

Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

MEDICARE SUPPLEMENT COVERAGE FOR PEOPLE 50 AND OLDER AND UNDER 65 ON MEDICARE DUE TO DISABILITY

COMPANY	PLAN INFORMATION					MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER			
						PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS			
NAME	PLAN	* MONTHLY PREMIUM	** COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	SOLD TO PERSONS 50 AND OLDER AND UNDER 65	\$1,068 DEDUCT. (2009)	\$267 COPAY FOR DAYS 61-90 (2009)	\$534 COPAY FOR DAYS 91-150 (2009)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$133.50 COPAY FOR DAYS 21-100 (2009)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$135 ANNUAL DEDUCT. (2009)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE
AARP/UNITED HEALTHCARE 1-800-523-5800	C	\$205.50	YES	3 mos.	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
AMERICAN PROGRESSIVE LIFE & HEALTH 1-800-332-3377	C	FNS 188.61 FS 216.88 MNS 207.50 MS 238.60	YES	3 mos.	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
BANKERS LIFE AND CASUALTY 1-800-621-3724	C	\$267.53	YES	NONE	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
GENWORTH LIFE AND ANNUITY 1-877-825-9337	C	FNS 142.10 FS 157.88 MNS 163.43 MS 181.46	YES	NONE	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
HORIZON BC/BS OF NJ 1-800-224-1234	C	\$257.14	YES	3 mos.	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
HUMANA INSURANCE COMPANY 1-888-310-8482	C	FNS 169.00 FS 253.00 MNS 180.00 MS 269.00	YES	3 mos.	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
LINCOLN HERITAGE LIFE 1-800-287-7319	C	FNS 142.33 FS 158.00 MNS 163.66 MS 181.83	YES	NONE	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
MUTUAL OF OMAHA 1-800-775-6000	C	FNS 209.53 FS 226.52 MNS 240.84 MS 260.37	YES	NONE	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
PENNSYLVANIA LIFE 1-800-275-7366	C	FNS 150.07 FS 173.31 MNS 165.87 MS 191.82	YES	3 mos.	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
STERLING LIFE 1-800-688-0010	C	FNS 198.92 FS 231.13 MNS 221.31 MS 257.15	YES	NONE	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		
UNITED WORLD LIFE 1-877-845-0892	C	FNS 152.46 FS 164.82 MNS 175.24 MS 189.45	YES	NONE	YES	YES	YES	YES	YES	YES			YES	YES		YES	YES		

* FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER
NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

** APPLICANTS CANNOT BE TURNED DOWN FOR COVERAGE DURING THE FIRST SIX (6) MONTHS OF ENROLLMENT IN MEDICARE PART B (OPEN ENROLLMENT). APPLICANTS WHO HAVE HAD MEDICARE PART B FOR MORE THAN SIX (6) MONTHS MAY BE DENIED COVERAGE, UNLESS THEY ARE IN A GUARANTEE ISSUE SITUATION. NOTE: ALL DISABLED AND KIDNEY FAILURE BENEFICIARIES WILL HAVE A NEW SIX (6) MONTH OPEN ENROLLMENT PERIOD BEGINNING WITH THE MONTH THEY TURN 65 AND HAVE PART B OF MEDICARE DURING WHICH TIME THEY CAN PURCHASE ANY MEDICARE SUPPLEMENT PLAN OF THEIR CHOICE BEING SOLD BY THE INSURANCE COMPANY.

*** PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY.

(This information can be found on our web site at www.state.nj.us/health/senior/ship.shtml)

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STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SENIOR SERVICES

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