



# **SHIIP Medicare Supplement Comparison Guide**

**North Carolina Department of Insurance  
Seniors' Health Insurance Information Program  
1-855-408-1212 • [www.ncshiip.com](http://www.ncshiip.com)**



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# INTRODUCTION

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

This guide is designed to provide you with the facts necessary to make informed decisions regarding the purchase of a Medicare Supplement plan. 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](http://www.ncshiip.com).

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

The Seniors' Health Insurance Information Program (SHIIP) is dedicated to providing information and advice on Medicare, Medicare Supplement insurance, Medicare Advantage, Medicare Prescription Drug Plans, Medicare fraud and abuse and Long-Term Care insurance to North Carolina citizens. Trained SHIIP volunteer counselors are available statewide to provide FREE, local, one-on-one assistance to Medicare beneficiaries and their families.

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 1-855-408-1212.

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

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

2015

SERVICES	BENEFIT	MEDICARE PAYS (1)	YOU PAY (1)
<b>INPATIENT HOSPITALIZATION</b> Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. (1)	First 60 days	All but \$1,260	\$1,260
	61st to 90th day	All but \$315 a day	\$315 a day
	91st to 150th day (2)	All but \$630 a day	\$630 a day
	Beyond 150 days	Nothing	All costs
<b>POST HOSPITAL SKILLED NURSING FACILITY CARE</b> 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 \$157.50 a day	Up to \$157.50 a day
	Beyond 100 days	Nothing	All costs
<b>HOME HEALTH CARE</b> 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
<b>HOSPICE CARE</b> 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
<b>BLOOD</b>	Blood	All but first three pints per calendar year	For first three pints (4)

(1) These figures are for 2015 and are subject to change each year.

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

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

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

NOTE: The Medicare Part A premium is \$0 for eligible people with Medicare. For those who are ineligible the Medicare Part A premium is \$407 per month for those who worked less than 30 quarters or \$224 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.

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

2015

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> 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 \$147 deductible)  80% of approved charges for most outpatient mental health services	\$147 deductible (a) 20% of approved amount and charges above approved amount (b) 20% of approved charges for mental health services
<b>CLINICAL LABORATORY SERVICES</b>	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount	Nothing
<b>HOME HEALTH CARE</b> 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	\$147 deductible (a) 20% of approved amount for durable medical equipment
<b>OUTPATIENT HOSPITAL TREATMENT</b> Reasonable and necessary services for the diagnosis or treatment of an illness or injury.	Unlimited if medically necessary	80% of approved amount (after \$147 deductible)	\$147 deductible (a) Subject to deductible plus 20% of billed amount
<b>BLOOD</b>	Blood	80% of approved amount (after \$147 deductible and starting with the 4th pint)	\$147 deductible (a) First three pints plus 20% of approved amount for additional pints (c)

The monthly Part B premium for 2015 is \$104.90\*

(a) Once you have had \$147 of expense for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the year.

(b) The amount by which a physician's charge can exceed the Medicare-approved amount. This amount is limited by law.

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

\*Premium may be higher based on income

## MEDICARE SUPPLEMENT CHANGES IN 2010

### **The Model Changed Effective June 1, 2010**

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

### **Benefits and Plans Eliminated**

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

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

### **Benefits and Plans Added in 2010**

Plans M and N were added effective June 1, 2010.

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

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

## TIPS FOR PURCHASING MEDICARE SUPPLEMENT INSURANCE

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



## LAWS CONCERNING MEDICARE SUPPLEMENT INSURANCE

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

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

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

**NAIC/CMS BUYER'S GUIDE** The Centers for Medicare and Medicaid Services (CMS)/National Association of Insurance Commissioners (NAIC) buyer's guide must be given to each applicant. This is called *2015 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

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

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

**OPEN ENROLLMENT PERIOD – AGED 65 AND OLDER** State and federal laws guarantee open enrollment for a period of six months. This period begins on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B. Your Medicare card shows the effective dates for your Part A and/or Part B coverage. Open enrollment provides you a limited

time frame to purchase the Medicare Supplement policy of your choice regardless of your health condition.

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

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

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

## MEDICARE ADVANTAGE and MEDICARE PRESCRIPTION DRUG PLANS

### Medicare Advantage

A Medicare Advantage plan is a health insurance option available to people to receive their Medicare coverage. They are sometimes referred to as Medicare Part C or simply “MA or MAPD” plans. The plans are offered by private companies who have contracted with Medicare to provide Medicare Part A and Medicare Part B coverage. There are different types of Medicare Advantage plans, and they may or may not include Medicare Prescription Drug coverage. The types of Medicare Advantage plans which may be available to a person covered by Medicare are: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Special Needs Plans (SNPs), Private Fee-For Service (PFFSs) and Medicare Savings Accounts (MSAs).

