

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

April 2009

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 1992 and it is not one of the current standardized plans, you do not have to switch to one of the 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 by clicking on the Medicare Advantage/Medicare Health Plans tab.

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 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 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.

Notes . . .

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

2009

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 \$1,068	\$1,068
	61 st to 90 th day	All but \$267 a day	\$267 a day
	91 st to 150 th day (2)	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 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 2009 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 free for eligible people with Medicare. For those who are ineligible the Medicare Part A premium is \$443 per month for those who worked less than 30 quarters or \$244 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.

2009

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 \$135 deductible) 50% of approved charges for most outpatient mental health services	\$135 deductible (a) 20% of approved amount and charges above approved amount (b) 50% 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	\$135 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 \$135 deductible)	\$135 deductible (a) Subject to deductible plus 20% of billed amount
BLOOD	Blood	80% of approved amount (after \$135 deductible and starting with the 4th pint)	\$135 deductible (a) First three pints plus 20% of approved amount for additional pints (c)

The monthly Part B premium for 2009 is \$96.40*

- (a) Once you have had \$135 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.

*Premiums will be higher for individuals with annual incomes more than \$85,000 and married couples with annual incomes more than \$170,000.

Notes ...

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**.
- ◆ Remember that 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.
- ◆ If 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.
- ◆ Remember that providers may not always file claims on Medicare supplement insurance. It is your responsibility to make sure the claims are filed.
- ◆ Remember that 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 Plans H, I and J sold after January 1, 2006, no longer have a prescription benefit.
- ◆ Medicare supplement standardized Plans K and L were added in 2006 as additional options.

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.

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.

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.

OPEN ENROLLMENT PERIOD (continued)

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 J 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.

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.

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.

CREATION OF TEN STANDARDIZED MEDICARE SUPPLEMENT PLANS

The 101st U. S. Congress (1990) enacted strong federal legislation which made uniform requirements to govern Medicare supplement insurance in each state. Ten standardized plans (A-J) were developed and became effective in North Carolina in January of 1992. These ten plans are described in this comparison guide. It should be noted that policyholders are **not** required to change from their old supplements to one of the new standard plans unless they choose.

CREATION OF TWO MORE STANDARDIZED MEDICARE SUPPLEMENT PLANS

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) added two more Medicare supplement plans (K&L) in 2006 to the ten plans already available. These additional plans are described in this comparison guide.

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 *2009 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

The Medicare Prescription Drug Improvement and Modernization Act of 2003

The Medicare Reform Bill is one of the most sweeping reforms in the program's history. On December 8, 2003, the President signed the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), a Bill that provides the option to purchase prescription drug coverage for many people with Medicare across America. Remember, this is not an automatic benefit.

Medicare Prescription Drug Coverage for 2009

As of January 1, 2006, people with Medicare can enroll in a stand-alone drug plan or join a private health plan. Plans vary and are offered by private companies. In general during 2009 they will work as follows:

- People with Medicare in North Carolina will pay a premium ranging from \$15.20 to \$128.50 per month.
- Some plans require people with Medicare to meet a \$295 deductible, then Medicare pays 75 percent of prescription drug costs up to \$2,700. People with Medicare are responsible for 25 percent of the costs. Other plans do not require the \$295 deductible.
- The majority of the plans have no Medicare coverage for prescription drug costs between \$2,700.01 and \$6,153.75. People with Medicare will pay 100 percent of the drug costs between \$2,700.01 and \$6,153.75, unless they purchase a plan that has coverage for this gap.

- After people with Medicare spend \$4,350 out-of-pocket for prescription drugs, Medicare will pay about 95 percent of the costs for prescription drugs.

Actual Drug Costs	Medicare Pays	Beneficiary Pays	Beneficiary Out-of-Pocket Total
\$0 - \$295	\$0	\$295 (drug deductible)	\$295
\$295.01 - \$2,700	\$1,803.75 (75%)	\$601.25 (25%)	\$896.25 (\$295 + \$601.25)
\$2,700.01 - \$6,153.75	\$0	\$3,453.75 (100%)	\$4,350 (\$896.25 + \$3,453.75)
\$6,157.76 +	about 95%	about 5%	varies

Some prescription drug plans have additional options to help pay for out-of-pocket costs.

People with limited incomes and assets (including your savings and stocks, but not counting your home) may qualify to receive extra help to pay for prescription drugs through the Medicare Prescription Drug Coverage. People with Medicare who qualify will only pay a small copayment for each prescription drug they need. Depending on income and asset levels, the premiums and deductibles may be covered or lowered. There will be a limited amount paid for each prescription drug. People with Medicare may apply for this extra help through the Social Security Administration or by calling SHIP at 1-800-443-9354.

Medicare Prescription Drug Coverage for 2010

SHIP has been provided with some limited information concerning the Medicare prescription drug coverage for the year 2010. Again, plans will vary, and they will be offered by private companies.

- Some plans will require people with Medicare to meet a **\$310** deductible, then Medicare will pay 75% of prescription drug costs up to **\$2,830**. People with Medicare are responsible for 25% of the costs. There may be some plans that do not require the \$310 deductible.
- Although the plans available for 2010 will not be announced until the fall of 2009, SHIP is anticipating a majority of the plans will have no Medicare coverage for prescription drug costs between \$2,830.01 and \$6,440. This means people with Medicare will pay 100% of the drug costs between \$2,830.01 and \$6,440 unless they purchase a plan that has coverage for this gap.
- After people with Medicare spend \$4,550 out-of-pocket for prescription drugs, Medicare will pay about 95% of the costs for prescription drugs.

Actual Drug Costs	Medicare Pays	Beneficiary Pays	Beneficiary Out-of-Pocket Total
\$0 - \$310	\$0	\$310 (drug deductible)	\$310
\$310.01 - \$2,830	\$1,890 (75%)	\$630 (25%)	\$940 (\$310 + \$630)
\$2,830.01 - \$6,440	\$0	\$3,610 (100%)	\$4,550 (\$940 + \$3,610)
\$6,440.01 +	about 95%	about 5%	varies

Medicare Advantage

Medicare Advantage Plans are health insurance options in addition to Original Medicare for people with Medicare. This includes Medicare Managed Care Plans such as Medicare Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Special Needs Plans (SNPs) and Private Fee-for-Service (PFFS) Plans. The newest option is the Medicare Medical Savings Account (MSA) Plan. 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 with Medicare chooses as their Medicare coverage, they will continue to pay the Medicare Part B premium. It is important to understand how the different Medicare Advantage Plans work. All of these Medicare Advantage options are offered in North Carolina; however, all options may not be available where you live.

Medicare Advantage plans have to accept all people with Medicare unless they have End Stage Renal Disease (permanent kidney failure). However, please note there are eligibility limitations for enrollment into a Medicare MSA Plan. The Medicare Advantage plans are described in the *2009 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services.

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 and F

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.

Notes . . .

SHIIP Medicare Secondary Insurance Comparison Worksheet 2009

POLICY INFORMATION

	Medicare pays	Policy 1 pays	Policy 2 pays	Policy 3 pays
Name of health insurance provider	Medicare			
Insurance policy form number	None			
Will the premium increase as a result of the insured getting older?	No			
What is considered a pre-existing condition, and how long must I wait before it is covered?	None			

MEDICARE PART A - HOSPITAL BENEFITS

Semiprivate room and board, miscellaneous hospital services and supplies, acute care, intensive care, drugs, operating and recovery room and rehabilitation services.

First 60 days	All but \$1,068			
61 st to 90 th day	All but \$267 per day			
91 st to 150 th day	All but \$534 per day			
Beyond 150 days	Nothing			
First three pints of blood	Nothing			
Private room (when not medically necessary)	Nothing			
Private duty nurse	Nothing			

POST HOSPITAL SKILLED NURSING CARE

Three consecutive days prior hospitalization required, skilled nursing home care must be medically necessary and people with Medicare must be admitted to the skilled nursing facility for same illness within 30 days of hospital discharge.

