

SHIIP Medicare Supplement Comparison Guide



**North Carolina Department of Insurance
Seniors' Health Insurance Information Program**

1-800-443-9354

www.ncshiip.com

SENIORS' HEALTH INSURANCE INFORMATION PROGRAM

June 2012

Dear Consumer:

The North Carolina Department of Insurance's Seniors' Health Insurance Information Program (SHIIP) developed this guide to help you understand Medicare and the private insurance policies that provide coverage to supplement your Medicare plans.

Federal legislation simplified your choices by creating standardized Medicare supplement policies. These standard policies are designed to help you avoid purchasing more supplemental coverage than you need. Please note, if you purchased a Medicare supplement policy before June 2010, you do not have to switch to one of the newer 2010 standardized policies.

Another source of information tailored to individual needs is the interactive *Medicare Supplement Premium Comparison Database* available on SHIIP's Web site at www.ncshiip.com. With this free service you will find specific information regarding supplemental plans available for your age and gender. Additional information regarding your choice for Medicare coverage may be found on SHIIP's Web site.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) offers you choices regarding your prescription drug coverage. You may search our Web site or call SHIIP to get detailed information regarding the Medicare Prescription Drug Plans available in North Carolina.

Contact the SHIIP office at **1-800-443-9354** or e-mail at shiip@ncdoi.gov if you have any questions about this material. SHIIP staff is available from 8 a.m. until 5 p.m., Monday through Friday to provide free, unbiased assistance. Additionally, SHIIP volunteer counselors are available to meet with you one-on-one in your own county. SHIIP counselors will not try to sell you insurance or recommend a particular policy, but they can provide you with information about Medicare coverage and answer questions regarding your health insurance options.

Your North Carolina Department of Insurance is committed to helping consumers make wise insurance choices. We want to help you gain the knowledge and information you need to protect your rights and make informed decisions regarding your insurance coverage.

Sincerely,



Wayne Goodwin
Insurance Commissioner



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Introduction

Medicare does not pay all of a person's medical expenses. To fill the gaps many people purchase a Medicare supplement (Medigap) policy or they join a Medicare Advantage plan.

This guide is designed to provide you with the facts necessary to make informed decisions regarding supplemental insurance. Within the pages of this guide you will find:

- ◆ an outline of Medicare benefits,
- ◆ important insurance tips,
- ◆ laws governing supplement insurance,
- ◆ a description of the types of health insurance available to people with Medicare, and
- ◆ a glossary of commonly used terms.

The most important part of this guide provides information regarding the benefits offered by Medicare supplement insurance policies sold in North Carolina. The companies listed in this guide are licensed in North Carolina. These plans meet all legal requirements.

For information tailored to individual needs the interactive *Medicare Supplement Premium Comparison Database* is available at www.ncshiip.com.

Monthly, quarterly, semi-annual and annual premium rates for Medicare supplement plans offered by

companies licensed in North Carolina are available on the Web site. The information offered is specific to supplemental plans, age and gender. Details regarding individual plans are available with the click of a mouse, and the service is free to users. Information regarding Medicare Advantage Plans offered in North Carolina is also available on the Web site.

The Seniors' Health Insurance Information Program (SHIIP) is dedicated to providing information and advice on Medicare, Medicare supplement insurance, Medicare Advantage, Medicare Prescription Drug Plans, Medicare fraud and abuse and long-term care insurance to our North Carolina citizens. Trained SHIIP volunteer counselors are available statewide to provide FREE, local, one-on-one assistance to people with Medicare.

If you have questions concerning the information in this book or if you need to meet with a SHIIP counselor, call SHIIP toll free at 1-800-443-9354.

THIS GUIDE REFLECTS MEDICARE BENEFITS AND THE MOST RECENTLY FILED AND APPROVED PREMIUMS AS OF THE DATE OF THIS PRINTING, WHICH ARE SUBJECT TO CHANGE. CHECK THE SHIIP WEB SITE FOR THE MOST CURRENT INFORMATION.

**Medicare Part A (Hospital Insurance)
&
Medicare Part B (Medical Insurance)**

2012

MEDICARE PART A (HOSPITAL INSURANCE) - COVERED SERVICES PER BENEFIT PERIOD

Services	Benefit	Medicare Pays (1)	You Pay (1)
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. (1)	First 60 days	All but \$1,156	\$1,156
	61 st to 90 th day	All but \$289 a day	\$289 a day
	91 st to 150 th day (2)	All but \$578 a day	\$578 a day
	Beyond 150 days	Nothing	All costs
POST HOSPITAL SKILLED NURSING FACILITY CARE You must have been in a hospital for at least three days, enter a Medicare-approved facility generally within 30 days after hospital discharge and meet other program requirements. (3)	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$144.50 a day	Up to \$144.50 a day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE Medically necessary skilled nursing care, home health aide services, medical supplies, etc. after a three-day inpatient hospital stay, for visits 1-100.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE Full scope of pain relief and support services available to the terminally ill.	As long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
BLOOD	Blood	All but first three pints per calendar year	For first three pints (4)

(1) These figures are for 2012 and are subject to change each year.

(2) Lifetime reserve days may be used only once.

(3) Neither Medicare nor Medigap insurance will pay for most nursing home care.

(4) When the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

NOTE: The Medicare Part A premium is **\$0** for eligible people with Medicare. For those who are ineligible the Medicare Part A premium is **\$451** per month for those who worked less than 30 quarters or **\$248** per month for those who worked between 30 and 39 quarters.

A **benefit period** begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days or remain in a skilled nursing facility but do not receive skilled care there for 60 consecutive days in a row.

2012

MEDICARE PART B (MEDICAL INSURANCE) COVERED SERVICES PER CALENDAR YEAR

Services	Benefit	Medicare Pays	You Pay
MEDICAL EXPENSE Physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$140 deductible) 60% of approved charges for most outpatient mental health services	\$140 deductible (a) 20% of approved amount and charges above approved amount (b) 40% of approved charges for mental health services
CLINICAL LABORATORY SERVICES	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount	Nothing
HOME HEALTH CARE Medically necessary skilled nursing care, home health aide services, medical supplies, etc. after a three-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits	100% of approved amount	Nothing
		80% of approved amount for durable medical equipment	\$140 deductible (a) 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Reasonable and necessary services for the diagnosis or treatment of an illness or injury.	Unlimited if medically necessary	80% of approved amount (after \$140 deductible)	\$140 deductible (a) Subject to deductible plus 20% of billed amount
BLOOD	Blood	80% of approved amount (after \$140 deductible and starting with the 4th pint)	\$140 deductible (a) First three pints plus 20% of approved amount for additional pints (c)

The monthly Part B premium for 2012 is \$99.90*

- (a) Once you have had \$140 of expense for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the year.
- (b) The amount by which a physician's charge can exceed the Medicare-approved amount. This amount is limited by law.
- (c) When the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

***Premium may be higher based on income.**

Medicare Supplement Changes in 2010

The Model Changed Effective June 1, 2010

The National Association of Insurance of Commissioners (NAIC) was encouraged to review and modernize the 1990 Standardized Medicare supplement model because Medicare supplements had not kept up with some of Medicare's improvements under Parts A and B in the past years. In July 2008, Congress passed the Medicare Improvements for Patients and Providers Act (MIPPA) that authorized states to implement the NAIC's recommendations, effective June 1, 2010, creating the 2010 Standardized Medicare supplement model.

Benefits and Plans Eliminated

The Preventive Care benefit offered by Plans E and J was eliminated because it became outdated due to the enhanced benefits available for preventive care under Medicare Part B. The At-Home Recovery benefit offered by Plans D, G, I, and J was also eliminated because it was underutilized.

Plans E, H, I, J, and high-deductible Plan J were no longer available for sale, effective June 1, 2010. The NAIC enhancements to the Medicare supplement model made these plans duplicative of others.

Benefits and Plans Added

Two new plans, M and N, were added, effective June 1, 2010.

Plan M covers 50% of the Part A inpatient hospital deductible. It does not cover the Part B deductible.

Plan N covers 100% of the Part A inpatient hospital deductible. It does not cover the Part B deductible. Coverage for the Part B coinsurance is subject to a new copayment structure, up to \$20 co-payment for office visits and up to \$50 co-payment for emergency room visits. Co-payment amounts may change each year.

Tips for Purchasing Medicare Supplement Insurance

- ◆ There are laws which require an agent who sells a Medicare supplement policy to anyone who already has a Medicare supplement policy to have the applicant sign a replacement form agreeing to drop all other individual Medicare standardized supplement policies.
- ◆ Experts say that one good Medicare supplement is sufficient health insurance to complement Medicare Part A and Part B.
- ◆ Answer all health questions accurately **yourself**.
- ◆ A policyholder has a 30-day free-look period during which time he/she can return the policy for a full refund.
- ◆ If purchasing the policy through a local insurance agent, remember to get the company's address and telephone number as well as the address and phone number of the insurance agent.
- ◆ When purchasing a Medicare supplement policy through an insurance agent, always write the check payable to the insurance company. **Do not** make the check payable to the insurance agent, and **do not pay with cash**.
- ◆ Ask the local insurance agent about any special rates or discount features.
- ◆ Providers may not always file claims on Medicare supplement insurance. It is your responsibility to make sure the claims are filed.
- ◆ Persons eligible for Medicare younger than age 65 due to disability have limited access to Medicare supplement insurance. Contact SHIIP for information.
- ◆ Medicare supplement policies sold after January 1992 are standardized. There are no differences in the standardized plans among insurance carriers. Benefits in older plans issued prior to 1992 may differ from company-to-company.
- ◆ Medicare supplement standardized Plans M and N were added in 2010 as additional options.
- ◆ If you are enrolled in a Medicare Advantage plan, an agent may not sell you a Medicare supplement plan unless you are disenrolling from the Medicare Advantage plan.