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

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

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

The Medicare Advantage plans are described in the *2015 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services.

### Medicare Prescription Drug Coverage

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

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

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

People with limited income and assets (including your savings and stocks, but not counting your home) may qualify to receive Extra Help to pay for Medicare prescription drug costs. People with Medicare who qualify for Extra Help assistance will only pay a small copayment for each prescription they need; and depending on income and asset levels, the premiums and deductibles may be covered or lowered. Also, if a person qualifies for the Extra Help assistance, there is no Late Enrollment Penalty. Some people who have Medicare may automatically qualify for the Extra Help assistance if they are also receiving full Medicaid coverage or get help from their state Medicaid program with paying their Medicare Part B premiums (through a Medicare Savings Program) or if they get Supplemental Security Income benefits.

To learn more about Medicare prescription drug coverage, please see your *2015 Medicare & You Handbook* published by the Centers for Medicare & Medicaid Services or by calling SHIIP at 1-855-408-1212. SHIIP can also help people apply for Extra Help Assistance.

## GUARANTEE ISSUE LAWS FROM THE BALANCED BUDGET ACT OF 1997

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

### **Guaranteed Coverage for Certain Medicare Advantage Enrollees**

#### **Newly Eligible Medicare Beneficiaries**

The BBA allows for people with Medicare to try a Medicare Advantage organization without jeopardizing their open enrollment for Medicare Supplement insurance policies. For an individual who enrolls directly into a Medicare Advantage plan **when they first become eligible** for Medicare at age 65 and dis-enrolls 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 dis-enrolls from the Medicare Advantage plan within the first 12 months of enrolling, they will be able to reinstate their Medicare Supplement policy if it is still available.

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

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

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

**APPLICANTS MUST ENROLL WITHIN 63 DAYS OF TERMINATION OF THEIR PREVIOUS PLAN.**

## OPTIONS FOR DISABLED PEOPLE YOUNGER THAN 65 AND MEDICARE ELIGIBLE

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

### Open Enrollment

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

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

### Medicare Advantage

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

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

# 2015 STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance except up to \$20 copay for office visit and up to \$50 copay for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit of \$4,940; paid at 100% after limit reached	Out-of-pocket limit of \$2,470; paid at 100% after limit reached		

## Basic Benefits

- Part A Hospital
  - 61-90 days: **\$315/day**
  - 91-150 days: **\$630/day** (lifetime reserve days)
  - Beyond 150 days: 100% for 365 days
- Parts A and B Blood Deductible (first three pints)
- Part B Coinsurance: 20% of Medicare approved charges
- Part A Hospice Care Coinsurance or Copayment

**Part A Deductible for 2015 is \$1,260**

**Part B Deductible for 2015 is \$147**

\* F Prime has the same benefits but does not pay until you have met the \$2,180 deductible.

# STANDARDIZED MEDICARE SUPPLEMENT PLAN BENEFITS EXPLAINED

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## PLAN A

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### BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

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## **PLAN B**

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### **BASIC BENEFITS**

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses

### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,260 per benefit period in 2015)

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## PLAN C

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### BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses

### ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,260 per benefit period in 2015).
- Coverage for the skilled nursing facility care coinsurance amount (\$157.50 per day for days 21-100 per benefit period in 2015).
- Coverage for the Medicare Part B deductible (\$147 per calendar year in 2015).
- 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



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## **PLAN D**

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### **BASIC BENEFITS**

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

### **ADDITIONAL BENEFITS**

- Coverage for the Medicare Part A deductible (\$1,260 per benefit period in 2015).
- Coverage for the skilled nursing facility care coinsurance amount (\$157.50 per day for days 21-100 per benefit period in 2015).
- 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.

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## PLAN F

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### BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

### ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,260 per benefit period in 2015).
- Coverage for the skilled nursing facility care coinsurance amount (\$157.50 per day for days 21-100 per benefit period in 2015).
- Coverage for the Medicare Part B deductible (\$147 per calendar year in 2015)
- 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.

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## PLAN G

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### BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

### ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,260 per benefit period in 2015).
- Coverage for the skilled nursing facility care coinsurance amount (\$157.50 per day for days 21-100 per benefit period in 2015).
- 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.