First 20 days	All			
21 st - 100 th day	All but \$133.50 per day			

MEDICARE PART B – MEDICAL BENEFITS

Physician's services (in or out of the hospital), medical expenses and medical supplies, emergency room and hospital outpatient treatment, x-rays, rehabilitation services and ambulance services.

	Medicare pays	Policy 1 pays	Policy 2 pays	Policy 3 pays
Name of health insurance provider	Medicare			
Insurance policy form number	None			
Calendar year deductible	\$135			
What portion of charges for medical services is covered?	80 percent of allowable as determined by Medicare			
Is the difference between Medicare's allowable charge and actual charge (excess charge) covered? If so, to what extent?	No			
Home health care	100 percent for medically necessary visits			
First three pints of blood	Nothing			

ADDITIONAL COVERAGE BEYOND MEDICARE

Worldwide coverage	Nothing			
Prescription drugs	Nothing			
At-home recovery	Nothing			
Preventive health	Only Medicare-covered preventive benefits			
Premium	\$96.40 per month*			

*Premiums will be higher for individuals with annual incomes of \$85,000 or more and married couples with annual incomes of \$170,000 or more.

STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	F Prime \$2,000 Deductible	Plan G	Plan H	Plan I	Plan J	J Prime \$2,000 Deductible
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible	Part B Deductible				Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	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	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
				Preventive Care						Preventive Care	Preventive Care

Basic Benefits

- Part A Hospital Days
61st-90th - **\$267/day**
91st-150th - **\$534/day** (lifetime reserve days)
Beyond 150 days - 100% for 365 days
- Parts A and B Blood Deductibles
(1st three pints)
- Part B Coinsurance - 20% of Medicare approved charges

**Part A Deductible for 2009 is \$1,068.
Part B Deductible for 2009 is \$135.**

“A” - “L”

Insurance companies are not permitted to change the letter designations A-L or to substitute other names or titles. However, they may add names or titles to these letters.

Supplement Plans K & L

Plan K

50% coinsurance for most benefits

100% coinsurance for hospitalization

\$4,620 annual maximum out-of-pocket

Plan L

75% coinsurance for most benefits

100% coinsurance for hospitalization

\$2,310 annual maximum out-of-pocket

(See page 28 for full explanation of benefits.)

Standardized Medicare Supplement Plan Benefits Explained

Plan A

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Plan B

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).

Plan C

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- Coverage for the Medicare Part B deductible (\$135 per calendar year in 2009).
- 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 (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- 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 at-home recovery. An at-home recovery visit means a period of time required providing the patient at-home recovery care. Each consecutive four hours within a single 24-hour period of service is considered one visit. The maximum number of visits per week is seven. Each at-home visit has a maximum reimbursement of \$40 per visit and an annual maximum of \$1,600.

Plan E

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- 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 preventive medical care. The preventive medical care benefit pays up to \$120 per year for such services as a routine physical exam, serum cholesterol screening, hearing tests, diabetes screening and thyroid function tests.

Plan F

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- Coverage for the Medicare Part B deductible (\$135 per calendar year in 2009)
- 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 (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- 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 80% 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.
- Coverage for at-home recovery. An at-home recovery visit means a period of time required providing the patient at-home recovery care. Each consecutive four hours within a single 24-hour period of service is considered one visit. The maximum number of visits per week is seven. Each at-home visit has a maximum reimbursement of \$40 per visit and an annual maximum of \$1,600.

Plan H

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- 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 I

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- 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.
- Coverage for at-home recovery. An at-home recovery visit means a period of time required providing the patient at-home recovery care. Each consecutive four hours within a single 24-hour period of service is considered one visit. The maximum number of visits per week is seven. Each at-home visit has a maximum reimbursement of \$40 per visit and an annual maximum of \$1,600.

Plan J

Basic Benefits

- Coverage for the Part A coinsurance amount (\$267 per day in 2009) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$534 per day in 2009) 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; 50% of approved charges for outpatient mental health services) after \$135 annual deductible is met.
- Coverage for the first three pints of blood deductible.

Additional Benefits

- Coverage for the Medicare Part A deductible (\$1,068 per benefit period in 2009).
- Coverage for the skilled nursing facility care coinsurance amount (\$133.50 per day for days 21-100 per benefit period in 2009).
- Coverage for the Medicare Part B deductible (\$135 per calendar year in 2009).
- 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.
- 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 preventive medical care. The preventive medical care benefit pays up to \$120 per year for such services as a routine physical exam, serum cholesterol screening, hearing tests, diabetes screening and thyroid function tests.
- Coverage for at-home recovery. An at-home recovery visit means a period of time required providing the patient at-home recovery care. Each consecutive four hours within a single 24-hour period of service is considered one visit. The maximum number of visits per week is seven. Each at-home visit has a maximum reimbursement \$40 per visit and an annual maximum of \$1,600.

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 \$4,620 out-of-pocket limit while Plan L has a \$2,310 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 will increase each year for inflation.

Plan K

- 100% of Part A Hospitalization Coinsurance (\$267 per day in 2009 for days 61-90; \$534 per day in 2009 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 50% of Part A Deductible (\$1,068 per benefit period in 2009)
- 50% of Skilled Nursing Facility Coinsurance (\$133.50 per day for days 21-100 in 2009)
- 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 (\$135 in 2009) is met
- \$4,620 Out-of-Pocket Annual Limit

Plan L

- 100% of Part A Hospitalization Coinsurance (\$267 per day in 2009 for days 61-90; \$534 per day in 2009 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 75% of Part A Deductible (\$1,068 per benefit period in 2009)
- 75% of Skilled Nursing Facility Coinsurance (\$133.50 per day for days 21-100 in 2009)
- 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 (\$135 in 2009) is met
- \$2,310 Out-of-Pocket Annual Limit

Companies Charted by Plans Offered

Company Name	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	F-Prime	Plan G	Plan H	Plan I	Plan J	J-Prime	Plan K	Plan L
AARP/UnitedHealthcare Ins. Co.	N	N	N	N	N	N		N	N	N	N		N	N
Aetna Life Insurance Company	A	A				A								
American Pioneer Life Ins. Co.	A	A	A	A		A	A	A			A			
American Republic Insurance Co.	A						A				A			
Bankers Fidelity Life Insurance Co.	I	I	I	I	I	I	I	I		I				
Bankers Life & Casualty Company	A	A	A	A	A	A	A	A			A		A	A
Blue Cross Blue Shield of NC	I	I	I	I	I	I	I		I	I	I			
Central Reserve Life Insurance Co.	A		A	A	A	A	A	A	A	A	A			
Combined Ins. Co. of America	I	I	I	I		I		A						
Conseco Insurance Company	A			A		A		A			A			
Constitution Life Insurance Co.	A	A	A	A		A								
Continental General Insurance Co.	A	A	A	A	A	A	A	A	A		A			
Continental Life Insurance Co.	A	A	A	A	A	A		A						
Equitable Life Insurance Company	A								A		A	A		A
Genworth Life Insurance Company	A	A	A	A	A	A	A	A						
Globe Life & Accident Ins. Co.	A	A	A			A								
Great American Life Insurance Co.	A	A	A	A		A		A						
Guarantee Trust Life Insurance Co.	A	A	A	A		A	A	A						
Humana Insurance Company	A	A	A			A	A							
Lincoln Heritage Life Ins. Co.	A	A	A	A		A					A			
Loyal American Life Ins. Co.	A	A	A	A		A		A	A	A	A			
Mutual of Omaha Insurance Co.	A		A	A		A		A						
National States Insurance Company	I	I	I	A		I								
Order of United Comm Trav Ins Co	A	A	A	A		A		A						
Pacificare Life & Health Ins. Co.	A		A			A	A	A			A			
Pennsylvania Life Insurance Co.	A	A	A	A		A	A	A						
Philadelphia American Life Ins. Co	A		A	A		A								
Physicians Life Insurance Co.	A	A				A	A	I						
Pyramid Life Insurance Company	A			A	A	A	A	A						
Reserve National Life Ins. Co.	A	A	A	A										
Standard Life & Accident Ins. Co.	A	A	A	A	A	A	A	A						
State Farm Mutual Auto. Ins. Co.	A		A			A								