Laws Concerning Medicare Supplement Insurance

FREE-LOOK PERIOD A free-look period of 30 days is required during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the date the applicant actually receives the certificate or policy **not** from the date of application.

GUARANTEED RENEWABLE All Medicare supplement policies are guaranteed renewable. This means that the insurance company agrees to continue insuring the policyholder for as long as the premium is paid.

OUTLINE OF COVERAGE An outline of coverage must be given to each applicant for a Medicare supplement policy. It must clearly show which benefits Medicare pays, which benefits the policy pays and the limitations that are not covered.

NAIC/CMS BUYER'S GUIDE The Centers for Medicare and Medicaid Services (CMS)/National Association of Insurance Commissioners (NAIC) buyer's guide must be given to each applicant. This is called *2010 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

SUSPENSION OF SUPPLEMENT WHILE ON MEDICAID Section 1992(q) (5) of OBRA-90 states that insurers must suspend Medicare supplement premiums and benefits upon request of the policyholder (within 90 days of Medicaid eligibility) for a period of 24 months during the time the policyholder is entitled to Medicaid. The insurer must reinstate policy benefits upon request when Medicaid entitlement ends as long as it is within two years of the date of suspension. The policyholder is responsible for informing the insurer of Medicaid eligibility. This law applies only to policies sold after 1992.

SALES OF DUPLICATE OR MULTIPLE POLICIES FORBIDDEN No policy in North Carolina may duplicate Medicare. No agent in North Carolina may sell a new Medicare supplement policy to anyone who already has a standardized Medicare supplement policy unless that applicant agrees to drop his/her current insurance.

OPEN ENROLLMENT PERIOD

Aged 65 and older

State and federal laws guarantee open enrollment for a period of **six months**. This period begins on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B. Your Medicare card shows the

effective dates for your Part A and/or Part B coverage. Open enrollment provides you a limited time frame to purchase the Medicare supplement policy of your choice regardless of your health condition.

During this six-month open enrollment period, you can buy any Medicare supplement policy sold by any insurer selling Medicare supplement insurance in your state. The company cannot deny issuance of the policy or discriminate in the pricing of a policy because of your medical history, health status or claims experience. However, the company can impose up to a six-month pre-existing condition waiting period. The pre-existing condition waiting period may be waived if you have creditable insurance coverage.

Medicare-eligible due to disability (younger than 65)

In North Carolina people with Medicare younger than 65 can purchase Medicare supplement plans A, C or F during their first six months of eligibility for Medicare Part B from any company selling these plans. Insurers cannot deny issuance of a policy but may impose up to a six-month pre-existing condition waiting period. The pre-existing condition waiting period may be waived if you have creditable insurance coverage. Insurers may develop premium rates specific to the disabled population. This may result in higher premiums than those for people with Medicare age 65 and older. **IMPORTANT NOTE:** You will have another open enrollment period upon turning age 65 that will allow you to purchase any Medicare supplement plan being offered in North Carolina regardless of your health condition.

PRE-EXISTING CONDITION WAITING PERIOD A pre-existing condition waiting period may extend no longer than six months for health conditions diagnosed or treated within the six months immediately prior to the policy application. The medical questionnaire accompanying an application should have accurate information and be completed by the applicant, not the agent. The pre-existing condition waiting period does not apply for applicants replacing a Medicare supplement policy or applicants who have had creditable insurance coverage for the previous six months. Creditable insurance coverage is any previous health insurance coverage that can be used to shorten the pre-existing condition waiting period, such as coverage under group plans, individual health policies, Medicare, Medicaid or federal/military retiree programs. For replacement policies the applicant is required to sign a replacement form indicating that he/she understands the risks of changing policies.

Medicare Advantage and Medicare Prescription Drug Plans

Medicare Advantage

A Medicare Advantage plan is a health insurance option available to people to receive their Medicare coverage. They are sometimes referred to as Medicare Part C or simply “MA or MAPD” plans. The plans are offered by private companies who have contracted with Medicare to provide Medicare Part A and Medicare Part B coverage.

There are different types of Medicare Advantage plans, and they may or may not include Medicare Prescription Drug coverage. The types of Medicare Advantage plans which may be available to a person covered by Medicare are: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Special Needs Plans (SNPs), Private Fee-for Service (PFFSs) and Medicare Savings Accounts (MSAs).

Each year people with Medicare may choose among the Medicare Advantage plan choices available in their area. No matter which Medicare Advantage plan a person may choose to enroll into, they will continue to pay the Medicare Part B premium and any additional monthly premium charged for the Medicare Advantage plan. It is important to remember the available plans may change from year to year as well as the benefits, copayments, coinsurance and premium. All Medicare Advantage plan options may not be offered in North Carolina, and those offered may not be available in every county.

Medicare Advantage plans have to accept all people with Medicare unless they have End Stage Renal Disease (permanent kidney failure).

Please note Medicare Supplement (Medigap) plans will not coordinate with any Medicare Advantage plan. In fact, if you are enrolled in a Medicare Advantage plan, an agent is not permitted to sell you a Medicare Supplement policy unless you are disenrolling from the Medicare Advantage plan.

The Medicare Advantage plans are described in the *2011 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services.

Medicare Prescription Drug Coverage

Prescription drug coverage first became available through Medicare starting January 1, 2006. A person may get Medicare prescription drug coverage by joining a stand-alone Medicare prescription drug plan or by joining a Medicare Advantage plan that includes the Medicare prescription drug coverage. Like Medicare Advantage plans, the Medicare prescription drug coverage is provided through private companies contracted with Medicare.

The copayments, coinsurance, deductible, drugs covered and monthly premium will vary from plan to plan.

It is important to note that if you do not obtain Medicare prescription drug coverage when you are first eligible and you do not have other creditable prescription drug coverage, you may have to pay a Late Enrollment Penalty if you join a plan at a later date.

People with limited income and assets (including your savings and stocks, but not counting your home) may qualify to receive Extra Help to pay for Medicare prescrip-

tion drug costs. People with Medicare who qualify for Extra Help assistance will only pay a small copayment for each prescription they need; and depending on income and asset levels, the premiums and deductibles may be covered or lowered. Also if a person qualifies for the Extra Help assistance, there is no Late Enrollment Penalty. Some people who have Medicare may automatically qualify for the Extra Help assistance if they are also receiving full Medicaid coverage or get help from their state Medicaid program with paying their Medicare Part B premiums (through a Medicare Savings Program) or if they get Supplemental Security Income benefits.

To learn more about Medicare Prescription Drug coverage, please see your *2012 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services or by calling SHIP at 1-800-443-9354. SHIP can also help people with applying for the Extra Help Assistance.

Guarantee Issue Laws from the Balanced Budget Act of 1997

Under the Balanced Budget Act of 1997 (BBA), several guarantee coverage provisions were added to the Medicare supplement regulations.

Guaranteed Coverage for Certain Medicare Advantage Enrollees

Newly Eligible Medicare Beneficiaries

The BBA allows for people with Medicare to try a Medicare Advantage organization without jeopardizing their open enrollment for Medicare supplement insurance policies. For an individual who enrolls directly into a Medicare Advantage plan **when they first become eligible** for Medicare at age 65 and disenrolls from that Medicare Advantage program within the first 12 months - the legislation guarantees the individual issuance of any Medicare supplement standardized plan.

Medicare Supplement Policyholders

Any Medicare supplement policyholder with one of the standardized Medicare supplement policies can terminate their Medicare supplement policy to enroll in a Medicare Advantage plan. If the person with Medicare disenrolls from the Medicare Advantage plan within the first 12 months of enrolling, they will be able to reinstate their Medicare supplement policy if it is still available.

63-Day Guarantee Issue Period for Medicare Supplement Plans A, B, C, F, K and L

In addition to the initial six-month open enrollment for Medicare supplement insurance policies, the BBA guarantees issuance of Medicare supplement policies A, B, C, F, K and L (plans A and C for the disabled in North Carolina) without a pre-existing condition waiting period under the following circumstances:

- An individual whose coverage under an employer group health plan that provides health benefits to supplement Medicare is terminated.
- People with Medicare enrolled under a Medicare supplement policy that terminates due to bankruptcy or insolvency of the insurance company.
- People with Medicare enrolled in a Medicare Advantage program or Medicare SELECT policy that is discontinued because:
 - ✓ the organization terminates its Medicare contract,
 - ✓ the person with Medicare moves outside the plan's service area, or
 - ✓ the person with Medicare disenrolls from the plan with due cause.

Applicants must enroll within 63 days of termination of their previous plan.

Options for Disabled People with Medicare Younger than 65

The regulations regarding Medicare supplement insurance are different for people with Medicare who receive Social Security Disability benefits and are younger than 65. Disabled persons on Medicare have limited access to supplement insurance.

Open Enrollment

In North Carolina people with Medicare younger than 65 can purchase Medicare Supplement Plans A, C, and F from companies selling these plans during their first six months of eligibility for Medicare Part B. Insurers cannot deny issuance of a policy but may impose up to a six-month pre-existing condition waiting period. The pre-existing condition waiting period may be waived if you have creditable insurance coverage. Insurers may develop premium rates specific to the disabled population. This may result in higher premiums than those for people older than 65.

