Even if you don't take prescription drugs now, you should consider getting Medicare drug coverage. Medicare drug coverage is optional and is offered to everyone with Medicare. If you decide not to get it when you're first eligible, and you don't have other creditable prescription drug coverage (like drug coverage from an employer or union) or get Extra Help, you'll likely **pay a late** enrollment penalty if you join a plan later. Generally, you'll **pay this penalty** for as long as you have Medicare drug coverage. To get Medicare drug coverage, you must join a Medicare-approved plan that offers drug coverage. Each plan can vary in cost and specific drugs covered. Visit Medicare.gov/plan-compare to find and compare plans in your area or contact your AR SHIIP office **1-800-224-6330**.

There are 2 ways to get Medicare drug coverage:	
1	Medicare drug plans. These plans add drug coverage to Original Medicare, some Medicare Cost Plans, some Private Fee-for-Service plans, and Medical Savings Account plans. You must
2	Medicare Advantage Plans or other Medicare health plans with drug coverage. You get all of your Part A, Part B, and drug coverage, through these plans. Remember, you must have Part A and Part B to join a Medicare Advantage Plan, and not all of these

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When can I join, or switch a plan?

You can join, switch, or drop a Medicare drug plan or a Medicare Advantage Plan with drug coverage during these times:

- Initial Enrollment Period. When you first become eligible for Medicare, you can join a plan (see page 11).
- Open Enrollment Period. From October 15 – December 7 each year, you can join, switch, or drop a plan. Your coverage will begin on January 1 (as long as the plan gets your request by December 7).
- Medicare Advantage Open Enrollment Period. From January 1 – March 31 each year, if you're enrolled in a Medicare Advantage Plan, you can switch to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. See page 17 - 18 for more information.

If you have to pay a premium for Part A and enroll in Part B for the first time during the General Enrollment Period, you can also join a plan from April 1 – June 30. Your coverage will begin on July 1.

Special Enrollment Periods

Generally, you must stay enrolled in your plan for the entire year. But when certain events happen in your life, like if you move or lose other insurance coverage, you may qualify for a Special Enrollment Period. You may be able make changes to your plan mid-year if you qualify. Check with your plan for more information.

How do I switch plans?

You can switch to a new Medicare drug plan or Medicare Advantage Plan with drug coverage simply by joining another plan during one of the times listed above. Your old drug coverage will end when your new drug coverage begins. You should get a letter from your new plan telling you when your coverage begins, so you don't need to cancel your old plan.

You can switch plans by calling 1-800-MEDICARE **(1-800-633-4227).** TTY users can call **1-877-486-2048**.

When can I drop a plan?

How do I drop my plan?

If you want to drop your Medicare drug plan or Medicare Advantage Plan with drug coverage and don't want to join a new plan, you can only do so during certain times (see page 12). You can disenroll by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. You can also send a letter to the plan to tell them you want to disenroll. If you drop your plan and want to join another Medicare drug plan or Medicare health plan with drug coverage later, you have to wait for an enrollment period. You may have to pay a late enrollment penalty if you don't have creditable prescription drug coverage.

Read the "Evidence of Coverage" and "Annual Notice of Change" you get from your plan

You will receive the plan information each year. The Evidence of Coverage gives you details about what the plan covers, how much you pay, and more. The Annual Notice of Change includes any changes in coverage, costs, provider networks, service area, and more that will be effective in January. If you don't get these important documents in early fall, contact your plan.

How much do I pay?

Your drug costs will vary based on the plan you choose. Remember, plan coverage and costs can change each year. You may have to pay a premium, deductible, copayments, or coinsurance throughout the year. Learn more about these costs on the next page.