A – Attained Age Rated Policy; I – Issue Age Rated Policy; N – No Age Rated Policy

Company Name	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	F-Prime	Plan G	Plan H	Plan I	Plan J	J-Prime	Plan K	Plan L
State Mutual Insurance Company	A	A	A	A		A								
Sterling Life Insurance Company	A	A	A			A		A					A	
Thrivent Financial for Lutherans	A	A	A	A		A			I	I				A
UNICARE Life & Health Ins. Co.	A		A			A	A							
United American Insurance Co.	I	A	A	A		I	A	I					A	A
United Teacher Associates Ins. Co.	A	A	A	A		A		A	A	A	A			
United World Insurance Company	A	A				A		A						
USAA Life Insurance Company	A			A		A		A						
World Corp Insurance Company	A					A	A							A

A – Attained Age Rated Policy; I – Issue Age Rated Policy; N – No Age Rated Policy

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.ncship.com to find the most recent premiums for all approved companies.**

AARP Healthcare Options

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
Hartford, Connecticut 06156
1-800-529-5586
www.aetnamedicare.com

American Pioneer Life Insurance Company

1001 Heathrow Park Lane, Suite 5001
Lake Mary, Florida 32746
1-800-538-1053
www.amerpion.com

American Republic Insurance Company

601 6th Avenue
Des Moines, Iowa 50309
1-888-755-3065
www.americanenterprise.com

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, N.E.
Atlanta, Georgia 30319
1-800-241-1439
www.bflic.com

Bankers Life and Casualty Company

600 West Chicago Avenue
Chicago, Illinois 60654
1-800-621-3724
www.bankerslife.com

Blue Cross Blue Shield of North Carolina

5901 Chapel Hill Road
Durham, North Carolina 27702-2291
1-800-478-0583
www.bcbsnc.com

Central Reserve Life Insurance Company

PO Box 26580
Austin, Texas 78755-0580
1-866-459-4272
www.centralreserve.com

Combined Insurance Company of America

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

Conseco Insurance Company

11825 North Pennsylvania Street
Carmel, Indiana 46082
1-800-541-2254
www.conseco.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

PO Box 26580
Austin, Texas 78755-0580
1-866-459-4272
www.continentalgeneral.com

**Continental Life Insurance Company
of Brentwood, Tennessee**

101 Continental Place
Brentwood, Tennessee 37027
1-800-264-4000
www.cont-life.com

Equitable Life & Casualty Insurance Company

3 Triad Center
Salt Lake City, Utah 84180-1200
1-800-352-5150
www.equilife.com

Genworth Life Insurance Company

PO Box 10824
Clearwater, Florida 33757-8824
1-877-825-9337
www.genworth.com

Globe Life and Accident Insurance Company

DIRECT SOLICITATION RESPONSE PRODUCT
PO Box 2440
McKinney, Texas 75070-9814
1-800-801-6831
www.globecaremedsupp.com

Great American Life Insurance Company

PO Box 559002
Austin, Texas 78755-9002
1-800-880-2745
www.gafri.com

Guarantee Trust Life Insurance Company

1275 Milwaukee Avenue
Glenview, Illinois 60004
1-800-592-0629
www.gtlic.com

Humana Insurance Company

500 West Main Street
Louisville, Kentucky 40202
1-800-866-0581
www.humana-medicare.com

Lincoln Heritage Life Insurance Company

4343 East Camelback Road – Suite 400
Phoenix, Arizona 85018
1-800-438-7180
www.lhlic.com

Loyal American Life Insurance Company

PO Box 559004
Austin, Texas 78755-9004
1-800-633-6752
www.gafri.com

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza
Omaha, Nebraska 68175
1-800-693-6093
www.mutualofomaha.com

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

National States Insurance Company

1830 Craig Park Court, Suite 100
St. Louis, Missouri 63146
1-800-868-6788

Order of United Commercial Travelers of America

1801 Watermark Drive, Suite 100
PO Box 159019
Columbus, Ohio 43215-8619
1-800-848-0123
www.uct.org

PacifiCare Life and Health Insurance Company

c/o Secure Horizons
PO Box 13547
Pensacola, Florida 32591-3547
1-888-202-4340
www.securehorizons.com

Pennsylvania Life Insurance Company

1001 Heathrow Park Lane – Suite 5001
Lake Mary, Florida 32746
1-800-275-7366
www.pennlife.com

Philadelphia American Life Insurance Company

200 Westlake Park Boulevard – Suite 1200
Houston, Texas 77079
1-877-368-4691
www.philadelphiaamericanlife.com

Physicians Life Insurance Company

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

The Pyramid Life Insurance Company

1001 Heathrow Park Lane – Suite 5001
Lake Mary, Florida 32746
1-800-777-1126
www.pyramidlife.com

Reserve National Insurance Company

6100 Northwest Grand Boulevard
Oklahoma City, Oklahoma 73118
1-800-654-9106
www.reservenational.com

Standard Life and Accident Insurance Company

2425 South Shore Boulevard – Suite 500
League City, Texas 77573-6501
1-888-290-1085
www.slaico.com

State Farm Mutual Automobile Insurance Company

Corporate Headquarters
One State Farm Plaza
Bloomington, Illinois 61710-0001
Contact your local State Farm agent
www.statefarm.com

State Mutual Insurance Company

1 State Mutual Drive
PO Box 153
Rome, Georgia 30162
1-877-872-5500

Sterling Life Insurance Company

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

Thrivent Financial for Lutherans

SOLD ONLY TO LUTHERANS AND THEIR FAMILIES
4321 North Ballard Road
Appleton, Wisconsin 54919-0001
1-800-847-4836
www.thrivent.com

UNICARE Life and Health Insurance Company

PO Box 9063
Oxnard, California 93031-9063
1-888-949-5384
www.unicare.com

United American Insurance Company

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

United Teacher Associates Insurance Company

PO Box 26580
Austin, Texas 78755-0580
1-800-880-8824
www.utainteractive.com

United World Life Insurance Company

3316 Farnham Street
Omaha, Nebraska 68175
1-800-366-3298
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

World Corp Insurance

PO Box 2155
Omaha, Nebraska 68103-2155
1-800-822-9993
www.americanenterprise.com

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 2009.

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 1992, 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.

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 “GC” appears 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 the open enrollment period, unless the person has End Stage Renal Disease (ESRD).

INSURANCE COMPANY NAME/TELEPHONE NUMBER: Companies included in this guide are found in the Medicare Supplement Premium Comparison Database on the SHIP web site at www.ncship.com. 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 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.

Notes . . .