Some companies listed in this Guide may consider offering Medicare supplement plans to individuals outside their open enrollment period; however only A, C and F are guaranteed issue during the open enrollment period.

Medicare Advantage

Medicare Advantage plans are another option for people on Medicare due to disability. Medicare Advantage plans have to accept all people with Medicare unless they have End Stage Renal Disease (ESRD).

PLEASE NOTE: It is important to remember that people with Medicare due to disability have a second six-month open enrollment period at age 65 just like anyone becoming eligible for Medicare for the first time. This means that at age 65 all Medicare supplement plans sold in NC are available to anyone on Medicare who is covered under Medicare Part B.

2011 STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan F or F Prime w/ \$2,070 Deductible	Plan G	Plan K	Plan L	Plan M	Plan N
Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance except up to \$20 copayment for office visit and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency

Basic Benefits

- Part A Hospital
 - 61-90 - **\$289/day**
 - 91-150 - **\$578/day** (lifetime reserve days)
 - Beyond 150 days – 100% for 365 days
- Part A and B Blood Deductible (1st three pints)
- Part B Coinsurance – 20% of Medicare approved charges
- Part A Hospice Care Coinsurance or Copayment

Out-of pocket limit of \$4,660; paid at 100% after limit reached	Out-of pocket limit of \$2,330; paid at 100% after limit reached
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Part A Deductible for 2012 is \$1,156.
Part B Deductible for 2012 is \$140.

Standardized Medicare Supplement Plan Benefits Explained

Plan A

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Plan B

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,156 per benefit period in 2012).

Plan C

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,156 per benefit period in 2012).
- Coverage for the skilled nursing facility care coinsurance amount (\$144.50 per day for days 21-100 per benefit period in 2012).
- Coverage for the Medicare Part B deductible (\$140 per calendar year in 2012).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

Plan D

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,156 per benefit period in 2012).
- Coverage for the skilled nursing facility care coinsurance amount (\$144.50 per day for days 21-100 per benefit period in 2012).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

Plan F

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,156 per benefit period in 2012).
- Coverage for the skilled nursing facility care coinsurance amount (\$144.50 per day for days 21-100 per benefit period in 2012).
- Coverage for the Medicare Part B deductible (\$140 per calendar year in 2012)
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.
- Coverage for 100% for Medicare Part B excess charges. The Medicare Part B excess charge is the additional 15% a physician can charge if the claim is non-assigned.

Plan G

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,156 per benefit period in 2012).
- Coverage for the skilled nursing facility care coinsurance amount (\$144.50 per day for days 21-100 per benefit period in 2012).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.
- Coverage for 100% for Medicare Part B excess charges. The Medicare Part B excess charge is the additional 15% a physician can charge if the claim is non-assigned.

Medicare Supplement Plans K and L

North Carolina has several companies that market Medicare Supplement Plans K and L. These plans require cost sharing for Part A and Part B expenses at 50% and 75%, respectively. Plan K has a \$4,660 out-of-pocket limit while Plan L has a \$2,330 out-of-pocket limit each year. These plans exclude the Part B deductible. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the remainder of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts (excess charges). You will be responsible for paying excess charges. Since cost sharing is higher under these plans, premiums may be more cost effective than traditional plans. The annual out-of-pocket limit may increase each year.

Plan K

- 100% of Part A Hospitalization Coinsurance (\$289 per day in 2012 for days 61-90; \$578 per day in 2012 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 50% of Part A Deductible (\$1,156 per benefit period in 2012)
- 50% of Skilled Nursing Facility Coinsurance (\$144.50 per day for days 21-100 in 2012)
- 50% of Hospice cost sharing
- 50% of Medicare eligible expenses for the first three pints of blood
- 50% of Part B Coinsurance (100% coinsurance for preventive services only) after Part B deductible (\$140 in 2012) is met
- \$4,660 Out-of-Pocket Annual Limit

Plan L

- 100% of Part A Hospitalization Coinsurance (\$289 per day in 2012 for days 61-90; \$578 per day in 2012 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 75% of Part A Deductible (\$1,156 per benefit period in 2012)
- 75% of Skilled Nursing Facility Coinsurance (\$144.50 per day for days 21-100 in 2012)
- 75% of Hospice cost sharing
- 75% of Medicare eligible expenses for the first three pints of blood
- 75% of Part B Coinsurance (100% coinsurance for preventive services only) after Part B deductible (\$140 in 2012) is met
- \$2,330 Out-of-Pocket Annual Limit

Plan M

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for 50% of the Medicare Part A deductible (\$1,156 per benefit period in 2012).
- Coverage for the skilled nursing facility care coinsurance amount (\$144.50 per day for days 21-100 per benefit period in 2012).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

Plan N

Basic Benefits

- Coverage for the Part A coinsurance amount (\$289 per day in 2012) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$578 per day in 2012) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used (days 91-150).
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another standard of payment for hospitals not subject to the PPS.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 40% of approved charges for outpatient mental health services) after \$140 annual deductible is met.
 - Except up to \$20 copayment for office visits and up to \$50 copayment for ER visits (ER copay waived if admitted as inpatient and ER visit becomes a Part A covered expense). Copayment amounts may change each year.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,156 per benefit period in 2012).
- Coverage for the skilled nursing facility care coinsurance amount (\$144.50 per day for days 21-100 per benefit period in 2012).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

Licensed Medicare Supplement Insurance Companies

At the time of this printing the companies listed have been approved by the North Carolina Department of Insurance to sell Medicare supplement policies in North Carolina. Some new policies may have entered the marketplace since this publication was printed and will not be included.

Visit the *Medicare Supplement Premium Comparison Database* at www.ncshiip.com to find the most recent premiums for all approved companies.

AARP/UnitedHealthcare Insurance Company

SOLD ONLY TO AARP MEMBERS

PO Box 1017

Montgomeryville, Pennsylvania 18936

1-800-523-5800

www.aarphealthcare.com

Aetna Life Insurance Company

151 Farmington Avenue

MS 3128

Hartford, Connecticut 06156

1-800-345-6022

www.aetnamedicare.com

American Continental Insurance Company

PO Box 1188

Brentwood, Tennessee 37024

1-800-264-4000

www.cont-life.com

American Republic Corp Insurance Company

P.O. Box 14510

Des Moines, Iowa 50306

1-866-705-9100

www.americanenterprise.com

American Republic Insurance Company

PO Box 1

Des Moines, Iowa 50306

1-888-755-3065

www.americanenterprise.com

(Company chose not to print their rates in this guide.)

Bankers Fidelity Life Insurance Company

PO Box 105185

Atlanta, Georgia 30348

1-800-241-1439

www.bflif.com

Blue Cross Blue Shield of North Carolina

PO Box 30016

Durham, North Carolina 27702

1-800-478-0583

www.bcbsnc.com/Medicare

Central States Indemnity Company of Omaha

PO Box 34888

Omaha, NE 68134

1-866-644-3988

www.csi-omaha.com

Colonial Penn Life Insurance Company

11825 North Pennsylvania Street

Carmel, Indiana 46032

1-800-800-2254

www.colonialpenn.com

Columbian Mutual Life Insurance Company

PO Box 2620

Omaha, Nebraska 68103

1-866-297-2372

Combined Insurance Company of America

1000 Milwaukee Avenue - 6th Floor
Glenview, Illinois 60025
1-800-544-5531
www.combinedinsurance.com

Constitution Life Insurance Company

1001 Heathrow Park Lane – Suite 5001
Lake Mary, Florida 32746
1-800-789-6364
www.constitutionlife.com

Continental General Insurance Company

11200 Lakeline Boulevard – Suite 100
Austin, Texas 78717
1-866-459-4272
www.gasbinsurance.com

(Company chose not to print their rates in this guide.)

Equitable Life & Casualty Insurance Company

3 Triad Center
Salt Lake City, Utah 84180
1-877-358-4060
www.equilife.com

Family Life Insurance Company

PO Box 925568
Houston, Texas 77292
1-800-321-0102
www.familylifeins.com

Forethought Life Insurance Company

PO Box 14659
Clearwater, Florida 33766
1-877-492-5870
www.forethought.com

Gerber Life Insurance Company

PO Box 2271
Omaha, Nebraska 68103
1-877-778-0839

Globe Life and Accident Insurance Company

DIRECT SOLICITATION RESPONSE PRODUCT
PO Box 2440
McKinney, Texas 75070
1-800-801-6831
www.globecaremedsupp.com

Government Personnel Mutual Life Insurance Company

PO Box 2679
Omaha, Nebraska 68103
1-866-865-7631
www.gpmlife.com

Humana Insurance Company

500 West Main Street
Louisville, Kentucky 40202
1-888-310-8482
www.humana-medicare.com

Liberty National Life Insurance Company

PO Box 8080
McKinney, Texas 75070
1-800-331-2512
www.libnat.com

Loyal American Life Insurance Company

11200 Lakeline Boulevard – Suite 100
Austin, Texas 78717
1-800-633-6752
www.gasbinsurance.com

Medico Insurance Company

1515 South 75th Street
Omaha, Nebraska 68124
1-800-228-6080
www.gomedico.com

Order of United Commercial Travelers of America

1801 Watermark Drive – Suite 100
Columbus, Ohio 43215
1-800-848-0123
www.uct.org

Oxford Life Insurance Company

2721 North Central Avenue
Phoenix, Arizona 85004
1-800-308-2318
www.oxfordlife.com

Philadelphia American Life Insurance Company

PO Box 4884
Houston, Texas 77210
1-800-713-4680
www.neweralife.com

(Company chose not to print their rates in this guide.)