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Drug Coverage Rules

Plans may have coverage rules for certain drugs

- **Prior authorization:** You and/or your prescriber must contact your plan before you can fill certain prescriptions. Your prescriber may need to show that the drug is medically necessary for the plan to cover it. Plans may also use prior authorization when they cover a drug for only certain medical conditions it is approved for, but not others. When this occurs, plans will likely have alternative drugs on their list of covered drugs (formulary) for the other medical conditions the drug is approved to treat.
- **Quantity limits:** Limits on how much medicine you can get at a time.
- **Step therapy:** You may need to try one or more similar, lower-cost drugs before the plan will cover the prescribed drug.
- **Prescription safety checks at the pharmacy (including opioid pain medicine):** Before the pharmacy fills your prescriptions, your Medicare drug plan and pharmacy perform additional safety checks, like checking for drug interactions and incorrect dosages. These safety checks also include checking for possible unsafe amounts of opioids, limiting the days supply of a first prescription for opioids, and use of opioids at the same time as benzodiazepines (commonly used for anxiety and sleep). Opioid pain medicine (like oxycodone and hydrocodone) can help with certain types of pain, but have risks and side effects (like addiction, overdose, and death). These can increase when you take opioids with certain other drugs, like benzodiazepines, anti-seizure medications, gabapentin, muscle relaxers, certain antidepressants, and drugs for sleeping problems. Check with your doctor or pharmacist if you have questions about risks or side effects.
- **Drug Management Programs:** Some Medicare drug plans and health plans with drug coverage have a program in place to help you use these opioids and benzodiazepines safely. If you get opioids from multiple doctors or pharmacies, your plan will contact the doctors who prescribed these drugs to make sure they're medically necessary and you're using them appropriately.

  If your plan decides your use of prescription opioids and benzodiazepines may not be safe, the plan will send you a letter in advance. This letter will tell you if the plan will limit coverage of these drugs for you, or if you'll be required to get the prescriptions for these drugs only from one doctor or pharmacy you select. You and your doctor have the right to appeal these limitations if you disagree with the plan's decision. The letter will also tell you how to contact the plan if you have questions or would like to appeal.

  The opioid safety reviews at the pharmacy and the Drug Management Programs generally don't apply if you have cancer, are getting palliative or end-of-life care, are in hospice, or live in a long-term care facility.

If you or your prescriber believes that your plan should waive one of these coverage rules, you may be able to ask for an exception .

Drug Coverage Cost

Your actual drug coverage costs will vary depending on:

- Your prescriptions and whether they're on your plan's list of covered drugs (a "formulary") each plan has its own formulary.
- What "tier" the drug is in (Medicare health plans with drug coverage place drugs into different levels).
- Which drug benefit phase you're in (like whether you've met your deductible, or if you're in the catastrophic coverage phase.
- Which pharmacy you use (whether it offers preferred or standard cost sharing, is out of net-work, or is mail order). Your out-of-pocket drug costs may be less at a preferred pharmacy because it has agreed with your plan to charge less.
- Whether you get Extra Help paying your drug coverage costs **(see box below).**

You may be able to lower the cost of your drugs. Some ways include choosing generics over brand name or paying the non-insurance cost of a drug. Ask your pharmacist they can tell you if there's a less expensive option available. Check with your doctor to make sure the generic option is best for you.

Extra Help paying for health and drug cost

Get Extra Help paying your Medicare drug costs

- If you have limited income and resources, you may qualify for help to pay for some health care and drug coverage costs.
- Extra Help is a program to help people with limited income and resources pay Medicare drug costs. You may qualify for Extra Help if your yearly income and resources are below these limits in 2021.

FULL EXTRA HELP

ANNUAL INCOME:	Individual= not more than	**$ 19,320.00**
	Couple= not more than	**$ 26,130.00**
ASSET LIMIT:	Individual= not more than	**$ 14,790.00**
	Couple= not more than	**$ 29,520.00**

As of January 1, 2020, Medigap plans sold to new people with Medicare are not allowed to cover the Part B deductible. Because of this, Plans C and F are not available to people new to Medicare starting on January 1, 2020. If you already have either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you'll be able to keep your plan.

What's Medicare Supplement Insurance (Medigap)?