Medicare Supplement Companies and the Plans They Offer

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
AARP Healthcare Options UnitedHealthcare Ins. Co. (Sold only to AARP members)	M/F	<65	\$249		\$294							\$329			No Age Crossover Detailed	Pre-X: 3 Months GC—Plans A-L (Except ESRD) Bank draft discount available.
	M/F	65	\$138	\$137	\$163	\$151	\$151	\$164	\$152	\$155	\$156	\$183	\$ 78	\$115		
	M/F	68+	\$152	\$151	\$180	\$166	\$166	\$180	\$167	\$170	\$172	\$201	\$ 85	\$126		
1-800-523-5800 www.aarphealthcare.com Rates effective: 1/1/09																
AARP Healthcare Options offers loyalty program, spouse, and annual payer discounts. Premiums shown include discount.																
Aetna Life Insurance Company	M	<65	\$212												Attained Age Crossover Detailed	Pre-X: None Tobacco use rates vary.
	M	65	\$106	\$110				\$130								
	M	70	\$139	\$144				\$169								
	M	75	\$156	\$162				\$192								
	M	80+	\$163	\$169				\$212								
1-800-529-5586 www.aetnamedicare.com Rates effective: 1/8/09																
American Pioneer Life Insurance Company	M	<65	\$190		\$333							\$226			Attained Age Crossover Detailed	Pre-X: 6 Months Offers "F-Prime" Tobacco use rates vary. Bank draft discount available.
	M	65	\$131	\$185	\$229	\$194		\$237	\$ 93			\$231				
	M	70	\$153	\$219	\$264	\$230		\$274	\$109			\$167				
	M	75	\$176	\$256	\$305	\$269		\$316	\$127			\$199				
	M	80	\$190	\$281	\$333	\$296		\$345	\$141			\$226				
	M	85	\$198	\$297	\$406	\$313		\$364	\$151			\$250				
1-800-538-1053 www.amer pion.com Rates effective: 9/15/08																
American Republic Insurance Company	M	<65	\$257									\$345			Attained Age Crossover Detailed	Pre-X: None Bank draft discount available.
	M	65	\$129									\$173				
	M	70	\$155									\$212				
	M	75	\$174									\$251				
	M	80	\$192									\$286				
	M	85	\$212									\$328				
1-888-755-3065 www.americanenterprise.com Rates effective: 4/1/09																
American Republic Insurance Company premiums vary by zip code.																
Bankers Fidelity Life Insurance Company	M/F	<65	\$307	\$389	\$413										Issue Age Crossover Simple	Pre-X: None Offers F-Prime Offers Plan B disability policy. Tobacco use rates vary.
	M/F	65	\$115	\$210	\$154	\$146	\$ 85	\$174	\$100		\$100					
	M/F	70	\$129	\$235	\$169	\$163	\$ 92	\$187	\$108		\$108					
	M/F	75	\$140	\$266	\$194	\$184	\$105	\$208	\$125		\$125					
	M/F	80	\$147	\$282	\$207	\$200	\$113	\$220	\$134		\$134					
	M/F	85	\$147	\$282	\$209	\$202	\$118	\$221	\$140		\$140					
1-800-241-1439 www.bflic.com Rates effective: 8/1/08																
Bankers Fidelity Life Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card.																

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Bankers Life and Casualty Company 1-800-621-3724 www.bankerslife.com Rates effective: 1/1/09	M/F	<65	\$231		\$522							\$296			Attained Age	Pre-X: None
	M/F	65	\$147	\$192	\$299	\$136	\$176	\$234	\$187			\$156	\$ 76	\$101		
	M/F	70	\$167	\$227	\$352	\$163	\$209	\$284	\$230			\$192	\$ 94	\$124	Detailed	Offers F-Prime
	M/F	75	\$195	\$274	\$425	\$200	\$254	\$346	\$284			\$237	\$116	\$154		
	M/F	80+	\$231	\$335	\$522	\$250	\$313	\$422	\$353			\$296	\$144	\$191		
Bankers Life and Casualty Insurance Company monthly premium payments must be via electronic funds transfer.																
Blue Cross Blue Shield of North Carolina 1-800-478-0583 www.bcbsnc.com/medicare Rates effective: 4/1/09	M/F	<65	\$270	\$314	\$380							\$443			Issue Age	Pre-X: 6 months
	M/F	65	\$122	\$146	\$184	\$153	\$154	\$147		\$164	\$165	\$202				
	M/F	70	\$124	\$157	\$219	\$180	\$181	\$219		\$203	\$204	\$227			Simple	Offers F-Prime
	M/F	75+	\$125	\$171	\$250	\$225	\$225	\$255		\$244	\$246	\$272				
Central Reserve Life Insurance Company 1-866-459-4272 www.centralreserve.com Rates effective: 1/1/09	M	<65	\$271		\$337							\$271			Attained Age	Pre-X: 6 months
	M	65	\$178		\$221	\$173	\$161	\$216	\$175	\$142	\$170	\$178				
	M	70	\$199		\$248	\$194	\$180	\$242	\$196	\$159	\$191	\$200			Simple	\$25
	M	75	\$230		\$285	\$224	\$207	\$278	\$225	\$183	\$219	\$230				
	M	80	\$251		\$313	\$245	\$227	\$305	\$247	\$200	\$241	\$252				
	M	85	\$271		\$337	\$264	\$244	\$329	\$266	\$216	\$259	\$271				
Central Reserve Life Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card.																

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 the open enrollment period.

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.

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 Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Combined Insurance Company of America 1-800-544-5531 www.combinedinsurance.com Rates effective: 8/22/08	M/F	<65	\$240		\$355										Issue Age-Plans A, B, C, D&F Attained Age-Plan G Crossover Simple	Pre-X: None
	M/F	65	\$156	\$172	\$227	\$154		\$230	\$135							
	M/F	70	\$165	\$185	\$245	\$154		\$242	\$172							
	M/F	75	\$196	\$219	\$290	\$202		\$287	\$211							
	M/F	80	\$222	\$248	\$329	\$229		\$326	\$248							
	M/F	85	\$240	\$268	\$355	N/A		\$352	\$263							
Ten percent discount applied if insured has another Combined Senior Health Policy. Monthly premium payments must be via electronic funds transfer.																
Conseco Insurance Company 1-800-541-2254 www.conseco.com Rates Effective: 4/1/09	M	<65	\$110									\$117			Attained Crossover Detailed \$15	Pre-X: None
	M	65	\$110			\$125		\$149	\$109			\$117				
	M	70	\$136			\$155		\$181	\$135			\$136				
	M	75	\$168			\$190		\$214	\$165			\$160				
	M	80	\$197			\$223		\$244	\$195			\$183				
	M	85	\$225			\$255		\$279	\$222			\$209				
Conseco Insurance Company premiums vary by zip code and monthly premium payments must be via electronic funds transfer.																
Constitution Life Insurance Company 1-800-789-6364 www.constitutionlife.com Rates effective: 10/1/08	M/F	<65	\$184		\$334										Attained Age Crossover Detailed	Pre-X: 6 Months Tobacco use rates vary. Bank draft discount available.
	M/F	65	\$133	\$182	\$227	\$199		\$250								
	M/F	70	\$150	\$206	\$257	\$227		\$283								
	M/F	75	\$172	\$241	\$303	\$272		\$333								
	M/F	80	\$184	\$264	\$334	\$309		\$367								
	M/F	85	\$201	\$298	\$383	\$367		\$420								
Continental General Insurance Company 1-877-291-5434 www.continentalgeneral.com Rates effective: 1/21/09	M	<65	\$541		\$535							\$377			Attained Age Crossover Detailed \$25	Pre-X: None Offers F-Prime Bank draft discount available.
	M	65	\$270	\$247	\$266	\$242	\$213	\$235	\$236	\$162		\$203				
	M	70	\$326	\$300	\$322	\$293	\$257	\$284	\$286	\$181		\$227				
	M	75	\$376	\$345	\$371	\$338	\$296	\$327	\$329	\$208		\$262				
	M	80	\$412	\$378	\$407	\$370	\$325	\$360	\$360	\$228		\$287				
	M	85	\$444	\$408	\$439	\$399	\$350	\$387	\$388	\$245		\$309				
Continental General Insurance Company premiums vary by zip code and monthly premium payments must be via electronic funds transfer.																

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS																	
Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes	
Continental Life Insurance Company of Brentwood, Tennessee 1-800-264-4000 www.cont-life.com Rates effective: 7/1/08	M	<65	\$150		\$261										Attained Age	Pre-X: 3 Months Offers disability Plans A&C outside open enrollment	
	M	65	\$ 99	\$140	\$168	\$125	\$147	\$180	\$157								
	M	70	\$111	\$159	\$188	\$142	\$167	\$202	\$178								
	M	75	\$130	\$188	\$220	\$168	\$198	\$235	\$210								
	M	80	\$142	\$210	\$244	\$188	\$221	\$261	\$235								
	M	85	\$150	\$226	\$261	\$202	\$238	\$280	\$253							\$20	
Equitable Life Insurance Company 1-800-352-5150 www.equilife.com Rates effective: 7/8/08	M	<65	\$508									\$335			Attained Age	Pre-X: None Offers J-Prime Bank draft discount available.	
	M	65	\$115							\$132		\$151		\$ 98			
	M	70	\$131							\$150		\$172		\$111			
	M	75	\$154							\$176		\$201		\$130			
	M	80	\$170							\$194		\$222		\$144			
	M	85	\$185						\$212		\$242		\$157			\$20	
Genworth Life Insurance Company 1-888-436-9678 Rates effective: 7/1/08	M	<65	\$156		\$231										Attained Age	Pre-X: None Offers F-Prime	
	M	65	\$ 98	\$119	\$143	\$119	\$119	\$147	\$122								
	M	70	\$116	\$141	\$167	\$141	\$142	\$172	\$145								
	M	75	\$135	\$166	\$195	\$167	\$168	\$201	\$171								
	M	80	\$148	\$185	\$216	\$187	\$188	\$222	\$191								
	M	85	\$156	\$198	\$231	\$200	\$201	\$238	\$205								
Genworth Life Insurance Company premiums vary by zip code and monthly premium payments must be via electronic funds transfer.																	