Physicians Mutual Insurance Company

2600 Dodge Street
Omaha, Nebraska 68131
1-800-228-9100
www.physiciansmutual.com

Reserve National Insurance Company

601 East Britton Road
Oklahoma City, Oklahoma 73114
1-800-874-1431
www.reservenational.com

Royal Neighbors of America

230 16th Street
Rock Island, Illinois 61201
1-800-568-2382
www.royalneighbors.org

Secure Horizons/UnitedHealthcare Insurance Company

PO Box 13547
Pensacola, Florida 32591-3547
1-800-768-1479

Sentinel Security Life Insurance Company

PO Box 16960
Clearwater, Florida 33766-6960
1-800-247-1423
www.sentinelife.org

Standard Life and Accident Insurance Company

One Moody Plaza
Galveston, Texas 77550
1-888-290-1085
www.slaico.com

Standard Security Life Insurance Company of New York

485 Madison Avenue
New York, New York 10022
1-800-277-3323
www.sslicny.com

State Farm Mutual Automobile Insurance Company

Corporate Headquarters
One State Farm Plaza
Bloomington, Illinois 61710
Contact Your Local State Farm Agent
www.statefarm.com

State Mutual Insurance Company

210 East Second Avenue—Suite 301
Rome, Georgia 30161
1-888-764-1936
www.statemutualinsurance.com

(Must call the company directly or enroll through their Web site)

Sterling Investors Life Insurance Company

210 East Second Avenue
Suite 105
Rome, Georgia 30161
1-877-896-6434
www.sterlinginvestors.com

Sterling Life Insurance Company

PO Box 5348
Bellingham, Washington 98227
1-888-688-0010
www.sterlinghealth.com

Thrivent Financial for Lutherans

SOLD ONLY TO LUTHERANS AND THEIR FAMILIES

4321 North Ballard Road
Appleton, Wisconsin 54919
1-800-847-4836
www.thrivent.com

United American Insurance Company

PO Box 8080
McKinney, Texas 75070
1-800-331-2512
www.unitedamerican.com

United of Omaha Life Insurance Company

Mutual of Omaha Plaza
Omaha, Nebraska 68175
1-800-354-3289
www.mutualofomaha.com

USAA Life Insurance Company

DIRECT SOLICITATION RESPONSE PRODUCT
9800 Fredericksburg Road
San Antonio, Texas 78288
1-800-531-8722
www.usaa.com

Washington National Insurance Company

11825 North Pennsylvania Street
Carmel, Indiana 46082
1-877-422-7627
www.conseco.com

World Corp Insurance Company

PO Box 14546
Des Moines, Iowa 50306
1-800-822-9993

A Note to the Consumer

The following section summarizes the benefits of the Medicare supplement policies approved by the North Carolina Department of Insurance for sale in 2012.

This information was obtained through our Web site database and a survey of insurers licensed to do business in North Carolina. The results were compiled by the Seniors' Health Insurance Information Program (SHIIP).

Do not be alarmed if your Medicare supplement policy does not appear in this book.

Please note that new policies may have entered the marketplace since this publication was printed and will not be included. **Visit www.ncshiip.com and click on the *Medicare Supplement Premium Comparison Database* to find the most recent premiums for these companies.** If you have questions about a specific company, please contact SHIIP at 1-800-443-9354 for more information.

Prices for these policies may also change during the year. We recommend you verify prices with the company prior to your purchase. Certain companies may also vary policy prices by zip code, gender and tobacco use.

If you purchased a policy before June 1, 2010, it is no longer available to first-time buyers. However, you may keep old policies as long as you pay the premiums. Refer to the policy for the complete and actual terms of coverage. The policy is the contract between the insurer and the insured and will be the basis of any final determination.

Publication of this guide is for information only. Its purpose is to assist and educate people shopping for Medicare supplement insurance policies.

Inclusion of a policy or plan in this guide does not in any way constitute an endorsement of that policy, plan or insurance company by the North Carolina Department of Insurance.

Premium Charts Column Data Explained

AGE: Premiums shown are for five representative ages for those 65 years of age and older. For disabled people with Medicare (younger than 65) the premium is the same regardless of age.

APPLICATION FEE: If an amount appears in the “Comments” column, the company charges a one-time fee for expenses incurred for issuing a policy.

ATTAINED AGE: If “Attained Age” appears in the “Comments” column, premiums automatically increase as you get older.

CALL COMPANY: If “CC” appears in the “Premium” column, under age 65 rates were not yet approved by the North Carolina Department of Insurance. Please call the company for additional information.

CROSSOVER: If “Crossover” appears in the “Comments” column, the company has signed a crossover agreement with Medicare allowing a person’s claim to be sent automatically from Medicare’s computer to the supplement insurance company’s computer. This agreement eliminates your need to file claims with the insurance company.

ISSUE AGE: If “Issue Age” appears in the “Comments” column, the premium will always be based on your age when you first enrolled.

M/F: If “M/F” appears in the column, premiums are the same for males and females. An “M” indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates may be higher than female rates.

MONTHLY PREMIUMS: Premiums are based on the policy type (individual or group) and marketing method (agent or direct response) representing the largest number of insureds in North Carolina. Premiums are rounded to the highest dollar amount. **You need to contact the company or local agent for premium information specific to your age and the policy being considered.** Premiums shown may have changed since the date stated. Check with the company, the SHIP Medicare Premium Comparison Database or a local agent for current rates.

NO AGE: If “No Age” appears in the “Comments” column, premiums are the same for all ages based on the plan purchased.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Treatment must have been received in the preceding six months for the condition to be considered pre-existing.

RATES EFFECTIVE: The date the company rates were deemed effective through the North Carolina Department of Insurance.

SIMPLE/DETAILED: These terms refer to the company’s questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
AARP/UnitedHealthcare Insurance Company (Sold only to AARP members) 1-800-523-5800 www.aarphealthcare.com Rates effective: 1/1/12	M/F	<65	\$212		\$325										No Age Crossover Detailed	Pre-X: 3 Months Bank draft discount available. Tobacco use rates vary.
	M/F	65	\$118	\$155	\$186		\$187		\$78	\$115		\$125				
	M/F	68+	\$118	\$155	\$186		\$187		\$78	\$115		\$125				
AARP/UnitedHealthcare Insurance Company offers annual payer and early enrollment discounts.																
Aetna Life Insurance Company 1-800-345-6022 www.aetnamedicare.com Rates effective: 1/1/12 (A, B, F) 6/2/11 (G & N)	M	<65	\$343				\$640								Attained Age Crossover Detailed	Pre-X: 6 Months Tobacco use rates vary.
	M	65	\$124	\$138			\$156	\$117				\$92				
	M	70	\$149	\$169			\$191	\$145				\$115				
	M	75	\$171	\$199			\$227	\$175				\$139				
	M	80	\$185	\$222			\$254	\$203				\$162				
	M	85	\$194	\$243			\$283	\$242				\$196				
American Continental Insurance Company 1-800-264-4000 www.cont-life.com Rates effective: 2/23/12	M	<65	\$149				\$205								Attained Age Crossover Simple \$20	Pre-X: None Rates vary by zip code.
	M	65	\$86	\$108			\$126	\$110				\$87	\$50			
	M	70	\$97	\$123			\$141	\$125				\$99	\$56			
	M	75	\$114	\$143			\$162	\$146				\$116	\$64			
	M	80	\$125	\$158			\$176	\$160				\$127	\$69			
	M	85	\$134	\$168			\$186	\$171				\$136	\$73			
American Republic Corp Insurance Company 1-888-705-9100 www.americanenterprise.com Rates effective: 6/1/12	M	<65	\$314				\$413								Attained Age Crossover Detailed	Pre-X: None Bank draft & couple discounts available. Rates vary by zip code.
	M	65	\$157				\$207		\$108	\$149			\$88			
	M	70	\$176				\$232		\$121	\$167			\$99			
	M	75	\$213				\$281		\$147	\$203			\$120			
	M	80	\$246				\$323		\$170	\$233			\$138			
	M	85	\$278				\$366		\$192	\$264			\$156			
American Republic Insurance Company 1-888-755-3065 www.americanenterprise.com Rates effective: 4/1/12																
	Call Company for plans and rates offered.															