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## MEDICARE SUPPLEMENT PLANS K and L

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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 \$4,940 out-of-pocket limit while Plan L has a \$2,470 out-of-pocket limit each year. These plans exclude the Part B deductible. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the remainder of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts (excess charges). You will be responsible for paying excess charges. Since cost sharing is higher under these plans, premiums may be more cost effective than traditional plans. The annual out-of-pocket limit may increase each year.

### PLAN K

- 100% of Part A Hospitalization Coinsurance (\$315 per day in 2015 for days 61-90; \$630 per day in 2015 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 50% of Part A Deductible (\$1,260 per benefit period in 2015)
- 50% of Skilled Nursing Facility Coinsurance (\$157.50 per day for days 21-100 in 2015)
- 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 (\$147 in 2015) is met
- \$4,940 Out-of-Pocket Annual Limit

### PLAN L

- 100% of Part A Hospitalization Coinsurance (\$315 per day in 2015 for days 61-90; \$630 per day in 2015 for days 91-150) plus coverage for 365 days after Medicare Benefits end
- 75% of Part A Deductible (\$1,260 per benefit period in 2015)
- 75% of Skilled Nursing Facility Coinsurance (\$157.50 per day for days 21-100 in 2015)
- 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 (\$147 in 2015) is met
- \$2,470 Out-of-Pocket Annual Limit

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## **PLAN M**

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### **BASIC BENEFITS**

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses.

### **ADDITIONAL BENEFITS**

- Coverage for 50% of the Medicare Part A deductible (\$1,260 per benefit period in 2015).
- Coverage for the skilled nursing facility care coinsurance amount (\$157.50 per day for days 21-100 per benefit period in 2015).
- 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.

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## PLAN N

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### BASIC BENEFITS

- Coverage for the Part A coinsurance amount (\$315 per day in 2015) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$630 per day in 2015) 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; including approved charges for outpatient mental health services) after \$147 annual deductible is met.
  - \* Except up to \$20 copayment for office visits and up to \$50 copayment for ER visits (ER copay waived if admitted as inpatient and ER visit becomes a Part A covered expense). Copayment amounts may change each year.
- Coverage for the first three pints of blood deductible.
- Coverage of cost sharing for all Part A eligible hospice and respite care expenses

### ADDITIONAL BENEFITS

- Coverage for the Medicare Part A deductible (\$1,260 per benefit period in 2015).
- Coverage for the skilled nursing facility care coinsurance amount (\$157.50 per day for days 21-100 per benefit period in 2015).
- Eighty percent coverage for medically necessary emergency care in a foreign country after a \$250 calendar year deductible. The lifetime maximum benefit is \$50,000.

## LICENSED MEDICARE SUPPLEMENT INSURANCE COMPANIES

At the time of this printing the companies listed have been approved by the North Carolina Department of Insurance to sell Medicare supplement policies in North Carolina. Not all submitted rates for inclusion in this guide and 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.ncshiiip.com](http://www.ncshiiip.com) to find the most recent premiums for all approved companies.

### **AARP/UnitedHealthcare Insurance Company**

SOLD ONLY TO AARP MEMBERS  
680 Blair Mill Road  
Horsham, Pennsylvania 19044  
1-800-523-5880  
[www.aarphealthcare.com](http://www.aarphealthcare.com)

### **Aetna Life Insurance Company**

800 Crescent Centre Drive  
Suite 200  
Franklin, Tennessee 37067  
1-888-624-0290  
[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

### **American Continental Insurance Company**

P.O. Box 1188  
Brentwood, Tennessee 37027  
1-800-264-4000  
[www.cont-life.com](http://www.cont-life.com)

### **American Republic Corp Insurance Company**

PO Box 14510  
Des Moines, Iowa 50306-3510  
1-866-705-9100  
[www.americanenterprise.com](http://www.americanenterprise.com)

### **American Republic Insurance Company**

PO Box 1  
Des Moines, Iowa 50306-0001  
1-888-755-3065  
[www.americanenterprise.com](http://www.americanenterprise.com)

### **American Retirement Life Insurance Company**

11200 Lakeline Boulevard, Suite 100  
Austin, Texas 78717  
1-866-459-4272

### **Bankers Fidelity Life Insurance Company**

4370 Peachtree Road, N.E.  
Atlanta, Georgia 30319  
1-800-241-1439  
[www.bflic.com](http://www.bflic.com)

### **Blue Cross Blue Shield of North Carolina**

PO Box 30016  
Durham, North Carolina 27702-3016  
1-800-478-0583  
[www.bcbsnc.com/medicare](http://www.bcbsnc.com/medicare)

