

**Medicare Supplement Coverage Sold in New Jersey
for those Under Age 50**

Company	Medigap Plan	2022 Monthly Premium Under Age 50 Plan	
		Male	Female
Horizon Blue Cross Blue Shield of New Jersey 1-888-285-8020	D	\$152.31	\$141.11

Applicants cannot be turned down for Medigap Plan D during the first twelve (12) months of enrollment in Medicare Part B (referred to as the Medigap Open-Enrollment Period).

The company can refuse to cover your costs for services related to your pre-existing health problems for three (3) months. Medicare will cover your costs during this time.

Applicants who have had Medicare Part B for more than twelve (12) months may be denied coverage unless they are in one of the Guaranteed Issue Situations (for example, involuntarily losing a Medicare Advantage plan because their plan is leaving Medicare, or stops giving care in their area, or they move out of the plan's service area).

All disabled and kidney failure beneficiaries will have a **new six (6) month** Medigap Open-Enrollment Period beginning with the month they turn age 65 and have Part B of Medicare. During that time, they will be able to purchase any Medigap plan from any insurance company marketing in New Jersey.

You may want to read the booklet published by the Centers for Medicare & Medicaid Services (CMS) called *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (CMS Product No. 02110) for additional information about the open-enrollment period and/or the guaranteed issue situations. You can contact Medicare at 1-800-633-4227 to obtain a free copy, or you can view the publication on-line at www.medicare.gov.

CONTACT HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY TO ANSWER ANY QUESTIONS YOU MAY HAVE ABOUT YOUR ELIGIBILITY FOR ENROLLMENT IN MEDIGAP PLAN D AT 1-800-224-1234.

For more information on your Medicare choices, call the New Jersey Division of Aging Services at 1-800-792-8820. This information can also be found on our website at www.state.nj.us/humanservices/doas/services/ship/index.html

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