Medigap is Medicare Supplement Insurance that helps fill **"gaps"** in Original Medicare and is sold by private companies. Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. A Medicare Supplement Insurance (Medigap) policy can help pay some of the remaining health care costs, like:

- Copayments
- Coinsurance
- Deductibles

8 things to know about Medigap policies

1. You must have Medicare Part A and Part B.
2. A Medigap policy is different from a Medicare Advantage Plan. Those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.
3. You pay the private insurance company a monthly Premium for your Medigap policy. You pay this monthly premium in addition to the monthly Part B premium that you pay to Medicare.
4. A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, you'll each have to buy separate policies.
5. You can buy a Medigap policy from any insurance company that's licensed in your state to sell one.
6. Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium.
7. Some Medigap policies sold in the past cover prescription drugs. But, Medigap policies sold after January 1, 2006 aren't allowed to include prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D).
8. It's illegal for anyone to sell you a Medigap policy if you have a Medicare Advantage Plan, unless you're switching back to Original Medicare.

TYPES OF MEDICARE SUPPLEMENT INSURANCE (MEDIGAP)

Most companies offer two rates: Preferred and Standard. The monthly premium amount is based on medical underwriting. Underwriting is the method insurance companies use to evaluate your health status to determine risk and insurability (if they will sell you a policy).

First thing to know is both must cover the same standard benefits. I know what you're thinking, preferred sounds better, but it also sounds like it's more expensive. Wrong. Let us explain:

Preferred Premium

Preferred Medigap: Is when you enroll in your initial Medigap enrollment period or typically when you enroll in a special Medigap enrollment period (OEP) **See page 5**, when preexisting conditions are **not** factored in. You have another opportunity, as well. If you miss the initial period and you the insurance company deems you are in good health they may allow you to enroll in a preferred Medigap policy.

For the same coverage, the preferred premium is much lower than the Standard plan.

Standard Premium

Standard Medigap: This is when you enroll outside of the initial enrollment period. These plans are much more difficult to qualify for due to medical underwriting.

Insurance companies base their decision to offer a preferred premium on a variety of factors including but not limited to: smoking/tobacco use, weight, cholesterol, blood pressure, substance abuse, etc.

*Guaranteed issuance into Medigap is typically (not always, though) allowed even after your initial period if you fall under one of the special circumstances such as your retirement plan ends.

Medigap policies do not cover everything

Medigap policies generally don't cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

Insurance plans that are not Medigap

Some types of insurance aren't Medigap plans, they include:

- Medicare Advantage Plans (like an HMO, PPO, or Private Fee-for-Service Plan)
- Medicare Prescription Drug Plans
- Medicaid
- Employer or union plans, including the Federal Employees Health Benefits Program (FEHBP)
- TRICARE
- Veterans' benefits
- Long-term care insurance policies
- Indian Health Service, Tribal, and Urban Indian Health plans

Dropping your entire Medigap policy (not just the drug coverage)

You may want a completely different Medigap policy (not just your old Medigap policy without the prescription drug coverage). Or, you might decide to switch to a Medicare Advantage Plan that offers prescription drug coverage.

If you decide to drop your entire Medigap policy, you need to be careful about the timing. When you join a new Medicare drug plan, you pay a late enrollment penalty if one of these applies:

- You drop your entire Medigap policy and the drug coverage wasn't creditable prescription drug coverage
- You go 63 days or more in a row before your new Medicare drug coverage begins

Difference between Medigap & MA Plans

Medigap policies cannot work with Medicare Advantage Plans

- Medigap and Medicare Advantage offer different options. What is best for a person depends on their particular needs.
- Medigap is supplemental insurance for people who have Original Medicare. Medicare Advantage, also known as Medicare Part C, is an alternative to this plan.
- The key factors that a person will need to compare to decide which option best suits their needs include coverage, flexibility in choosing doctors, and costs.

Medigap policies cannot work with Medicare Advantage Plans. If you have a Medigap policy and join a Medicare Advantage Plan (Part C), you may want to drop your Medigap policy. Your Medigap policy can't be used to pay your Medicare Advantage Plan copayments, deductibles, and premiums.

If you want to cancel your Medigap policy, contact your insurance company. If you leave the Medicare Advantage Plan, you might not be able to get the same, or in some cases, any Medigap policy back unless you have a "trial right."

If you have a Medicare Advantage Plan, it's illegal for anyone to sell you a Medigap policy unless you're switching back to Original Medicare. Contact your State Insurance Department if this happens to you.