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
Bankers Fidelity Life Insurance Company 1-800-241-1439 www.bflic.com Rates effective: 6/1/12	M/F	<65	\$429				\$514								Attained Age (G&K) Issue Age (A,F&F+) Crossover Simple	Pre-X: None Bank draft discount available. Tobacco use rates vary.
	M/F	65	\$118				\$162	\$114	\$ 62					\$54		
	M/F	70	\$131				\$180	\$134	\$ 73					\$60		
	M/F	75	\$147				\$204	\$160	\$ 87					\$67		
	M/F	80	\$159				\$219	\$179	\$ 99					\$72		
	M/F	85	\$166				\$232	\$194	\$107					\$77		
Blue Cross Blue Shield of NC 1-800-478-0583 www.bcbsnc.com Rates effective: 6/1/12	M/F	<65	\$388	\$442	\$556										Attained Age Crossover Simple	Pre-X: 6 months No Pre-X during 6-month open enrollment.
	M/F	65	\$ 88	\$109	\$131	\$118	\$122	\$110	\$62	\$ 84	\$108	\$106		\$47		
	M/F	70	\$111	\$137	\$166	\$150	\$155	\$139	\$79	\$107	\$137	\$135		\$59		
	M/F	75+	\$137	\$169	\$205	\$185	\$191	\$172	\$97	\$131	\$169	\$166		\$73		
Central States Indemnity Company of Omaha 1-866-644-3988 www.csi-omaha.com Rates effective: 10/6/11	M	<65	\$210		\$295										Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary.
	M	65	\$ 84	\$ 98	\$118		\$122							\$ 86		
	M	70	\$100	\$117	\$140		\$144							\$101		
	M	75	\$119	\$139	\$169		\$172							\$120		
	M	80	\$135	\$158	\$192		\$194							\$136		
	M	85	\$147	\$172	\$209		\$211							\$147		
Colonial Penn Life Insurance Company 1-800-800-2254 www.colonialpenn.com Rates effective: 1/1/12	M	<65	\$394				\$538								Attained Age Detailed	Pre-X: None Bank draft discount available. Tobacco use rates vary.
	M	65	\$126	\$155			\$173	\$157	\$ 67	\$109	\$136	\$ 99		\$42		
	M	70	\$154	\$188			\$210	\$193	\$ 82	\$130	\$168	\$128		\$51		
	M	75	\$187	\$228			\$255	\$238	\$103	\$159	\$208	\$163		\$62		
	M	80	\$218	\$266			\$303	\$287	\$126	\$191	\$249	\$203		\$74		
	M	85	\$248	\$304			\$357	\$341	\$151	\$224	\$290	\$247		\$86		

APPLICATION FEE: If an amount appears in the “Comments” column, the company charges a one-time fee for expenses incurred in issuing a policy.

ATTAINED AGE: If “Attained Age” appears in the “Comments” column, premiums automatically increase as you get older.

CC: If “CC” appears in the “Premium” column, under age 65 rates were not yet approved with the North Carolina Department of Insurance. Please call the company for additional information.

CROSSOVER: If “Crossover” appears in the “Comments” column, the company has signed a crossover agreement with Medicare allowing a person’s claim to be sent automatically from Medicare’s computer to the supplement insurance company’s computer. This agreement eliminates your need to file claims with the insurance company.

F+: F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,070 deductible in 2012 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

ISSUE AGE: If “Issue Age” appears in the “Comments” column, the premium will always be based on your age when you first enrolled.

M/F: If “M/F” appears in this column, premiums are the same for males and females. An “M” indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates are generally higher than female rates.

NO AGE: If the words “No Age” appear in the “Comments” column, premiums are the same for all ages, based on the plan purchased.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Usually treatment must have been received in the preceding six months for the condition to be considered “pre-existing.”

SIMPLE/DETAILED: These terms refer to the company’s questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
Columbian Mutual Life Insurance Company 1-866-297-2372 Rates effective: 8/9/11	M	<65	\$226				\$328								Attained Age Crossover Simple \$25	Pre-X: None Rates vary by zip code.
	M	65	\$ 96				\$140	\$111								
	M	70	\$111				\$161	\$128								
	M	75	\$124				\$183	\$146								
	M	80	\$135				\$204	\$163								
	M	85	\$143				\$220	\$177								
Monthly premium payments must be via electronic funds transfer.																
Combined Insurance Company of America 1-800-544-5531 www.combinedinsurance.com Rates effective: 5/12/11	M	<65	\$288			\$347									Attained Age Crossover Detailed	Pre-X: None
	M	65	\$133			\$160						\$112				
	M	70	\$174			\$209						\$146				
	M	75	\$212			\$255						\$178				
	M	80	\$239			\$288						\$202				
	M	85	\$251			\$302						\$211				
Monthly premium payments must be via electronic funds transfer.																
Constitution Life Insurance Company 1-800-789-6364 www.constitutionlife.com Rates effective: 12/12/11	M	<65	\$165			\$268									Attained Age Crossover Detailed \$25	Pre-X: 6 Months Tobacco use rates vary. Bank draft discount available.
	M	65	\$118	\$137	\$156	\$133	\$156					\$105				
	M	70	\$148	\$174	\$194	\$170	\$195					\$137				
	M	75	\$163	\$196	\$226	\$200	\$226					\$165				
	M	80	\$165	\$206	\$251	\$224	\$252					\$191				
	M	85	\$165	\$207	\$268	\$241	\$269					\$211				
Continental General Insurance Company 1-866-459-4272 www.gasbinsurance.com Rates effective: 1/1/12																
	Call Company for plans and rates offered.															
Equitable Life & Casualty Insurance Company 1-877-358-4060 www.equilife.com Rates effective: 7/1/11	M	<65	\$212				\$300								Attained Age Crossover Detailed \$20	Pre-X: None Bank draft discount available.
	M	65	\$125				\$177					\$125				
	M	70	\$134				\$191					\$135				
	M	75	\$147				\$210					\$148				
	M	80	\$156				\$224					\$158				
	M	85	\$161				\$233					\$164				

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
Family Life Insurance Company 1-800-321-0102 www.familylifeins.com Rates effective: 4/1/12	M	<65	\$199		\$282										Attained Age Crossover Detailed \$25	Pre-X: None Tobacco use rates vary. Spousal discount offered.
	M	65	\$114	\$138	\$159	\$145	\$165	\$146			\$131	\$116				
	M	70	\$135	\$165	\$189	\$173	\$194	\$173			\$155	\$136				
	M	75	\$161	\$196	\$228	\$205	\$233	\$206			\$184	\$163				
	M	80	\$183	\$222	\$259	\$233	\$263	\$234			\$210	\$184				
	M	85	\$199	\$241	\$282	\$253	\$284	\$255			\$228	\$199				
Forethought Life Insurance Company 1-877-492-5870 www.forethought.com Rates effective: 10/1/11	M/F	<65	\$238		\$314										Attained Age Crossover Detailed \$25	Pre-X: None Rates vary by zip code. Tobacco use rates vary.
	M/F	65	\$101		\$134		\$137	\$105				\$ 93				
	M/F	70	\$116		\$153		\$157	\$121				\$107				
	M/F	75	\$130		\$174		\$179	\$138				\$122				
	M/F	80	\$142		\$195		\$199	\$154				\$137				
	M/F	85	\$151		\$212		\$217	\$168				\$150				
Monthly premium payment must be via electronic funds transfer.																
Gerber Life Insurance Company 1-877-778-0839 Rates effective: 8/9/11	M	<65	\$239				\$343								Attained Age Crossover Simple \$25	Pre-X: None
	M	65	\$102				\$146	\$123								
	M	70	\$120				\$173	\$146								
	M	75	\$134				\$195	\$165								
	M	80	\$142				\$212	\$180								
	M	85	\$148				\$226	\$192								
Globe Life and Accident Insurance Company 1-800-801-6831 www.globecaremedsupp.com Rates effective: 4/1/12	M/F	<65	\$189		\$269										Attained Age Crossover Simple	Pre-X: 2 months (6 months for disability) Bank draft discount available.
	M/F	65	\$ 77	\$114	\$136		\$137									
	M/F	70	\$ 97	\$145	\$171		\$173									
	M/F	75	\$106	\$161	\$193		\$194									
	M/F	80+	\$108	\$166	\$216		\$218									
DIRECT SOLICITATION RESPONSE PRODUCT																

APPLICATION FEE: If an amount appears in the “Comments” column, the company charges a one-time fee for expenses incurred in issuing a policy.

ATTAINED AGE: If “Attained Age” appears in the “Comments” column, premiums automatically increase as you get older.

CROSSOVER: If “Crossover” appears in the “Comments” column, the company has signed a crossover agreement with Medicare allowing a person’s claim to be sent automatically from Medicare’s computer to the supplement insurance company’s computer. This agreement eliminates your need to file claims with the insurance company.

F+: F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,070 deductible in 2012 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

ISSUE AGE: If “Issue Age” appears in the “Comments” column, the premium will always be based on your age when you first enrolled.

M/F: If “M/F” appears in this column, premiums are the same for males and females. An “M” indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates are generally higher than female rates.

NO AGE: If the words “No Age” appear in the “Comments” column, premiums are the same for all ages, based on the plan purchased.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Usually treatment must have been received in the preceding six months for the condition to be considered “pre-existing.”