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.

INSURANCE COMPANY NAME/TELEPHONE NUMBER: Companies included in this guide are found in the Medicare Supplement Premium Comparison Database on the SHIIP 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.

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Globe Life and Accident Insurance Company DIRECT SOLICITATION RESPONSE PRODUCT 1-800-801-6831 www.globecaremedsupp.com Rates effective: 4/1/09	M/F	<65	\$167		\$238										Attained Age	Pre-X: 2 months (6 months for disability) Bank draft discount available.
	M/F	65	\$ 70	\$105	\$123			\$124							Age	
	M/F	70	\$ 86	\$134	\$152			\$153							Issue Age	
	M/F	75	\$ 94	\$148	\$171			\$173							Disability plans	
	M/F	80+	\$ 95	\$153	\$190			\$191							Crossover Simple	
Great American Life Insurance Company 1-800-880-2745 www.gafri.com Rates effective: 3/1/09	M	<65	\$172		\$231										Attained Age	Pre-X: 6 months Tobacco use rates vary
	M	65	\$ 87	\$102	\$127	\$107		\$129	\$109						Crossover	
	M	70	\$ 95	\$111	\$136	\$117		\$138	\$119						Simple	
	M	75	\$117	\$136	\$161	\$143		\$162	\$146						\$25	
	M	80	\$137	\$159	\$184	\$168		\$185	\$172							
	M	85	\$156	\$181	\$210	\$192		\$212	\$196							
Great American Life Insurance Company monthly premium payment option initially only available via electronic funds transferred and rates vary by zip code.																
Guarantee Trust Life Insurance Company 1-800-323-6907 www.gtlic.com Rates effective: 3/14/09	M/F	<65	\$114		\$215										Attained Age	Pre-X: None Offers F-Prime
	M/F	65	\$114	\$184	\$215	\$100		\$248	\$178						Detailed	
	M/F	70	\$134	\$215	\$252	\$118		\$292	\$209						\$20	
	M/F	75	\$154	\$247	\$289	\$135		\$336	\$239							
	M/F	80	\$172	\$276	\$323	\$151		\$376	\$267							
	M/F	85	\$200	\$321	\$375	\$175		\$435	\$310							
Guarantee Trust Life Insurance Company monthly premium payments must be via electronic funds transfer and rates vary by zip code.																
Humana Insurance Company 1-800-872-7294 www.humana-medicare.com Rates effective: 1/1/09	M	<65	\$241		\$294										Attained Age	Pre-X: 3 Months Bank draft discount available. Offers F-Prime
	M	65	\$124	\$130	\$151			\$152							Simple	
	M	70	\$148	\$156	\$181			\$182							Crossover	
	M	75	\$171	\$180	\$208			\$210								
	M	80	\$188	\$199	\$230			\$232								
	M	85	\$202	\$213	\$247			\$248								

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Lincoln Heritage Life Insurance Company 1-800-438-7180 www.lhlic.com Rates effective: 7/1/08	M	<65	\$127		\$202							\$201			Attained Age	Pre-X: None
	M	65	\$ 83	\$108	\$130	\$112		\$134				\$122			Age	Tobacco use rates vary.
	M	70	\$ 94	\$123	\$146	\$127		\$150				\$137			Crossover	
	M	75	\$109	\$145	\$170	\$150		\$175				\$165			Simple	
	M	80	\$120	\$161	\$189	\$168		\$194				\$186				
M	85	\$127	\$173	\$202	\$180		\$208				\$201				\$20	
Lincoln Heritage Life Insurance Company premiums vary by zip code.																
Loyal American Life Insurance Company 1-800-633-6752 www.gafri.com Rates effective: 10/28/08	M	<65	\$418		\$356							\$294			Attained Age	Pre-X: 6 Months
	M	65	\$ 97	\$113	\$127	\$114		\$127	\$111	\$103	\$105	\$119			Age	Tobacco use rates vary
	M	70	\$110	\$128	\$145	\$130		\$146	\$127	\$155	\$158	\$176			Crossover	
	M	75	\$128	\$153	\$174	\$157		\$175	\$153	\$191	\$194	\$208			Simple	
	M	80	\$135	\$172	\$196	\$178		\$197	\$173	\$224	\$229	\$238				
M	85	\$142	\$194	\$221	\$210		\$221	\$205	\$241	\$249	\$256				\$25	
Loyal American Life Insurance Company monthly premium payments must be via electronic funds transfer.																
Mutual of Omaha Insurance Company 1-800-775-6000 www.mutualofomaha.com																
	Call Company for plans and rates offered.															

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.

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.

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
National States Insurance Company 1-800-868-6788 Rates effective: 2/7/08	M/F	<65	\$191		\$441										Issue Age-Plans A, B, C & F Attained Age-Plan D Crossover Simple	Pre-X: None
	M/F	65	\$121	\$179	\$281	\$101		\$178								
	M/F	70	\$135	\$199	\$312	\$120		\$198								
	M/F	75	\$141	\$207	\$325	\$138		\$206								
	M/F	80	\$158	\$232	\$365	\$152		\$231								
	M/F	85	\$191	\$280	\$441	\$163		\$279								
National States Insurance Company premiums vary by zip code for Plan D.																
Order of United Commercial Travelers of America 1-800-848-0123 www.uct.org Rates effective: 1/1/09 for Plans A-D & F; 8/22/08 for Plan G	M	<65	\$188		\$248										Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary. Bank draft discount available.
	M	65	\$ 98	\$127	\$137	\$124		\$140	\$102							
	M	70	\$123	\$159	\$170	\$155		\$170	\$128							
	M	75	\$143	\$186	\$196	\$181		\$196	\$149							
	M	80	\$158	\$205	\$212	\$199		\$211	\$164							
	M	85	\$169	\$218	\$225	\$212		\$224	\$175							
PacifiCare Life and Health Insurance Company 1-800-610-2660 www.securehorizons.com Rates effective: 1/21/09	M/F	<65	\$257		\$328							\$326			Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary. Offers F-Prime
	M/F	65	\$108		\$139			\$142	\$122			\$139				
	M/F	70	\$129		\$165			\$168	\$144			\$164				
	M/F	75	\$151		\$192			\$195	\$166			\$191				
	M/F	80	\$174		\$222			\$224	\$193			\$220				
	M/F	85	\$188		\$242			\$245	\$210			\$241				
Pennsylvania Life Insurance Company 1-800-275-7366 www.pennlife.com Rates effective: 1/1/09	M	<65	\$179		\$280										Attained Age Crossover Detailed \$25	Pre-X: 6 Months Tobacco use rates vary. Offers F-Prime Bank draft discount available.
	M	65	\$113	\$152	\$173	\$152		\$187	\$170							
	M	70	\$113	\$181	\$203	\$181		\$219	\$201							
	M	75	\$155	\$213	\$236	\$214		\$255	\$235							
	M	80	\$170	\$237	\$262	\$239		\$283	\$260							
	M	85	\$179	\$254	\$280	\$256		\$302	\$278							