### **Central States Indemnity Company of Omaha**

PO Box 34888  
Omaha, Nebraska 68134-0888  
1-866-644-3988  
[www.csi-omaha.com](http://www.csi-omaha.com)

### **Colonial Penn Life Insurance Company**

111 East Wacker Drive  
Suite 2100  
Chicago, Illinois 60601  
1-800-800-2254  
[www.bankerslife.com/products/medicare-supplement-insurance](http://www.bankerslife.com/products/medicare-supplement-insurance)

### **Combined Insurance Company of America**

111 E. Wacker Drive, Suite 700  
Chicago, Illinois 60601  
1-855-278-9329  
[www.combinedinsurance.com](http://www.combinedinsurance.com)

### **Constitution Life Insurance Company**

1001 Heathrow Park Lane, Suite 5001  
Lake Mary, Florida 32746  
1-800-444-0321  
[www.universalamericaninsuranceplans.com](http://www.universalamericaninsuranceplans.com)

### **Coventry Health and Life Insurance Company**

800 Crescent Centre Drive  
Suite 200  
Franklin, Tennessee 37067  
1-800-246-4000  
[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)

**Equitable Life & Casualty**  
3 Triad Center  
Salt Lake City, Utah 84180  
1-877-358-4060  
www.equilife.com

**First Health Life and Health Insurance Company**  
800 Crescent Centre Drive  
Suite 200  
Franklin, Tennessee 37067  
1-800-246-4000  
www.aetnaseniorproducts.com

**Forethought Life Insurance Company**  
PO Box 14569  
Clearwater, Florida 33766  
1-877-492-5870  
www.forethought.com

**Gerber Life Insurance Company**  
PO Box 2271  
Omaha, Nebraska 68103-2271  
1-877-778-0839

**Globe Life and Accident Insurance Company**  
DIRECT SOLICITATION RESPONSE PRODUCT  
PO Box 8080  
McKinney, Texas 75070  
1-800-801-6831  
www.globecaremedsupp.com

**Government Personnel Mutual Life Insurance Company**  
PO Box 2679  
Omaha, Nebraska 68103-2679  
1-866-865-7631  
www.gpmlife.com

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

**Liberty National Life Insurance Company**  
PO Box 8080  
McKinney, Texas 75070  
1-800-331-2512  
www.libertynational.com

**Loyal American Life Insurance Company**  
11200 Lakeline Boulevard, Suite 100  
Austin, Texas 78717  
1-866-459-4272  
www.loyalamerican.com

**Manhattan Life Insurance Company**  
10777 Northwest Fwy.  
Houston, Texas 77092  
1-800-877-7703  
www.manhattanlife.com

**Medico Corp Life Insurance Company**  
PO Box 10482  
Des Moines, Iowa 50306  
1-800-822-9993  
www.gomedico.com

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

**Mutual of Omaha Insurance Company**  
Mutual of Omaha Plaza  
Omaha, Nebraska 68175  
1-800-667-2937  
www.mutualofomaha.com

**New Era Life Insurance Company**  
PO Box 4884  
Houston, Texas 77210-4884  
1-800-713-4680 Ext 7150  
www.neweralife.com

**Old Surety Life Insurance Company**  
PO Box 54407  
Oklahoma City, Oklahoma 73154  
1-800-272-5466  
www.oldsurety.com

**Order of United Commercial Travelers of America**  
1801 Watermark Drive, Suite 100  
Columbus, Ohio 43215  
1-800-848-0123  
www.uct.org

**Oxford Life Insurance Company**  
2721 North Central Avenue  
Phoenix, Arizona 85004-1172  
1-800-308-2318  
www.oxfordlife.com

**Philadelphia American Life Insurance Company**  
P.O. Box 4884  
Houston, Texas 77210  
1-800-552-7879  
www.neweralife.com



**Physicians Mutual Insurance Company**  
2600 Dodge Street  
Omaha, Nebraska 68131  
1-800-228-9100  
www.physiciansmutual.com

**Reserve National Insurance Company**  
601 East Britton Road  
Oklahoma City, Oklahoma 73114  
1-800-654-9106  
www.reservenational.com