SIMPLE/DETAILED: These terms refer to the company’s questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
Government Personnel Mutual Life Insurance Company 1-866-865-7631 www.gpmlife.com Rates effective: 9/1/11 (A,F,G,N); 11/4/11 (C)	M	<65	\$232		\$306										Attained Age Crossover Detailed \$25	Pre-X: None
	M	65	\$ 98		\$130		\$133	\$101				\$ 89				
	M	70	\$107		\$143		\$147	\$111				\$ 98				
	M	75	\$127		\$173		\$177	\$134				\$119				
	M	80	\$148		\$205		\$210	\$160				\$142				
	M	85	\$165		\$234		\$239	\$182				\$163				
Humana Insurance Company 1-888-310-8482 www.humana-medicare.com Rates effective: 7/1/12	M	<65	\$308		\$393										Attained Age Crossover Simple	Pre-X: 3 Months Bank draft discount available. Rates vary by zip code.
	M	65	\$124	\$135	\$158		\$161	\$ 74	\$104			\$100	\$ 57			
	M	70	\$151	\$164	\$192		\$196	\$ 89	\$126			\$122	\$ 69			
	M	75	\$183	\$199	\$233		\$238	\$108	\$153			\$147	\$ 83			
	M	80	\$216	\$235	\$275		\$281	\$127	\$180			\$174	\$ 98			
	M	85	\$250	\$272	\$319		\$325	\$147	\$209			\$201	\$113			
Liberty National Life Insurance Company 1-800-331-2512 www.libnat.com Rates effective: 1/1/12	M	<65	\$367	\$457			\$467								Attained Age (except <65 - Issue Age) Crossover Simple	Pre-X: 60 Days (6 Months for Disability) Rates vary by zip code.
	M	65	\$140	\$197			\$225					\$173	\$47			
	M	70	\$167	\$243			\$280					\$221	\$64			
	M	75	\$172	\$258			\$310					\$247	\$83			
	M	80+	\$172	\$258			\$325					\$265	\$94			
	M	85	\$172	\$258			\$325					\$265	\$94			
Loyal American Life Insurance Company 1-800-633-6752 www.gasbinsurance.com Rates effective: 10/1/11	M	<65	\$194		\$272										Attained Age Crossover Simple \$25	Pre-X: 6 Months Tobacco use rates vary. Rates vary by zip code.
	M	65	\$105	\$123	\$147	\$129	\$152	\$132				\$107				
	M	70	\$119	\$139	\$167	\$146	\$171	\$150				\$120				
	M	75	\$142	\$165	\$201	\$173	\$205	\$178				\$144				
	M	80	\$161	\$188	\$228	\$197	\$232	\$202				\$162				
	M	85	\$175	\$205	\$249	\$214	\$251	\$220				\$176				
Medico Insurance Company 1-800-228-6080 www.gomedico.com Rates effective 5/1/12	M	<65	\$194				\$266								Attained Age Crossover Detailed	Pre-X: None Bank draft discount available. Tobacco use rates vary.
	M	65	\$102				\$140					\$ 99				
	M	70	\$116				\$160					\$114				
	M	75	\$141				\$198					\$143				
	M	80	\$156				\$232					\$172				
	M	85	\$160				\$261					\$194				

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N	F+	Comments	Notes
Order of United Commercial Travelers of America 1-800-848-0123 www.uct.org Rates effective: 2/1/12	M	<65	\$341		\$451									Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary. Bank draft discount available.
	M	65	\$178	\$231	\$249	\$225	\$254	\$186				\$174			
	M	70	\$223	\$289	\$310	\$281	\$309	\$232				\$216			
	M	75	\$261	\$337	\$356	\$328	\$355	\$271				\$249			
	M	80	\$287	\$372	\$385	\$362	\$384	\$299				\$269			
	M	85	\$306	\$397	\$409	\$386	\$408	\$318				\$285			
You must be a member of The Order of United Commercial Travelers of America to purchase policy.															
Oxford Life Insurance Company 1-800-308-2318 www.oxfordlife.com Rates effective: 8/31/10	M/F	<65	\$381				\$420							Attained Age Simple \$15	Pre-X: None Rates vary by zip code.
	M/F	65	\$115				\$130					\$ 92			
	M/F	70	\$136				\$154					\$109			
	M/F	75	\$162				\$181					\$129			
	M/F	80	\$179				\$208					\$149			
	M/F	85	\$185				\$239					\$172			
Philadelphia American Life Insurance Company 1-800-713-4680 www.neweralife.com Rates effective: 7/1/12	Call Company for plans and rates offered.														
Physicians Mutual Insurance Company 1-800-228-9100 www.physiciansmutual.com Rates effective: 6/1/12	M/F	<65	\$303				\$436							Attained Age Crossover Simple (Issue age rates also available.)	Pre-X: None Rates vary by zip code. Tobacco use rates vary. Bank draft discount available. Spousal discount offered.
	M/F	65	\$122				\$182	\$150				\$125	\$ 63		
	M/F	70	\$144				\$212	\$175				\$157	\$ 78		
	M/F	75	\$160				\$253	\$209				\$196	\$ 98		
	M/F	80	\$174				\$292	\$242				\$237	\$122		
	M/F	85	\$187				\$330	\$273				\$270	\$149		

APPLICATION FEE: If an amount appears in the "Comments" column, the company charges a one-time fee for expenses incurred in issuing a policy.

ATTAINED AGE: If "Attained Age" appears in the "Comments" column, premiums automatically increase as you get older.

CROSSOVER: If "Crossover" appears in the "Comments" column, the company has signed a crossover agreement with Medicare allowing a person's claim to be sent automatically from Medicare's computer to the supplement insurance company's computer. This agreement eliminates your need to file claims with the insurance company.

F+: F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,070 deductible in 2012 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

ISSUE AGE: If "Issue Age" appears in the "Comments" column, the premium will always be based on your age when you first enrolled.

M/F: If "M/F" appears in this column, premiums are the same for males and females. An "M" indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates are generally higher than female rates.

NO AGE: If the words "No Age" appear in the "Comments" column, premiums are the same for all ages, based on the plan purchased.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Usually treatment must have been received in the preceding six months for the condition to be considered "pre-existing."

SIMPLE/DETAILED: These terms refer to the company's questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N	F+	Comments	Notes
Reserve National Insurance Company 1-800-874-1431 www.reservenational.com Rates effective: 5/17/12 (A,C,F,F+,N); 3/14/12 (G)	M	<65	\$230		\$342		\$299	\$230				\$217	\$86	Attained Age Crossover Detailed \$15	Pre-X: 6 Months Tobacco use rates vary. Bank draft discount available.
	M	65	\$120		\$178		\$156	\$120				\$113	\$45		
	M	70	\$143		\$212		\$185	\$143				\$134	\$53		
	M	75	\$168		\$249		\$218	\$168				\$158	\$63		
	M	80	\$195		\$289		\$252	\$194				\$183	\$73		
	M	85	\$215		\$319		\$279	\$215				\$202	\$80		
Reserve National Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card.															
Royal Neighbors of America 1-800-568-2382 www.royalneighbors.org Rates effective: 7/12/11	M	<65	\$263		\$386									Attained Age Crossover Simple \$20	Pre-X: None Tobacco use rates vary.
	M	65	\$106	\$133	\$155	\$124	\$156	\$125							
	M	70	\$121	\$152	\$177	\$142	\$178	\$143							
	M	75	\$138	\$174	\$203	\$162	\$203	\$163							
	M	80	\$158	\$199	\$232	\$186	\$233	\$186							
	M	85	\$181	\$227	\$265	\$212	\$266	\$213							
Must be a member of Royal Neighbors of American to purchase policy.															
Secure Horizons/UnitedHealthcare Insurance Company 1-800-768-1479 Rates effective: 4/11/12	M/F	<65	\$137				\$248							Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary. Bank draft discount available.
	M/F	65	\$ 99				\$133	\$120	\$ 63	\$ 87		\$ 89	\$43		
	M/F	70	\$116				\$160	\$146	\$ 74	\$104		\$112	\$54		
	M/F	75	\$129				\$193	\$178	\$ 86	\$126		\$139	\$69		
	M/F	80	\$131				\$221	\$205	\$ 90	\$145		\$163	\$84		
	M/F	85	\$137				\$248	\$231	\$109	\$164		\$185	\$97		
Monthly premium payments must be via electronic funds transfer.															
Sentinel Security Life Insurance Company 1-800-247-1423 www.sentinelife.org Rates effective: 10/1/11	M	<65	\$231		\$304									Attained Age Crossover Simple \$25	Pre-X: None
	M	65	\$ 98	\$107	\$129	\$107	\$133					\$ 95			
	M	70	\$116	\$126	\$153	\$127	\$157					\$113			
	M	75	\$130	\$143	\$175	\$145	\$179					\$129			
	M	80	\$142	\$159	\$195	\$162	\$200					\$145			
	M	85	\$151	\$171	\$212	\$177	\$217					\$159			
Standard Life and Accident Insurance Company 1-888-290-1085 www.slaico.com Rates effective: 1/1/12	M/F	<65	\$514		\$666									Attained Age Crossover Detailed	Pre-X: None Tobacco use rates vary. Bank draft discount available.
	M/F	65	\$188	\$214	\$243	\$146	\$200	\$148				\$ 96	\$29		
	M/F	70	\$217	\$247	\$281	\$169	\$231	\$171				\$112	\$34		
	M/F	75	\$250	\$284	\$323	\$195	\$266	\$190				\$128	\$39		
	M/F	80	\$300	\$341	\$388	\$234	\$319	\$227				\$154	\$46		
	M/F	85	\$377	\$429	\$488	\$294	\$402	\$284				\$194	\$58		
Standard Life and Accident Insurance Company monthly premium payments must be via electronic funds transfer and rates may vary by zip code.															

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
Standard Security Life Insurance Company of New York 1-800-277-3323 www.sslicny.com Rates effective: 1/5/11	M	<65	\$317				\$432								Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary. Rates vary by zip code.
	M	65	\$106	\$123			\$144	\$132				\$115				
	M	70	\$122	\$145			\$170	\$157				\$137				
	M	75	\$136	\$166			\$196	\$181				\$159				
	M	80+	\$150	\$194			\$230	\$214				\$189				
State Farm Mutual Automobile Insurance Company CALL YOUR LOCAL STATE FARM AGENT www.statefarm.com Rates effective: 2/1/12	M/F	<65	\$207		\$312										Attained Age Crossover Simple	Pre-X: None
	M/F	65	\$ 92		\$139		\$140									
	M/F	70	\$116		\$174		\$176									
	M/F	75	\$134		\$202		\$204									
	M/F	80	\$151		\$227		\$229									
	M/F	85	\$157		\$237		\$239									
State Mutual Insurance Company 1-888-764-1936 www.statemutualinsurance.com Rates effective: 7/1/12	M	<65	\$171		\$240										Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary.
	M	65	\$ 89	\$103	\$124	\$108	\$129	\$109			\$ 98	\$ 90	\$51			
	M	70	\$105	\$123	\$147	\$129	\$151	\$130			\$116	\$106	\$60			
	M	75	\$125	\$146	\$177	\$153	\$181	\$154			\$138	\$127	\$71			
	M	80	\$142	\$166	\$201	\$174	\$204	\$175			\$157	\$143	\$80			
	M	85	\$155	\$181	\$220	\$189	\$221	\$190			\$170	\$155	\$87			
Application fee waived if submitted via the internet. Must call the company directly or enroll through their Web site as they have no North Carolina agents.																