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Philadelphia American Life Insurance Company 1-877-368-4691 www.philadelphiaamerican.com Rates effective: 1/15/08	M	<65	\$121		\$179										Attained	Pre-X: 6 months
	M	65	\$ 69		\$110	\$ 94		\$116							Crossover	Tobacco use rates vary.
	M	70	\$ 77		\$119	\$102		\$125							Detailed	
	M	75	\$ 95		\$143	\$121		\$150								
	M	80	\$121		\$179	\$152		\$188								
	M	85	\$160		\$236	\$201		\$248							\$20	
Pennsylvania Life Insurance Company offers 5% first year discount when couple purchases policies together.																
Physicians Life Insurance Company 1-800-228-9100 www.physiciansmutual.com Rates effective: 5/1/09	M/F	<65	\$462												Attained	Pre-X: None
	M/F	65	\$102	\$125				\$152	\$160						Age-Plans	Offers F-Prime
	M/F	70	\$120	\$148				\$181	\$179						A, B & F & F+	Tobacco use rates vary.
	M/F	75	\$133	\$163				\$207	\$201						Issue Age-Plan G	Bank draft discount available.
	M/F	80	\$145	\$182				\$235	\$226						Crossover	
	M/F	85	\$155	\$201				\$265	\$251						Simple	
Offers additional Plan F with high deductible premium discount rider.																
The Pyramid Life Insurance Company 1-800-777-1126 www.pyramidlife.com Rates effective: 6/1/09	M/F	<65	\$271												Attained	Pre-X: 6 Months
	M/F	65	\$169			\$171	\$140	\$204	\$176						Age	Offers F-Prime
	M/F	70	\$211			\$213	\$179	\$255	\$219						Crossover	Bank draft discount available.
	M/F	75	\$232			\$237	\$213	\$283	\$245						Detailed	
	M/F	80	\$246			\$257	\$242	\$305	\$266							
	M/F	85	\$256			\$274	\$266	\$322	\$283							
The Pyramid Life Insurance Company monthly premium payments must be via electronic funds transfer and rates vary by zip code.																

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.

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.

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Reserve National Insurance Company 1-800-654-9106 www.reservenational.com Rates effective 10/2/08	M/F	<65	\$141		\$279										Attained Age	Pre-X: 6 Months
	M/F	65	\$ 90	\$147	\$174	\$109									Age	Tobacco use rates vary.
	M/F	70	\$105	\$168	\$206	\$132									Detailed	
	M/F	75	\$120	\$190	\$238	\$164									\$15	Bank draft discount available.
	M/F	80	\$141	\$222	\$279	\$193									Crossover	
M/F	85	\$149	\$233	\$295	\$223											
Reserve National Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card.																
Standard Life and Accident Insurance Company 1-888-290-1085 www.slaico.com Rates effective: 4/1/09	M	<65	\$182		\$251										Attained Age	Pre-X: None
	M	65	\$151	\$190	\$218	\$164	\$155	\$220	\$165						Age	(90 days for Select plans)
	M	70	\$157	\$197	\$227	\$170	\$161	\$228	\$171						Crossover	Offers F-Prime
	M	75	\$183	\$230	\$265	\$199	\$188	\$266	\$200						Detailed	Tobacco use rates vary.
	M	80	\$211	\$265	\$305	\$229	\$216	\$306	\$230						\$20	Bank draft discount available.
	M	85	\$251	\$315	\$363	\$272	\$257	\$365	\$274							
Standard Life and Accident Insurance Company monthly premium payments must be via electronic funds transfer and rates may vary by zip code.																
State Farm Mutual Automobile Insurance Company Contact your local State Farm agent. www.statefarm.com Rates effective: 1/1/09	M/F	<65	\$203		\$306										Attained Age	Pre-X: None
	M/F	65	\$ 90		\$136			\$137							Age	
	M/F	70	\$114		\$171			\$173							Crossover	
	M/F	75	\$132		\$199			\$201							Simple	
	M/F	80	\$148		\$223			\$225								
	M/F	85	\$154		\$233			\$235								
State Mutual Insurance Company 1-877-872-5500 Rates effective: 1/1/09	M/F	<65	\$318		\$418										Attained Age	Pre-X: None
	M/F	65	\$191	\$202	\$246	\$223		\$244							Age	Tobacco use rates vary.
	M/F	70	\$223	\$240	\$285	\$265		\$283							Crossover	
	M/F	75	\$260	\$284	\$333	\$314		\$330							Simple	
	M/F	80	\$286	\$317	\$370	\$351		\$366							\$20	
	M/F	85	\$301	\$341	\$397	\$378		\$393								
State Mutual Insurance Company rates may vary by zip code.																

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Sterling Life Insurance Company 1-888-688-0010 www.sterlingplans.com Rates effective: 7/1/09	M/F	<65	\$251		\$340										Attained Age Crossover Simple	Pre-X: None Bank draft discount available.
	M/F	65	\$132	\$154	\$180			\$181	\$137				\$ 91			
	M/F	70	\$151	\$180	\$211			\$211	\$163				\$ 98			
	M/F	75	\$164	\$202	\$236			\$237	\$184				\$112			
	M/F	80+	\$172	\$223	\$263			\$263	\$208				\$123			
Sterling Life premiums above are Metropolitan Service Area (MSA) Rates. Please call for non-MSA rates.																
Thrivent Financial for Lutherans 1-800-847-4836 www.thrivent.com Rates effective: 1/1/09	M/F	<65	\$236		\$359										Attained Age-Plans A-D, F&L Issue Age-Plans H & I Crossover Simple	Pre-X: None Plans available only to Lutherans and their families. Tobacco use rates vary.
	M/F	65	\$ 95	\$113	\$146	\$122		\$147		\$203	\$207		\$ 90			
	M/F	70	\$109	\$129	\$167	\$139		\$167		\$223	\$228		\$103			
	M/F	75	\$124	\$147	\$190	\$159		\$191		\$241	\$245		\$117			
	M/F	80	\$138	\$163	\$211	\$176		\$212		\$255	\$260		\$130			
	M/F	85	\$149	\$176	\$229	\$191		\$229		\$267	\$272		\$141			
Thrivent Financial for Lutherans monthly premium payments must be via electronic funds transfer and rates may vary by zip code.																
UNICARE Life and Health Insurance Company 1-888-949-5384 www.unicare.com/medicare Rates effective: 6/1/08	M/F	<65	\$249		\$382										Attained Age Crossover Detailed \$5	Pre-X: None Offers F-Prime
	M/F	65	\$100		\$139			\$141								
	M/F	70	\$120		\$165			\$169								
	M/F	75	\$132		\$181			\$185								
	M/F	80+	\$144		\$200			\$201								
UNICARE Life and Health Insurance Company monthly premium payments must be via electronic funds transfer.																

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.

INSURANCE COMPANY NAME/TELEPHONE NUMBER: Companies included in this guide are found in the Medicare Supplement Premium Comparison Database on the SHIIP 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.