**Sentinel Security Life Insurance Company**  
1405 West 2200 South  
Salt Lake City, Utah 84119  
1-800-247-1423  
www.sslco.com

**Standard Life and Accident Insurance Company**  
One Moody Plaza  
Galveston, Texas 77550  
1-888-290-1085  
www.slaico.com

**Standard Life and Casualty Insurance Company**  
PO Box 14308  
Clearwater, Florida 33766-4308  
1-855-406-9081  
www.slacins.com

**State Farm Mutual Automobile Insurance Company**  
One State Farm Plaza  
Bloomington, Illinois 61710  
Contact Your Local State Farm Agent  
www.statefarm.com

**State Mutual Insurance Company**  
210 East Second Avenue, Suite 301  
Rome, Georgia 30161  
1-888-764-1936  
www.statemutualinsurance.com  
(Must call the company directly or enroll through their Web site)

**Sterling Life Insurance Company**  
PO Box 5348  
Bellingham, Washington 98227-5348  
1-877-906-0926  
www.sterlinghealth.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

**Transamerica Life Insurance Company**  
300 Eagleview Boulevard  
Exton, Pennsylvania 19341  
1-866-205-9120

**United American Insurance Company**  
PO Box 8080  
McKinney, Texas 75070  
1-800-331-2512  
www.unitedamerican.com

**United of Omaha Life Insurance Company**  
Mutual of Omaha Plaza  
Omaha, Nebraska 68175  
1-800-667-2937  
www.mutualofomaha.com

**USAA Life Insurance Company**  
9800 Fredericksburg Road  
San Antonio, Texas 78288  
1-800-531-6399  
www.usaa.com

**World Corp Insurance Company**  
P.O. Box 14546  
Des Moines, Iowa 50306  
1-800-822-9993

## A NOTE TO THE CONSUMER

The following section summarizes the benefits of the Medicare Supplement policies approved by the North Carolina Department of Insurance for sale in 2015.

This information was obtained through our website 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](http://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 1-855-408-1212 for more information.

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

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

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

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

## EXPLANATION OF PREMIUM CHARTS COLUMN DATA

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

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

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

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

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

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

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

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

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

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

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

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

## MEDICARE SUPPLEMENT COMPANIES AND THE PLANS THEY OFFER – MONTHLY PREMIUMS

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

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

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

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

**F+:** F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,180 deductible in 2015 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

**ISSUE AGE:** If “Issue Age” appears in the Comments column, the premium will always be based on your age when 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. Rates for males are generally higher than those for females.

**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. 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.

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>AARP/UnitedHealthcare Insurance Company</b> (Sold only to AARP members) 1-800-523-5880 www.aarphealthcare.com Rates effective: 1/1/14	M/F	<65	\$212		\$385									No Age Crossover Simple	Pre-X: 3 months Bank draft, Multi-insured, and Annual Pay discounts available.
	M/F	65	\$118	\$171	\$214		\$206		\$70	\$112		\$144			
	M/F	70	\$118	\$171	\$214		\$206		\$70	\$112		\$144			
	M/F	75+	\$118	\$171	\$214		\$206		\$70	\$112		\$144			
Rates shown are base rates only.															
<b>Aetna Life Insurance Company</b> 1-888-624-6290 www.aetnaseniorproducts.com Rates effective: 1/1/15	M	<65	\$338				\$632							Attained Age Crossover Detailed	Pre-X: 6 months
	M	65	\$122	\$136			\$153	\$140				\$110			
	M	70	\$147	\$166			\$188	\$173				\$136			
	M	75	\$168	\$196			\$224	\$208				\$165			
	M	80	\$183	\$219			\$251	\$241				\$193			
	M	85	\$192	\$239			\$279	\$288				\$234			
	M	>85*	\$193	\$243			\$285	\$299				\$244			
*Individual rates available through age 90.															