APPLICATION FEE: If an amount appears in the "Comments" column, the company charges a one-time fee for expenses incurred in issuing a policy.

ATTAINED AGE: If "Attained Age" appears in the "Comments" column, premiums automatically increase as you get older.

CROSSOVER: If "Crossover" appears in the "Comments" column, the company has signed a crossover agreement with Medicare allowing a person's claim to be sent automatically from Medicare's computer to the supplement insurance company's computer. This agreement eliminates your need to file claims with the insurance company.

F+: F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,070 deductible in 2012 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

ISSUE AGE: If "Issue Age" appears in the "Comments" column, the premium will always be based on your age when you first enrolled.

M/F: If "M/F" appears in this column, premiums are the same for males and females. An "M" indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates are generally higher than female rates.

NO AGE: If the words "No Age" appear in the "Comments" column, premiums are the same for all ages, based on the plan purchased.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Usually treatment must have been received in the preceding six months for the condition to be considered "pre-existing."

SIMPLE/DETAILED: These terms refer to the company's questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
Sterling Investors Life Insurance Company 1-877-896-6434 www.sterlinginvestors.com Rates effective: 5/1/12	M	<65	\$176		\$247											
	M	65	\$ 91	\$106	\$127	\$111	\$132	\$112			\$100	\$ 93		\$52	Attained Age	Pre-X: None
	M	70	\$108	\$126	\$152	\$132	\$155	\$133			\$119	\$109		\$61	Crossover	Tobacco use rates vary.
	M	75	\$129	\$150	\$182	\$157	\$186	\$158			\$142	\$130		\$73	Simple	
	M	80	\$146	\$171	\$207	\$179	\$210	\$180			\$161	\$147		\$83		
	M	85	\$159	\$186	\$226	\$194	\$228	\$195			\$175	\$159		\$90	\$20	
Sterling Life Insurance Company 1-888-688-0010 www.sterlinghealth.com Rates effective: 10/13/11	M	<65	\$305		\$393											
	M	65	\$136	\$158	\$177		\$168	\$152	\$ 72				\$134		Attained Age	Pre-X: None
	M	70	\$155	\$184	\$209		\$199	\$181	\$ 85				\$159		Crossover	Rates vary by zip code.
	M	75	\$169	\$206	\$236		\$224	\$205	\$ 97				\$181		Simple	
	M	80+	\$178	\$227	\$264		\$251	\$230	\$110				\$204			
Thrivent Financial for Lutherans 1-800-847-4836 www.thrivent.com Rates effective: 2/7/12	M/F	<65	\$239		\$366											
	M/F	65	\$ 95	\$113	\$146	\$126	\$147	\$129		\$ 90	\$117			\$48	Attained Age	Pre-X: None
	M/F	70	\$109	\$129	\$167	\$144	\$168	\$148		\$103	\$131			\$55	Crossover	Rates vary by zip code.
	M/F	75	\$125	\$147	\$191	\$164	\$191	\$169		\$118	\$149			\$63	Detailed	Tobacco use rates vary.
	M/F	80	\$138	\$163	\$212	\$182	\$212	\$187		\$130	\$165			\$69		
	M/F	85	\$149	\$177	\$229	\$197	\$230	\$202		\$141	\$179			\$75		
Plans available only to Lutherans and their families and monthly premium payments must be via electronic funds transfer.																
United American Insurance Company 1-800-331-2512 www.unitedamerican.com Rates effective: 1/1/12	M	<65	\$350	\$428	\$445									\$200	Attained Age	Pre-X: 2 Months (6 Months for Disability)
	M	65	\$120	\$176	\$203	\$188	\$204	\$190	\$ 92	\$128			\$156	\$ 43		
	M	70	\$143	\$217	\$253	\$239	\$254	\$240	\$122	\$172			\$199	\$ 56	(except <65 -Issue Age)	Offers Disability Plans A, B & F
	M	75	\$148	\$230	\$279	\$265	\$280	\$266	\$137	\$192			\$223	\$ 68	Crossover	Prime outside of open enrollment.
	M	80+	\$148	\$230	\$292	\$278	\$293	\$279	\$146	\$205			\$237	\$ 72	Simple	
United of Omaha Life Insurance Company 1-800-354-3289 www.mutualofomaha.com Rates effective: 8/1/11	M	<65	\$219				\$317									
	M	65	\$ 80				\$115	\$ 98			\$ 90				Attained Age	Pre-X: None
	M	70	\$ 96				\$139	\$118			\$109				Crossover	Tobacco use rates vary.
	M	75	\$122				\$177	\$150			\$138				Simple	Bank draft discount available.
	M	80	\$142				\$206	\$175			\$161					Household discount available.
M	85	\$157				\$227	\$193			\$177						
Risk Class Premium of 10% or 20% based on height/weight chart may apply.																

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
USAA Life Insurance Company DIRECT SOLITICATION RESPONSE PRODUCT 1-800-531-8722 www.usaa.com Rates effective: 9/1/12	M/F	<65	\$234				\$222								Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary.
	M/F	65	\$131				\$125									
	M/F	70	\$154				\$145									
	M/F	75	\$183				\$173									
	M/F	80	\$212				\$201									
	M/F	85	\$234				\$222									
Washington National Insurance Company 1-877-422-7627 www.conseco.com Rates effective: 6/1/12	Call Company for plans and rates offered.															
Adverse health factors and tobacco use may increase rates.																
World Corp Insurance Company 1-800-822-9993 Rates effective: 4/1/12	M	<65	\$279				\$363								Attained Age Crossover Detailed	Pre-X: None Rates vary by zip code. Bank draft discount available. Couple discount available.
	M	65	\$139				\$182							\$ 72		
	M	70	\$159				\$204							\$ 81		
	M	75	\$189				\$247							\$ 98		
	M	80	\$218				\$284							\$113		
	M	85	\$247				\$322							\$127		

APPLICATION FEE: If an amount appears in the “Comments” column, the company charges a one-time fee for expenses incurred in issuing a policy.

ATTAINED AGE: If “Attained Age” appears in the “Comments” column, premiums automatically increase as you get older.

CROSSOVER: If “Crossover” appears in the “Comments” column, the company has signed a crossover agreement with Medicare allowing a person’s claim to be sent automatically from Medicare’s computer to the supplement insurance company’s computer. This agreement eliminates your need to file claims with the insurance company.

F+: F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,070 deductible in 2012 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

ISSUE AGE: If “Issue Age” appears in the “Comments” column, the premium will always be based on your age when you first enrolled.

M/F: If “M/F” appears in this column, premiums are the same for males and females. An “M” indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates are generally higher than female rates.

NO AGE: If the words “No Age” appear in the “Comments” column, premiums are the same for all ages, based on the plan purchased.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Usually treatment must have been received in the preceding six months for the condition to be considered “pre-existing.”

SIMPLE/DETAILED: These terms refer to the company’s questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

Medicare SELECT Plans

Medicare SELECT Plans

A Medicare SELECT policy has the same benefits as the standardized Medicare supplement plans. There is only one difference. An insurance company selling Medicare SELECT policies has established participating contracts with certain hospitals, doctors and other medical providers, as in a PPO. Therefore, to receive benefits from the SELECT policy, the person with Medicare is required to use the providers listed in the company's restricted provider network. Usually lower priced premiums are the incentive to purchase a Medicare SELECT supplemental policy. Regardless of whether the person with Medicare uses the "preferred provider," Medicare will pay the appropriate share of the approved charge. Generally, the Medicare SELECT policy will not pay any benefits for non-participating providers with the exception of emergency services.

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	F	G	K	L	M	N		F+	Comments	Notes
AARP/UnitedHealthcare Insurance Company 1-800-523-5800 www.aarphealthcare.com Rates effective: 1/1/12	M/F	65			\$135		\$136								No Age Crossover Detailed	Pre-X: 3 Months Bank draft discount available.
	M/F	68+			\$135		\$136									
AARP/UnitedHealthcare Insurance Company offers annual payer and early enrollment discounts.																
Gerber Life Insurance Company 1-877-778-0839 www.gerberlife.com Rates effective: 8/9/11	M	<65	\$239				\$285								Attained Age Crossover Simple \$25	Pre-X: None
	M	65	\$102				\$121	\$102								
	M	70	\$120				\$143	\$121								
	M	75	\$134				\$162	\$137								
	M	80	\$142				\$176	\$149								
	M	85	\$148				\$188	\$160								
Sentinel Security Life Insurance Company 1-800-247-1423 www.sentinelife.org Rates effective: 10/1/11	M	<65			\$109	\$ 91	\$112					\$ 81		Attained Age Crossover Simple \$25	Pre-X: None	
	M	65			\$129	\$108	\$132					\$ 96				
	M	70			\$147	\$123	\$150					\$109				
	M	75			\$164	\$138	\$168					\$123				
	M	80			\$178	\$150	\$183					\$134				
	M	85														

APPLICATION FEE: If an amount appears in the "Comments" column, the company charges a one-time fee for expenses incurred in issuing a policy.