If you want to switch to Original Medicare and buy a Medigap policy, contact your Medicare Advantage Plan to see if you're able to disenroll.

Special Rights under Advantage Plans

If you join a Medicare Advantage Plan for the first time, and you aren’t happy with the plan, you’ll have special rights under federal law to buy a Medigap policy. You have these rights if you return to Original Medicare within 12 months of joining.

- If you had a Medigap policy before you joined, you may be able to get the same policy back if the company still sells it. If it isn’t available, you can buy another Medigap policy.
- The Medigap policy can no longer have prescription drug coverage even if you had it before, but you may be able to join a Medicare Prescription Drug Plan (Part D) .
- If you joined a Medicare Advantage Plan when you were first eligible for Medicare, you can choose from any Medigap policy.
- Some states provide additional special rights.

BUYER BEWARE

When describing the benefits of Medicare Supplement Plans, all insurers use the same format, language, and definitions. They are required to use a uniform chart and outline of coverage to summarize the benefits of the plans they offer. These requirements make it easier to compare policies from different insurers. As you shop for a policy, keep in mind that each company's products are standard, products compete based on price, service, and reputation.

PRICE. While the benefits are identical for all Medicare Supplemental Plans of the same type, the premiums vary from one company to another and from area to area. The plan with the lowest price is not necessarily the best plan. The price should not be the only concern. You may prefer a particular schedule of payments. Some companies bill the premium each month, while others bill each quarter or once a year. In addition, prices are based in part on the services a company provides and on their reputation. Some plans add benefits but remember the basic coverage is the same from plan to plan based on federal law.

CUSTOMER SERVICES. You should ask about the insurer's customer services. For example, some companies link their computers with the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover. This and other available customer services may be important considerations in making a decision.

REPUTATION. You should consider the reputation of the insurer before buying a policy. Find out about the company by asking for referrals, asking others about their experiences, and check out the number of complaints filed at this website https://eapps.naic.org/cis/.

VARIABLES

POLICY FEE: Some policies add a one-time policy fee.

These are not allowed in Arkansas.

UNDERWRITING: Most companies underwrite. However, a few policies are "guaranteed issue."

PREMIUM TYPE: The premium for your policy may increase every year, primarily due to inflation in medical costs and the use of more advanced technology. The amount your premium goes up may depend upon the manner in which the company has reflected the aging of its policyholders in its rates. The general approach that companies use are described below. **In Arkansas, the no age rating method is used.**

1.**Attained Age**: In addition to medical inflation and advancing technology, your premium will also rise due to the increased use of medical services as people age.

2.**Issue Age:** The premium you pay will initially be somewhat higher than under the attained age approach because a portion of the initial premium is used to pre-fund the increased claims cost in later years. As a result, in subsequent years your premiums should be somewhat less than they would be under an attained age approach.

3.**No Age Rating or Community Rated Age:** Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

DIRECT RESPONSE/AGENT: Premiums are basically the same when comparing a direct response sale to an agent-marketed sale.

NON-SMOKER: Few companies have non-smoker discounts.

MEDICARE CROSSOVER: This is one of the more significant service enhancements that companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the policyholder's balance bills directly to the Medicare Supplement Insurance Company.

2020 COMPARE MEDIGAP PLANS AND BENEFITS

Medigap Plan Benefits	A	B	C	D	F*	G*	K**	L**	M	N
Medicare Part A eligible hospital costs up to an additional 365 days after all Medicare hospital benefits are exhausted	X	X	X	X	X	X	X	X	X	X
Medicare Part B Coinsurance or Copayment (20% of Medicare Assignment)	X	X	X	X	X	X	50%	75%	X	X
Blood (First 3 Pints)	X	X	X	X	X	X	50%	75%	X	X
Part A Hospice Care Coinsurance or Copayment	X	X	X	X	X	X	50%	75%	X	X
Skilled Nursing Facility Care Copayment (Days 21-100 = $176 per day in			X	X	X	X	50%	75%	X	X
Medicare Part A Deductible ($1,408 per benefit period in 2020)		X	X	X	X	X	50%	75%	50%	X
Medicare Part B Deductible ($198 per year in 2020)			X		X					
Medicare Part B Excess Charges (up to 15% above Medicare approved amount if provider does not accept Medicare assignment)					X	X				
Foreign Travel Emergency (Up to Plan Limits)			80%	80%	80%	80%			80%	80%
Out-of-Pocket limit in 2020 (For Plans K and L, after you meet your yearly limit and Part B deductible ($198 in 2020)	X	X	X	X	X	X	$5,880	$2,940	X	X

* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of $2,340 in 2020 before your policy pays anything. (Plans C and F aren't available to people who are newly eligible for Medicare on or after January 1, 2020.)

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($198 in 2020), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in inpatient admission.

2020-2021 MED SUPP PLANS	A	B	C	D	E	F	HD-F	G	HD-G	H	I	K	L	M	N
Aetna Health and Life Ins. Co.	$144	$166				$196	$78	$156							$119
American Continental Insurance Company	$298					$433	$167	$371							$257
American National Life of Texas	$159					$227	$66	$175							$155
American Retirement Life Ins. Co.	$241					$295		$185							$171
Americo Financial Life & Annuity	$165					$196		$155							$130
Arkansas Blue Cross Blue Shield	$145		$253			$252		$161							$128
Assured Life Association						$298		$239							$138
Atlantic Coast Life Insurance Company	$144		$206					$147							$125
Bankers Fidelity Life Ins. Co.	$147					$218	$58	$163			$93				
Central States Indemnity Co. of Omaha			$356	$315		$360									
Colonial Penn Life Insurance Co.	$299	$267		$200		$322	$57	$283				$90	$183	$229	$204
Companion Life Insurance Co.	$122					$182		$148							
CompBenefits Insurance Company	$158					$194		$154	$59						$132
Combined Insurance Co. of America	$116														
Continental General Insurance Company (formerly United Teacher)				$331		$392		$326							
Coventry Health and Life Ins. Co.	$180	$223				$268		$250							$195
Equitable National Life Insurance Co.	$144					$193		$146							$123
First Health Life & Health Ins. Co	$461	$201				$241		$224							
Garden State Life Insurance Company	$149					$263		$169	$56					$143	$138
Gerber Life Insurance Company	$182					$263		$220							
Globe Life and Accident Ins. Co.	$113	$187	$215			$216	$54	$198	$54						$171
Government Personnel Mutual Life Insurance Company						$336		$251							$223
Great Southern Life Insurance Company	$147					$183	$52	$150							$128
Heartland National Life Ins. Co.	$160			$209		$227		$212						$195	$165
Humana Insurance Company	$163	$177	$209			$213	$70					$96	$136		$136
Jefferson National Life Ins Co	$108	$386	$454			$426									
NOTE: Rates may vary based on Zip code, the type of coverage selected and type of payment options you choose.															