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>American Republic Corp Insurance Company</b> 1-866-705-9100 www.americanenterprise.com Rates effective: 6/1/15	M	<65	\$292				\$366							Attained Age Crossover Simple	Pre-X: None Bank draft and Couple discounts available. Rates vary by zip code.
	M	65	\$146				\$183		\$87	\$120			\$65		
	M	70	\$163				\$205		\$98	\$135			\$72		
	M	75	\$198				\$248		\$118	\$163			\$88		
	M	80	\$228				\$286		\$136	\$188			\$101		
	M	85	\$258				\$324		\$154	\$213			\$114		
		>85	\$263				\$330		\$157	\$217			\$117		
<b>American Republic Insurance Company</b> 1-888-755-3065 www.americanenterprise.com Rates effective: 4/1/15	M	<65	\$328				\$469							Attained Age Crossover Simple	Pre-X: None Bank draft and Couple discounts available. Rates vary by zip code.
	M	65	\$104				\$148						\$59		
	M	70	\$111				\$159						\$64		
	M	75	\$142				\$203						\$81		
	M	80	\$169				\$241						\$97		
	M	85	\$195				\$279						\$112		
	M	>85	\$200				\$285						\$114		
<b>American Retirement Life Insurance Company</b> 1-866-459-4272 www.cigna.com Rates effective: 6/1/15	M/F	<65	\$372				\$455							Attained Age Crossover Detailed \$20	Pre-X: 6 months Rates vary by zip code.
	M/F	65	\$124				\$152	\$126				\$100			
	M/F	70	\$146				\$177	\$150				\$119			
	M/F	75	\$168				\$206	\$177				\$140			
	M/F	80	\$189				\$239	\$207				\$165			
	M/F	85	\$215				\$284	\$247				\$200			
		>85	\$227				\$316	\$275				\$223			
<b>Blue Cross Blue Shield of NC</b> 1-800-478-0583 www.bcbsnc.com/medicare Rates effective: 6/1/15	M/F	<65	\$478	\$561	\$731									Attained Age Crossover Simple	Pre-X: 6 months
	M/F	65	\$122	\$138	\$157	\$141	\$139	\$142	\$71	\$99	\$114	\$134	\$26		
	M/F	70	\$151	\$183	\$206	\$190	\$201	\$192	\$95	\$133	\$153	\$181	\$36		
	M/F	75+	\$151	\$188	\$242	\$225	\$238	\$227	\$113	\$158	\$182	\$214	\$45		

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Central States Indemnity Company of Omaha</b> 1-866-644-3988 www.csi-omaha.com Rates effective: 2/1/15	M	<65	\$228		\$347									Attained Age Crossover Simple \$25	Pre-X: None Tobacco use rates vary.
	M	65	\$104	\$122	\$145		\$138	\$113				\$93			
	M	70	\$118	\$138	\$165		\$156	\$127				\$105			
	M	75	\$140	\$164	\$192		\$186	\$152				\$125			
	M	80	\$159	\$186	\$226		\$210	\$171				\$141			
	M	85	\$173	\$202	\$246		\$228	\$186				\$153			
		90	\$183	\$213	\$259		\$239	\$195				\$161			
<b>Colonial Penn Life Insurance Company</b> 1-800-800-2254 www.bankerslife.com/products/medicare-supplement-insurance Rates effective: 1/1/15	M	<65	\$490				\$628							Attained Age Crossover Detailed	Pre-X: None
	M	65	\$156	\$166			\$202	\$155	\$63	\$122	\$151	\$99	\$40		
	M	70	\$191	\$202			\$245	\$190	\$77	\$145	\$188	\$128	\$48		
	M	75	\$232	\$244			\$297	\$234	\$96	\$177	\$232	\$164	\$58		
	M	80	\$271	\$285			\$354	\$282	\$118	\$213	\$277	\$203	\$69		
	M	85	\$308	\$326			\$417	\$335	\$142	\$250	\$324	\$247	\$81		
	M	>85	\$381	\$420			\$550	\$467	\$200	\$330	\$421	\$360	\$110		
<b>Combined Insurance Company of America</b> 1-855-278-9329 www.combinedinsurance.com Rates effective: 3/1/15	M	<65	\$283				\$340							Attained Age Crossover Detailed \$25	Pre-X: None Tobacco use rates vary. Rates vary by zip code.
	M	65	\$113				\$136					\$116			
	M	70	\$134				\$160					\$138			
	M	75	\$148				\$194					\$156			
	M	80	\$157				\$220					\$171			
	M	85	\$163				\$244					\$184			
	M	>85	\$164				\$247					\$186			
<b>Coventry Health and Life Insurance Company</b> 1-800-246-4000 Rates effective: 6/25/14	M	<65	\$445				\$614							Attained Age Crossover Detailed	Pre-X: None
	M	65	\$126	\$146			\$170	\$157				\$120			
	M	70	\$145	\$171			\$199	\$185				\$142			
	M	75	\$161	\$195			\$229	\$213				\$164			
	M	80	\$171	\$215			\$254	\$238				\$185			
	M	85	\$177	\$231			\$278	\$262				\$206			
		>85	\$178	\$234			\$282	\$267				\$210			