ATTAINED AGE: If "Attained Age" appears in the "Comments" column, premiums automatically increase as you get older.

CROSSOVER: If "Crossover" appears in the "Comments" column, the company has signed a crossover agreement with Medicare allowing a person's claim to be sent automatically from Medicare's computer to the supplement insurance company's computer. This agreement eliminates your need to file claims with the insurance company.

GUARANTEED COVERAGE: If the letters "GC" appear in the "Notes" column, the plans listed will be issued regardless of the applicant's age or health problems, even if the person is outside

INSURANCE COMPANY NAME/TELEPHONE NUMBER: Companies included in this guide are found in the Medicare Supplement Premium Comparison Database on the SHIP web site. Company addresses and phone numbers begin on page 32.

ISSUE AGE: If "Issue Age" appears in the "Comments" column, the premium will always be based on your age when you first enrolled.

M/F: If "M/F" appears in this column, premiums are the same for males and females. An "M" indicates that premiums differ for males and females, and the premium shown is for male policyholders. Male rates are generally higher than female rates.

PRE-X: Pre-existing condition waiting periods are time frames that apply to people who have health conditions or problems that were identified and treated before health insurance was purchased. The definition and waiting period before these conditions are covered varies from policy to policy. However, there is a maximum six-month waiting period for Medicare supplement policies. Usually treatment must have been received in the preceding six months for the condition to be considered "pre-existing."

SIMPLE/DETAILED: These terms refer to the company's questionnaire for underwriting. Persons may want to call to see if underwriting applies only to specific plans or time periods.

Glossary

ACTUAL CHARGE is the amount a physician or health care provider bills a patient for a particular medical service or supply. The actual charge may differ from the Medicare-approved amount or the amount approved by other insurance programs.

APPROVED CHARGES are also known as allowable charges, Medicare-eligible expenses or Medicare-covered charges. This term applies to the specific dollar amount Medicare will base its payment on for every medical procedure under the Part B program. Medicare will pay 80 percent of this approved amount. Approved charges are currently averaging only 60-70 percent of the actual bill received from your doctor. You and your insurance plan are responsible for the balance of the approved amount. The approved amount is taken from a national fee schedule that assigns a dollar value to all physician services covered by Medicare.

ASSIGNMENT is the way doctors or suppliers receive payment directly from Medicare. When assignment is taken, the doctor or supplier agrees that his or her total charge for the covered service will be the charge approved by the Medicare carrier. Medicare then pays your doctor or supplier 80 percent of the approved charge, after subtracting any part of the \$140 annual deductible you have not met. You and your insurance plan are responsible for the 20 percent of the approved amount not paid by Medicare. Accepting assignment means that the doctor or supplier will not bill you for the difference between the actual charge and the Medicare-approved amount. Find out in advance whether your doctor or supplier will accept assignment. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a case-by-case basis whether he is a participating provider or not.

ATTAINED AGE PREMIUM is a premium based on the policyholder's nearest attained age. Therefore, the premium rate will increase as the policyholder's age increases. The company can price each age differently or group several ages together into one premium class.

COORDINATION OF BENEFITS (COB) means that one of your health insurance companies may reduce its benefits if you are also covered by another insurance plan. **IMPORTANT:** This usually applies only for employer sponsored plans. Individual Medicare supplements have no COB regardless of how many policies you have.

COPAYMENT is the amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B expenses. For example, you will have a \$289 per day copayment for days 61 through 90 and a \$578 per day copayment for days 91 through 150 while in a hospital in 2012. There is also a copayment of \$144.50 for skilled nursing days 21 through 100 and a 20 percent copayment for all Part B services in 2012.

COSTWISE is a special arrangement between physicians and Blue Cross/Blue Shield (BCBS) in which the physician agrees to file claims for the patient and agrees to charge only what BCBS calculated as usual, customary or reasonable. Costwise does not mean that the physician will accept Medicare assignment. Note, however, that the Costwise doctor will receive the BCBS payment whether he takes Medicare assignment or not.

CREDITABLE INSURANCE COVERAGE is any previous health coverage that can be used to shorten the pre-existing condition waiting period, such as coverage under group plans, individual health policies, Medicare, Medicaid or federal/military retiree programs.

CROSSOVER is an arrangement between Medicare Part B and a private Medicare supplement insurance company whereby Medicare Part B would automatically forward claims to the Medicare supplement insurance company for payment of benefits. Under this scenario it is not necessary for the person with Medicare to file his/her own claims to the Medicare supplement company.

DEDUCTIBLE is the amount that you will have to pay before either Medicare or your insurance plan will begin paying benefits. Your Medicare Part A deductible is \$1,156 per benefit period for 2012. Your Medicare Part B deductible for 2012 is \$140 of approved charges for the calendar year.

DURABLE MEDICAL EQUIPMENT MEDICARE ADMINISTRATIVE CONTRACTOR (DME MAC) is the Medicare contractor to process claims for durable medical equipment, prosthetic, orthotic and supply services in a specific geographic area of the United States. North Carolina's DME MAC is CIGNA Government Services (CGS). For questions regarding claims call 1-800-633-4227.

EFFECTIVE DATE is the date your policy takes effect. The insurer will determine the effective date, so you must ask for that information.

EXCLUSIONS OR EXCEPTIONS is the list of specific conditions or circumstances which are not covered by a policy. The exceptions in Medicare supplements are limited by state law and cannot exclude or limit coverage for any specific health condition for more than six months.

EXPERIENCE RATING is a method of adjusting the premium based on past loss experience.

FREE-LOOK is the period of time after you receive a policy in which you can review its benefits. State law requires insurance companies to give the consumer 30 days to review Medicare supplement policies. If you return the policy within the 30-day free-look period, you will get a full refund.

GRACE PERIOD is the period of time, usually 31 days, for the payment of an overdue premium during which time the policy remains in force.

HOSPICE is a program for the terminally ill. Medicare **does** reimburse most hospice expenses if the Medicare patient chooses to take hospice benefits instead of regular Part A and Part B benefits. There may be a copayment for outpatient drugs and inpatient respite care. Care must be provided through certified hospice organizations.

ISSUE AGE PREMIUM is a premium that **does not** increase solely because of increasing age.

LIMITING CHARGE is the maximum amount a physician may charge a person with Medicare for a covered service if the physician does not accept assignment of the Medicare claim. The limit is 15 percent more than the Medicare-approved amount for non-participating physicians. The Medicare-approved amounts for non-participating physicians are 5 percent less than those amounts for participating physicians. Limiting charge information appears on the Medicare Summary Notice (MSN).

MEDICARE ADMINISTRATIVE CONTRACTOR (MAC) is the Medicare Part A and Part B claims processor (also home health and hospice claims). In North Carolina the MAC is Palmetto Government Benefits Administrators (Palmetto GBA). For questions about claims payments contact 1-800-633-4227.

MEDICAID is a federal, state and county government program that provides health insurance benefits for low-income, disabled and blind individuals and families. There are strict income and asset eligibility guidelines, and applications for Medicaid programs must be made at the local Department of Social Services.

MEDICARE SAVINGS PROGRAM is a Medicaid program which helps low-income people with Medicare. Blind, disabled or elderly people whose income falls below the federal poverty guideline and have less than allowed asset reserves may qualify for Medicare Savings Programs through their local Department of Social Services. For people who qualify Medicaid money may be used to pay for Medicare deductibles, copayments and premiums.

NON-PARTICIPATING PHYSICIANS are doctors who have not contracted with Medicare to accept assignment for all Medicare patients. Non-participating physicians may accept assignment on a case-by-case basis should he/she choose.

PARTICIPATING PHYSICIANS are doctors who have contracted with Medicare to accept assignment for all Medicare patients.

PRE-EXISTING CONDITIONS are health conditions, which have been diagnosed or treated during a set amount of time before your policy's effective date of coverage. North Carolina law allows Medicare supplement policies to consider a person's health history six months back from the effective date of coverage. Some insurance companies do not cover pre-existing health problems for a certain number of months following the effective date of coverage.

PRE-EXISTING CONDITION WAITING PERIOD is the amount of time after your effective date of coverage during which your insurance plan will not cover any pre-existing conditions. Medicare supplement law in North Carolina restricts the period to no longer than six months. Many insurers offer plans with shorter waiting periods or none at all.

QUALITY IMPROVEMENT ORGANIZATIONS (QIO) are groups of doctors and health care professionals who are paid by the federal government to review Medicare hospital admissions and reimbursements and to monitor inpatient quality of care. QIOs have the authority to deny hospital payments if the care is not medically necessary. QIOs also handle appeals and complaints the patient makes regarding non-payment of service or quality of care. If you have any questions, you can contact the QIO in North Carolina: The Carolinas Center for Medical Excellence, located at 100 Regency Forest Drive, Suite 200, Cary, NC, 27518-8598. The telephone number is 1-800-682-2650. Their Web site is www.mrnc.org.

UNDERWRITING is a method of determining the probability that an applicant will have more claims than expected. A health questionnaire is usually the method used for underwriting on health insurance.

USUAL, CUSTOMARY AND REASONABLE (UCR) typically means the fees most frequently charged in a geographic area by providers with similar training and experience for the same or like service or supply.



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7,500 copies of this public document were printed at a cost of \$1,120.81.
This publication has been created or produced by North Carolina with financial assistance, in whole or in part,
through a grant from the Centers for Medicare & Medicaid Services, the Federal Medicare agency.

NCDOI MSCG12

Published June 2012