2020-2021 MED SUPP PLANS	A	B	C	D	E	F	HD-F	G	HD-G	H	I	K	L	M	N
Liberty National Life Insurance Company				$64											
Lincoln Heritage Life Ins Co						$397									
Loyal American Life Insurance Company	$197	$230	$279	$241		$285		$239							$181
Lumico Life Ins. Co.	$124					$165		$123							$100
Manhattan Life Ins. Co.	$166		$227			$231		$169							$164
Medico Corp Ins. Co	$247			$343		$415									
Mutual of Omaha Insurance Company	$226					$289		$263							
Nassau Life Insurance Company of Kansas		$310	$387	$319		$426		$380							$273
National Health Insurance Company	$115					$152	$56	$120							$101
New Era Life Insurance Company															$128
Old Surety Life	$269		$275			$305									
Omaha Insurance Co.	$245					$323	$70	$253	$67						$154
Philadelphia American Life Ins. Co.	$139		$226	$199		$246	$40	$210							$175
Physicians Mutual Ins. Co.	$182					$317	$78	$258							
Principal Life Ins Co	$244	$287	$401	$325		$345	$351				$261				
Puritan Life Ins. Co. of America	$339	$427	$471	$432				$435							
Qualchoice Life and Health Co.	$139					$232		$159	$69			$77			$129
Royal Neighbors of America						$282									
S. USA Life Ins. Co., Inc.	$152					$197		$161							
S. USA Life Insurance Compan	$172					$222		$185							
Sentinel Security	$137					$208		$171							
Southern Guaranty Ins. Co.	$152					$195		$159							$127
State Farm Mutual Auto.	$155		$235			$237									
State Mutual Ins. Co.	$182	$213	$257	$223		$263	$104	$224						$201	$184
The Manhattan Life Insurance Company	$190		$227			$251		$185							$156
The Order of United Comm. Travelers	$324	$496			$343	$351		$351							$278
Thrivent Financial for Lutherans	$181	$210	$232	$206		$259	$47	$207		$310	$314		$164	$197	
Transamerica Life Insurance Co.	$132	$178	$210	$194		$211						$97	$144	$177	$166
United American Insurance Co.	$159	$251	$276	$263		$245	$45	$267	$45			$150	$213		$170
United Commercial Travelers of America	$389	$595				$600		$526							$417
UnitedHealthcare Ins. Co. - AARP	$215	$297	$359			$360		$345				$112	$198		$314
USAA Insurance Company	$137					$204		$193							$137
USAble Mutual Insurance Company	$158	$228	$302	$291		$291									
US Fire Insurance Co	$128	$154				$169		$130				$65	$82		$108
Washington National Ins Co				$307		$282		$288							
NOTE: Rates may vary based on Zip code, the type of coverage selected and type of payment options you choose.															

2020-2021 MED SUPP PLANS - Under age 65	A	B	HD-F
Aetna Health and Life Ins. Co.	$406		
American Retirement Life Ins. Co.	$722		
Americo Financial Life & Annuity	$661		
Arkansas Blue Cross Blue Shield	$642		
Colonial Penn Life Insurance Co.	$897		
CompBenefits Insurance Company	$633		
Coventry Health & Life Ins. Co.	$507		
Equitable National Life Insurance Co.	$150		
First Health Life & Health Ins. Co.	$164		
Great Southern Life Insurance Company	$587		
Globe Life and Accident Ins. Co.		$580	
Humana Ins. Co.	$489		
Liberty National Life Insurance Company		$844	
Lumico Life Ins. Co.	$498		
Manhattan Life	$662		
Mutual	$905		
National Health Insurance Company	$461		
Old Surety	$1,078		
Omaha Ins. Co	$981		
QualChoice Life and Health Co.	$660		
Sentinel Security Life Insurance Company	$574		
Southern Guaranty Ins. Co. (SGIC)	$609		
State Farm Mutual Automobile Ins. Co.	$885		
State Mutual Ins. Co.	$729		
S. USA Life Ins. Co.	$609		
The Manhattan Life Insurance Company	$762		
Transamerica Life Ins. Co.	$396		
United American Insurance Co.	$683		$304
United Healthcare	$949		
USAA Life Insurance Co.	$273		

2020 MED SUPP PLANS - Closed
21st Century Premier Ins Co
Ability Ins Co
Equitable National Life Ins. Co.
Continental Life Ins Co Brentwood
Tranamerica Premer Life Ins Co
United of Omaha Life Ins Co
Standard Life & Accident Ins Co
Pacificare Life & Health Ins Co
National Guardian Life Ins Co
Genworth Life & Ann Ins Co
Everence Assn Inc
Family Life Ins Co
Order of United Commercial
Oxford Life Ins Co
American Family Life Assur Co
United Life Ins Co
GCU
Combined Ins. Co. of America
Connecticut Gen Life Ins Co
American Income Life Ins Co
American Republic Ins Co
Union Labor Life Ins Co
Celtic Ins Co
Union Fidelity Life Ins Co
Kanawha Inc Co
The Cincinnati Life Ins Co
Careamerica Life Ins Co
Wilco Life Ins Co
Assurity Life Ins Co
Prudential Ins Co of Amer
IA Amer Life Ins Co
Jackson National Life Ins Co
Health Net Life Ins Co
Guarantee Trust Life Ins. Co.