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
United American Insurance Company 1-800-331-2512 www.unitedamerican.com Rates effective: 1/1/09	M/F	<65	\$258	\$332	\$382										Attained Age-Plans B-D, K&L Issue Age-Plans A, F & G Crossover Simple	Pre-X: 2 Months (6 months for disability) Offers F-Prime Offers disability Plans A, B & F-Prime outside open enrollment
	M/F	65	\$151	\$168	\$204	\$187		\$226	\$273				\$109	\$153		
	M/F	70	\$159	\$223	\$270	\$249		\$286	\$294				\$146	\$204		
	M/F	75	\$159	\$242	\$298	\$276		\$299	\$308				\$163	\$228		
	M/F	80+	\$159	\$244	\$318	\$295		\$304	\$313				\$173	\$244		
United Teacher Associates Insurance Company 1-800-880-8824 www.utainteractive.com Rates effective: 7/1/09 for Plans A-D, F&G; 8/1/08 for Plans H-J	M	<65	\$386		\$528							\$388		Attained Age Crossover Simple \$25	Pre-X: 6 Months Tobacco use rates vary.	
	M	65	\$144	\$173	\$197	\$164		\$198	\$165	\$116	\$122	\$138				
	M	70	\$163	\$197	\$225	\$187		\$226	\$188	\$133	\$139	\$164				
	M	75	\$193	\$235	\$271	\$226		\$271	\$227	\$160	\$162	\$191				
	M	80	\$213	\$263	\$304	\$256		\$306	\$256	\$181	\$186	\$220				
	M	85	\$220	\$276	\$322	\$271		\$323	\$272	\$192	\$194	\$229				
United Teacher Associates Insurance Company monthly premium payments must be via electronic funds transfer.																
United World Life Insurance Company 1-800-366-3298 www.mutualofomaha.com Rates effective: 7/1/08	M	<65	\$176												Attained Age Crossover Simple	Pre-X: None
	M	65	\$ 78	\$ 95				\$123	\$103							
	M	70	\$ 89	\$108				\$140	\$117							
	M	75	\$103	\$126				\$163	\$136							
	M	80	\$113	\$138				\$178	\$149							
	M	85	\$121	\$148				\$191	\$160							
USAA Life Insurance Company DIRECT SOLITICATION RESPONSE PRODUCT 1-800-531-8722 www.usaa.com Rates effective: 8/1/08	M/F	<65	\$ 89												Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary. Bank draft available.
	M/F	65	\$ 89			\$ 94		\$ 99	\$107							
	M/F	70	\$104			\$110		\$116	\$125							
	M/F	75	\$124			\$132		\$138	\$150							
	M/F	80	\$144			\$153		\$160	\$173							
	M/F	85	\$159			\$168		\$177	\$191							

Medicare Supplement Companies and the Plans They Offer

MONTHLY PREMIUMS																
Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
World Corp Insurance Company 1-800-822-9993 www.americanenterprise.com Rates effective: 1/1/09	M/F	<65	\$262												Attained Age Crossover Detailed \$25	Pre-X: None Offers F-Prime Bank draft discount available.
	M/F	65	\$131					\$137						\$ 88		
	M/F	70	\$161					\$216						\$108		
	M/F	75	\$190					\$255						\$128		
	M/F	80	\$217					\$286						\$146		
	M/F	85	\$248					\$322						\$167		
World Corp Insurance Company premiums vary by zip code.																

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.

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.

Notes . . .

Medicare Supplement F-Prime & J-Prime (High Deductible) Plans

Medicare Supplement F-Prime & J-Prime (High Deductible) Plans

These plans cover the same benefits as the standardized Medicare Supplement Plan F; however, there is a \$2,000 deductible in 2009 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

MONTHLY PREMIUMS

Company	M/F	Age	F-Prime	J-Prime	Comments	Notes
American Pioneer Life Insurance Company 1-800-538-1053 www.amerpion.com Rates effective: 9/15/08	M	65	\$ 93		Attained Age	Pre-X: 6 Months
	M	70	\$109		Crossover	
	M	75	\$127		Simple	
	M	80	\$141		\$25	
	M	85	\$151			
American Republic Insurance Company 1-888-755-3065 www.americanenterprise.com Rates effective: 4/1/09	M	65	\$ 63		Attained Age	Pre-X: None Bank draft discount available.
	M	70	\$ 77		Crossover	
	M	75	\$ 91		Detailed	
	M	80	\$105			
	M	85	\$120			
American Republic Insurance Company premiums vary by zip code.						
Bankers Fidelity Life Insurance Company 1-800-241-1439 www.bflic.com Rates effective: 8/1/08	M/F	65	\$49		Issue Age	Pre-X: None Offers Plan B disability. Tobacco use rates vary. Credit card payment discount available.
	M/F	70	\$53		Crossover	
	M/F	75	\$59		Simple	
	M/F	80	\$62			
	M/F	85	\$63			
Bankers Fidelity Life Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card.						
Bankers Life and Casualty Company 1-800-621-3724 www.bankerslife.com Rates effective: 1/1/09	M/F	65	\$35		Attained Age	Pre-X: None Bank draft discount available.
	M/F	70	\$41		Detailed	
	M/F	75	\$49			
	M/F	80+	\$59			
Bankers Life and Casualty Company monthly premium payments must be via electronic funds transfer.						
Blue Cross Blue Shield of North Carolina 1-800-478-0583 www.bcbsnc.com/medicare Rates effective: 4/09	M/F	65	\$44		Issue Age	Pre-X: 6 months No Pre-X during 6-month open enrollment.
	M/F	70	\$79		Crossover	
	M/F	75+	\$94		Simple	

MONTHLY PREMIUMS

Company	M/F	Age		F-Prime	J-Prime	Comments	Notes
Central Reserve Life Insurance Company 1-866-459-4272 www.centralreserve.com Rates effective: 1/1/09	M	65		\$52		Attained Age	Pre-X: 6 Months
	M	70		\$58		Crossover	
	M	75		\$67		Simple	
	M	80		\$74		\$25	
	M	85		\$79			
Central Reserve Life Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card.							
Continental General Insurance Company 1-877-291-5434 www.continentalgeneral.com Rates effective: 1/21/09	M	65		\$47		Attained Age	Pre-X: None Bank draft discount available.
	M	70		\$57		Crossover	
	M	75		\$65		Detailed	
	M	80		\$71		\$25	
	M	85		\$77			
Continental General Insurance Company rates vary by zip code and monthly premium payments must be via electronic funds transfer.							
Equitable Life Insurance Company 1-800-352-5150 www.equilife.com Rates effective: 7/8/08	M	<65			\$151	Attained Age	Pre-X: None Bank draft discount available.
	M	65			\$ 68	Crossover	
	M	70			\$ 77	Detailed	
	M	75			\$ 91	\$20	
	M	80			\$100		
	M	85			\$109		
Genworth Life Insurance Company 1-888-436-9678 www.genworth.com Rates effective: 7/1/08	M	65		\$58		Attained Age	Pre-X: None
	M	70		\$68		Crossover	
	M	75		\$79		Simple	
	M	80		\$88			
	M	85		\$94			
Genworth Life Insurance Company rates vary by zip code and monthly premium payments must be via electronic funds transfer.							

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.

INSURANCE COMPANY NAME/ TELEPHONE NUMBER: Companies included in this guide are found in the Medicare Supplement Premium Comparison Database on the SHIIP web site. Company addresses and phone numbers begin on page 26.

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.

MONTHLY PREMIUMS

Company	M/F	Age		F-Prime	J-Prime	Comments	Notes
Guarantee Trust Life Insurance Company 1-800-323-6907 www.gtlic.com Rates effective: 3/14/09	M/F	65		\$33		Attained	Pre-X: None
	M/F	70		\$39		Age	
	M/F	75		\$45		Detailed	
	M/F	80		\$50			
	M/F	85		\$58		\$20	
Guarantee Trust Life Insurance Company monthly premium payments must be via electronic funds transfer and rates vary by zip code.							
Humana Insurance Company 1-800-872-7294 www.humana-medicare.com Rates effective: 1/1/09	M	65		\$61		Attained	Pre-X: 3 Months Bank draft discount available
	M	70		\$73		Age	
	M	75		\$84		Simple	
	M	80		\$93			
	M	85		\$99		Crossover	
PacifiCare Life and Health Insurance Company 1-800-610-2660 www.securehorizons.com Rates effective: 1/21/09	M/F	65		\$ 53		Attained	Pre-X: None
	M/F	70		\$ 71		Age	
	M/F	75		\$ 93		Crossover	
	M/F	80		\$116			
	M/F	85		\$133		Simple	
Pennsylvania Life Insurance Company 1-800-275-7366 www.pennlife.com Rates effective: 1/1/09	M	65		\$ 77		Attained	Pre-X: 6 Months Bank draft discount available.
	M	70		\$ 91		Age	
	M	75		\$106		Crossover	
	M	80		\$117		Detailed	
	M	85		\$125		\$25	
Physicians Life Insurance Company 1-800-228-9100 www.physiciansmutual.com Rates effective: 11/4/08	M/F	65		\$ 52		Attained	Pre-X: None Tobacco use rates vary. Bank draft discount available.
	M/F	70		\$ 65		Age	
	M/F	75		\$ 81		Crossover	
	M/F	80		\$100		Simple	
	M/F	85		\$123			
The Pyramid Life Insurance Company 1-800-777-1126 www.pyramidlife.com Rates effective: 6/1/09	M/F	65		\$57		Attained	Pre-X: 6 Months Bank draft discount available.
	M/F	70		\$65		Age	
	M/F	75		\$78		Crossover	
	M/F	80		\$88		Detailed	
	M/F	85		\$95			
Pyramid Life Insurance Company monthly premium payments must be via electronic funds transfer and rates vary by zip code.							

