

Premium increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). Some companies may offer premium discounts. Some companies may charge a one-time application fee (e.g. \$20 or \$25). Questions about premiums, discounts, application fees, benefit packages, and eligibility for enrollment should be directed to the company.

FOR BENEFICIARIES 65 AND OLDER

**MEDICARE SUPPLEMENT COVERAGE
SOLD IN NEW JERSEY BY
AARP (ISSUED BY UNITED HEALTHCARE)
TELEPHONE: 1-800-523-5800**

PLAN INFORMATION				MEDICARE PART A COSTS HOSPITAL, SKILLED NURSING FACILITY, HOME HEALTH, HOSPICE						MEDICARE PART B MEDICAL COSTS (DOCTORS, OUTPATIENT SERVICES, ETC.)			OTHER	
				PLAN PAYS						PLAN PAYS			PLAN PAYS	
PLAN	* MONTHLY PREMIUM RATES (1)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,216 HOSPITAL DEDUCT. (2014)	\$304 COPAY FOR HOSPITAL DAYS 61-90 (2014)	\$608 COPAY FOR HOSPITAL DAYS 91-150 (2014)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$152 COPAY FOR SKILLED NURSING FACILITY DAYS 21-100 (2014)	HOSPICE COINSURANCE/ COPAYMENT	\$147 ANNUAL DEDUCT. (2014)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT (LIMITING CHARGE)	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY
A	N65 99.22	YES	3 mos.		YES	YES	YES		YES		YES		YES	
B	N65 138.42	YES	3 mos.	YES	YES	YES	YES		YES		YES		YES	
C	N65 170.10	YES	3 mos.	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	N65 164.87	YES	3 mos.	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
K	N65 53.55	YES	3 mos.	50% YES	YES	YES	YES	50% YES	50% YES		50% YES		50% YES	
L	N65 78.05	YES	3 mos.	75% YES	YES	YES	YES	75% YES	75% YES		75% YES		75% YES	
N	N65 109.90	YES	3 mos.	YES	YES	YES	YES	YES	YES		YES AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW)		YES	YES

N65 - Non-Tobacco Standard Rate at Age 65 with 30% Enrollment Discount Already Applied.

J0782

* YOUR RATES MAY VARY DUE TO DISCOUNTS THAT VARY BASED ON DIFFERENT FACTORS. FOR DETAILS, PLEASE REFER TO THE INFORMATION PROVIDED ON THE OTHER SIDE OF THIS CHART.

(1) Rates are higher for Tobacco Users; please call company for your rates. Non-Tobacco rates apply to applications submitted during the 6-month open enrollment period and in guaranteed issue situations. Applicants NOT enrolling during the 6-month open enrollment period or in a guaranteed issue situation will be evaluated for tobacco usage and charged the corresponding tobacco or non-tobacco rates.

Plans K and L - You pay part of the cost of some covered services until you meet the annual out-of-pocket limit of \$4,940 for Plan K and \$2,470 for Plan L. Once you meet the annual limit and the yearly Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

Plan N - Once the Part B deductible is met, Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20.00 for office visits and up to a \$50.00 copayment for emergency room visits that don't result in an inpatient admission.

(This information can be found on our website at www.state.nj.us/humanservices/doas/services/ship/index.html)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HUMAN SERVICES
DIV. OF AGING SERVICES

JANUARY 2014

(OVER)