HELPFUL WEBSITES AND PHONE NUMBERS

SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP)

Website: https://insurance.arkansas.gov/

1-800-224-6330

MEDICARE

Website: http://Medicare.gov

1-800-633-4227

MEDICAID

Website: https://medicaid.mmis.arkansas.gov/

1-800-482-5431

SOCIAL SECURITY

Website: http://www.socialsecurity.gov/

1-800-772-1213

SENIOR MEDICARE PATROL (SMP)

Fraud Prevention Line

501-320-6574

CONSUMERS

Website: www.consumer.gov

This site has consumer information, including health and health care quality information.

HEALTHY AGING FOR OLDER ADULTS

Website: http://www.cdc.gov/aging/

Chronic Disease Prevention and Health Promotion provides information on a wide range of topics.

VETERANS ADMINISTRATION

Website: http://www.va.gov/

1-800-827-1000

GLOSSARY

Assignment

An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

Benefit period

The way that Original Medicare measures your use of hospital and skilled nursing facility services. A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility. The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a skilled nursing facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Beneficiary

Someone who has healthcare insurance through Medicare or Medicaid.

Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor's visit or prescription drug.

Creditable prescription drug coverage

Prescription drug coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty, if they decide to enroll in Medicare prescription drug coverage later.

GLOSSARY

Critical access hospital

A small facility located in a rural area more than 35 miles (or 15 miles if mountainous terrain or in areas with only secondary roads) from another hospital or critical access hospital. This facility provides 24/7 emergency care, has 25 or fewer inpatient beds, and maintains an average length of stay of 96 hours or less for acute care patients.

Custodial care

Non-skilled personal care, like help with activities of daily living like bathing,

dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

Deductible

The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Demonstrations

Special projects, sometimes called "pilot programs" or "research studies," that test improvements in Medicare coverage, payment, and quality of care. They usually operate only for a limited time, for a specific group of people, and in specific areas.

***Durable* Medical Equipment (DME)**

Reusable medical equipment like wheelchairs, walkers, crutches, hospital beds, home oxygen equipment, diabetic testing meters and supplies.

Extra Help

A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

GLOSSARY

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Inpatient rehabilitation facility

A hospital, or part of a hospital, that provides an intensive rehabilitation program to inpatients.

Health Insurance Marketplace

A comparison-shopping area that allows people to buy private health insurance that best meets their needs.

Inpatient rehabilitation facility

A hospital, or part of a hospital, that provides an intensive rehabilitation program to inpatients.

Lifetime reserve days

In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Long-term care hospital

Acute care hospitals that provide treatment for patients who stay, on average, more than 25 days. Most patients are transferred from an intensive or critical care unit. Services provided include comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

Medically necessary

Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

GLOSSARY

Medicare Advantage Plan

A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits. Medicare Advantage Plans include:

- Health Maintenance Organizations
- Preferred Provider Organizations
- Private Fee-for-Service Plans
- Special Needs Plans
- Medical Savings Account Plans

If you're enrolled in a Medicare Advantage Plan:

- Most Medicare services are covered through the plan
- Medicare services aren't paid for by Original Medicare

Most Medicare Advantage Plans offer prescription drug coverage

Medicare-approved amount

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.

GLOSSARY

Medicare health plan

Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans. PACE plans can be offered by public or private companies and provide Part D and other benefits in addition to Part A and Part B benefits.

Medicare plan

Any way other than Original Medicare that you can get your Medicare health or prescription drug coverage. This term includes all Medicare health plans and Medicare drug plans.

Medicare assignment

An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and copay.

Minimum essential coverage

Coverage that you must have to meet the individual responsibility requirement under the health care law.

Prior authorization

You and/or your prescriber must contact the drug plan before you can fill certain prescriptions.

National Provider Identifier (NPI)

A unique identification number for covered health care providers.

Premium

The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

GLOSSARY

Preventive services

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include Pap tests, fu shots, and screening mammograms).

Primary care doctor

The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Advantage Plans, you must see your primary care doctor before you see any other health care provider.

Referral

A written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

Service area

A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you move out of the plan's service area.

Skilled nursing facility care

Skilled nursing care and therapy services provided on a daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.