MONTHLY PREMIUMS

Company	M/F	Age		F-Prime	J-Prime	Comments	Notes
Standard Life and Accident Insurance Company 1-888-290-1085 www.slaico.com Rates effective: 4/1/09	M	65		\$18		Attained	Pre-X: None
	M	70		\$18		Age	
	M	75		\$21		Crossover	
	M	80		\$24		Detailed	
	M	85		\$29		\$20	
Standard Life and Accident Insurance Company monthly premium payments must be via electronic funds transfer and rates vary by zip code.							
UNICARE Life and Health Insurance Company 1-888-949-5384 www.unicare.com/medicare Rates effective: 6/1/08	M/F	65		\$38		Attained	Pre-X: None
	M/F	70		\$44		Age	
	M/F	75		\$50		Crossover	
	M/F	80+		\$58		Detailed	
						\$5	
UNICARE Life and Health Insurance Company monthly premium payments must be via electronic funds transfer.							
United American Insurance Company 1-800-331-2512 www.unitedamerican.com Rates effective: 1/1/09	M/F	65		\$ 67		Attained	Pre-X: 2 Months Offers disability Plans A, B & F-Prime outside open enrollment.
	M/F	70		\$ 88		Age	
	M/F	75		\$ 98		Crossover	
	M/F	80+		\$106		Simple	
World Corp Insurance Company 1-800-822-9993 ww.americanenterprise.com Rates effective: 1/1/09	M/F	65		\$ 66		Attained	Pre-X: None
	M/F	70		\$ 81		Age	
	M/F	75		\$ 96		Crossover	
	M/F	80		\$110		Detailed	
	M/F	85		\$126		\$25	
World Corp Insurance Company premiums vary by zip code.							

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.

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.

Notes ...

Medicare SELECT Plans

Medicare SELECT

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	E	F	G	H	I	J	K	L	Comments	Notes
AARP Healthcare Options UnitedHealthcare Ins. Co. (Sold only to AARP members) 1-800-523-5800 www.aarphealthcare.com Rates effective: 1/1/09	M/F	65			\$116										No Age Crossover Detailed	Pre-X: 3 Months GC: Plans A-L (Except ESRD) Bank draft discount available.
	M/F	68+			\$128											
AARP Healthcare Options offers spouse, annual payer and early enrollment discounts. Premiums shown include discount.																
American Pioneer Life Insurance Company 1-800-538-1053 www.amerpion.com Rates effective: 9/15/08	M	65		\$132	\$171	\$135		\$189	\$197						Attained Age Crossover Detailed \$25	Pre-X: 6 Months Offers F-Prime Tobacco use rates vary. Bank draft discount available.
	M	70		\$155	\$197	\$160		\$217	\$242							
	M	75		\$181	\$226	\$187		\$250	\$285							
	M	80		\$198	\$247	\$207		\$288	\$346							
	M	85		\$210	\$261	\$220		\$288	\$346							
The Pyramid Life Insurance Company 1-800-777-1126 www.pyramidlife.com Rates effective: 6/1/09	M/F	65				\$128	\$117	\$171	\$138						Attained Age Crossover Detailed	Pre-X: 6 Months Offers F-Prime Bank draft discount available.
	M/F	70				\$159	\$149	\$213	\$163							
	M/F	75				\$189	\$175	\$237	\$192							
	M/F	80				\$207	\$196	\$255	\$212							
	M/F	85				\$221	\$211	\$269	\$226							

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.

Medicare Supplement Insurance Plans For Disabled People with Medicare Younger than 65

Options for Disabled People with Medicare

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 J 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.

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.

Note: The following companies may consider offering Medicare supplement plans to individuals outside their open enrollment period. Only Plans A, C and J are guaranteed issue during the open enrollment period.

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Aetna Life Insurance Company 1-800-529-5586 www.aetnamedicare.com Rates effective: 1/8/09	M/F	<65	\$212												Attained Age Crossover Detailed	Pre-X: None Tobacco rates vary.
Bankers Fidelity Life Insurance Company 1-800-241-1439 www.bfllic.com Rates effective: 8/1/08	M/F	<65	\$307	\$389	\$413										Issue Age Crossover Simple	Pre-X: None Offers F-Prime Offers Plan B disability Tobacco rates vary.
Bankers Fidelity Life Insurance Company monthly premium payments must be via electronic funds transfer or pre-authorized credit card; credit card payment discount available.																
Continental Life Insurance Company of Brentwood, Tennessee 1-800-264-4000 www.cont-life.com Rates effective: 7/1/08	M	<65	\$150		\$261										Attained Age Crossover Detailed \$20	Pre-X: 3 Months
Humana Insurance Company 1-800-872-7294 www.humana-medicare.com Rates effective: 1/1/09	M	<65	\$241		\$294										Attained Age Simple (Detailed outside open enrollment) Crossover	Pre-X: 3 Months Bank draft discount available. Offers F-Prime

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.

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.

MONTHLY PREMIUMS

Company	M/F	Age	A	B	C	D	E	F	G	H	I	J	K	L	Comments	Notes
Reserve National Insurance Company 1-800-654-9106 www.reservenational.com Rates effective 10/2/08	M/F	<65	\$141		\$279										Attained Age Detailed \$15 Crossover	Pre-X: 6 Months Tobacco use rates vary. Bank draft discount available.
United American Insurance Company 1-800-331-2512 www.unitedamerican.com Rates effective: 1/1/09	M/F	<65	\$258	\$332	\$382										Issue Age-Plan A Attained Age-Plans B&C Crossover Simple	Pre-X: 6 Months (for disability) Offers F-Prime
United World Life Insurance Company 1-800-366-3298 www.mutualofomaha.com Rates effective: 7/1/08	M	<65	\$176												Attained Age Crossover Simple (Detailed outside open enrollment)	Pre-X: None
USAA Life Insurance Company DIRECT SOLICITATION RESPONSE PRODUCT 1-800-531-8722 www.usaa.com Rates effective: 8/1/08	M/F	<65	\$89												Attained Age Crossover Detailed outside open enrollment	Pre-X: None Bank draft available. Tobacco use rates vary.

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.

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 \$135 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.

CARRIER is the Medicare Part B claims processor. In North Carolina the Medicare Carrier is usually CIGNA. For questions about your Part B claims payments, contact CIGNA at 1-800-633-4227. Palmetto Government Benefits Administrators process claims for durable medical equipment. For questions about your Durable Medical Equipment claims contact Palmetto GBA at 1-800-633-4227.

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 \$267 per day copayment for days 61 through 90 and a \$534 per day copayment for days 91 through 150 while in a hospital in 2009. There is also a copayment of \$133.50 for skilled nursing days 21 through 100 and a 20 percent copayment for all Part B services in 2009.

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 \$1,068 per benefit period for 2009. Your Medicare Part B deductible for 2009 is \$135 of approved charges for the calendar year.

DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER (DMERC) is a Medicare Part B Carrier contracted by CMS to process claims for durable medical equipment, prosthetic, orthotic and supply services in a specific geographic area of the United States. North Carolina's DMERC is Palmetto Government Benefits Administrators (Palmetto GBA). 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.

INTERMEDIARY is the Medicare Part A claims processor. In North Carolina the Medicare Part A Intermediary is Palmetto Government Benefits Administrators (Palmetto GBA). For questions about your Part A claims payments contact Palmetto GBA at 1-800-633-4227. **NOTE:** Some skilled nursing homes in North Carolina process their claims through other Medicare intermediaries as do home health and 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).

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 website 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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