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Equitable Life &amp; Casualty</b> 1-877-358-4060 www.equilife.com Rates effective: 4/1/15	M	<65	\$234				\$331							Attained Age Crossover Simple \$20	Pre-X: None Bank draft and Household discount available.
	M	65	\$94				\$133					\$90			
	M	70	\$114				\$162					\$110			
	M	75	\$132				\$188					\$127			
	M	80	\$144				\$207					\$140			
	M	85	\$155				\$225					\$153			
	M	>85	\$157				\$228					\$161			
<b>First Health Life and Health Insurance Company</b> 1-800-246-4000 Rates effective: 6/25/14	M	<65	\$393				\$536							Attained Age Crossover Simple \$25	Pre-X: None Rates vary by zip code.
	M	65	\$112	\$128			\$148	\$137				\$105			
	M	70	\$128	\$149			\$174	\$161				\$125			
	M	75	\$142	\$170			\$200	\$185				\$144			
	M	80	\$150	\$187			\$222	\$207				\$163			
	M	85	\$156	\$201			\$243	\$228				\$181			
	M	>85	\$157	\$204			\$247	\$232				\$185			
<b>Gerber Life Insurance Company</b> 1-877-778-0839 Rates effective: 11/1/14	M	<65	\$315	\$204			\$451							Attained Age Crossover Simple \$25	Pre-X: None Rates vary by zip code.
	M	65	\$134				\$192	\$162							
	M	70	\$159				\$228	\$192							
	M	75	\$176				\$257	\$217							
	M	80	\$187				\$279	\$236							
	M	85	\$195				\$298	\$253							
		>85	\$214				\$353	\$304							

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

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

**CC:** If "CC" appears in the Premium column, under age 65 rates were not yet approved with the N.C. Department of Insurance. Please call the company for additional information.

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

**F+:** F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,180 deductible in 2015 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

**ISSUE AGE:** If "Issue Age" appears in the Comments column, the premium will always be based on your age when 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. Rates for males are generally higher than those for females.

**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. 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.

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Globe Life and Accident Insurance Company</b> 1-800-801-6831 www.globecaremedsupp.com Rates effective: 2/10/15	M/F	<65	\$209		\$297									Attained Age	Pre-X: 2 months 6 months for Disability Bank draft discount available.
	M/F	65	\$85	\$126	\$150		\$151						\$33	Crossover Simple	
	M/F	70	\$107	\$161	\$190		\$191						\$43		
	M/F	75	\$117	\$178	\$213		\$215						\$53		
	M/F	80+	\$120	\$183	\$239		\$241						\$55		
Direct solicitation response product.															
<b>Government Personnel Mutual Life Insurance Company</b> 1-866-865-7631 www.gpmlife.com Rates effective: 9/1/15	M	<65	\$269		\$357									Attained Age	Pre-X: None Rates vary by zip code.
	M	65	\$114		\$152		\$141	\$114				\$100		Crossover Simple \$25	
	M	70	\$125		\$167		\$155	\$125				\$110			
	M	75	\$149		\$202		\$187	\$151				\$134			
	M	80	\$173		\$239		\$222	\$179				\$159			
	M	85	\$192		\$272		\$253	\$205				\$183			
	M	>85	\$235		\$357		\$332	\$272				\$245			
<b>Humana Insurance Company</b> 1-888-310-8482 www.humana-medicare.com Rates effective: 6/1/15	M	<65	\$310		\$403									Attained Age	Pre-X: 90 Days Bank draft and Spousal discounts available. Rates vary by zip code.
	M	65	\$125	\$136	\$163		\$166		\$74	\$105		\$104		Crossover Simple	
	M	70	\$152	\$165	\$197		\$201		\$90	\$127		\$126			
	M	75	\$184	\$200	\$240		\$244		\$109	\$154		\$153			
	M	80	\$218	\$237	\$283		\$289		\$128	\$182		\$180			
	M	85+	\$252	\$274	\$328		\$334		\$149	\$210		\$209			
<b>Liberty National Life Insurance Company</b> 1-800-331-2512 www.LibertyNational.com Rates effective: 1/9/14	M	<65	\$481	\$599			\$612							Attained Age	Pre-X: 60 Days 2 Months for Disability Rates vary by zip code.
	M	65	\$171	\$241			\$274					\$212	\$47	except <65 Issue Age Crossover Simple	
	M	70	\$205	\$297			\$342					\$270	\$64		
	M	75	\$211	\$316			\$378					\$303	\$83		
	M	80+	\$211	\$316			\$397					\$323	\$93		



COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Loyal American Life Insurance Company</b> 1-866-459-4272 Rates effective: 1/1/15	M	<65	\$240		\$337									Attained Age Crossover Detailed \$25	Pre-X: 6 Months Tobacco use rates vary. Rates vary by zip code.
	M	65	\$130	\$152	\$182	\$159	\$188	\$163				\$132			
	M	70	\$148	\$172	\$206	\$181	\$212	\$185				\$148			
	M	75	\$175	\$205	\$248	\$215	\$254	\$220				\$178			
	M	80	\$199	\$233	\$282	\$144	\$286	\$250				\$201			
	M	85	\$217	\$253	\$308	\$265	\$310	\$272				\$217			
	M	>85	\$220	\$256	\$312	\$269	\$314	\$276				\$220			
<b>Manhattan Life Insurance Company</b> 1-800-877-7703 www.manhattanlife.com Rates Effective: 3/1/15	M	<65	\$271		\$363									Attained Age Crossover Detailed \$25	Pre-X: None Spousal Discount offered.
	M	65	\$101		\$135		\$135	\$118				\$91			
	M	70	\$114		\$153		\$152	\$134				\$105			
	M	75	\$135		\$181		\$180	\$158				\$127			
	M	80	\$156		\$210		\$209	\$184				\$150			
	M	85	\$173		\$231		\$230	\$214				\$167			
	M	>85	\$175		\$235		\$234	\$220				\$170			
<b>Medico Corp Life Insurance Company</b> 1-800-822-9993 www.gomedico.com Rates Effective: 7/1/15	M/F	<65	\$422				\$542							Attained Age Crossover Simple	Pre-X: None Bank draft and Spousal discount available. Rates vary by zip code.
	M	65	\$107				\$137	\$128				\$97	\$41		
	M	70	\$113				\$145	\$135				\$103	\$43		
	M	75	\$135				\$173	\$164				\$125	\$52		
	M	80	\$159				\$203	\$194				\$147	\$61		
	M	85	\$184				\$236	\$226				\$172	\$71		
	M	>85	\$188				\$241	\$231				\$176	\$72		

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

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

**CC:** If "CC" appears in the Premium column, under age 65 rates were not yet approved with the N.C. Department of Insurance. Please call the company for additional information.

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

**F+:** F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,180 deductible in 2015 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

**ISSUE AGE:** If "Issue Age" appears in the Comments column, the premium will always be based on your age when 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. Rates for males are generally higher than those for females.

**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. 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.

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Mutual of Omaha Insurance Company</b> 1-800-667-2937 www.mutualofomaha.com Rates Effective: 4/1/15	M	<65	\$408				\$575							Attained Age Crossover Simple	Pre-X: None Spousal discounts available. Rates vary by zip code.
	M	65	\$108				\$152	\$107							
	M	70	\$119				\$167	\$118							
	M	75	\$140				\$197	\$139							
	M	80	\$165				\$233	\$164							
	M	85	\$195				\$275	\$194							
	M	>99	\$307				\$433	\$305							
<b>New Era Life Insurance Company</b> 1-800-713-4680 www.neweralife.com Rates effective: 1/1/15	M	<65	\$244		\$346									Attained Age Detailed \$20	Pre-X: 6 months Rates vary by zip code.
	M	65	\$97		\$138		\$140	\$110				\$98	\$43		
	M	70	\$100		\$147		\$149	\$121				\$104	\$48		
	M	75	\$120		\$174		\$175	\$146				\$123	\$58		
	M	80	\$140		\$199		\$201	\$169				\$140	\$71		
	M	85	\$179		\$254		\$257	\$217				\$180	\$91		
	M	>85	\$137		\$265		\$268	\$226				\$188	\$95		
<b>Order of United Commercial Travelers of America</b> 1-800-848-0123 www.uct.org Rates effective: 7/1/15	M	<65	\$325		\$430									Attained Age Simple	Pre-X: None
	M	65	\$170	\$220	\$237	\$214	\$242	\$177				\$169			
	M	70	\$213	\$275	\$295	\$268	\$294	\$221				\$206			
	M	75	\$249	\$322	\$339	\$313	\$339	\$259				\$237			
	M	80	\$274	\$354	\$367	\$345	\$366	\$285				\$256			
	M	85	\$292	\$378	\$390	\$368	\$389	\$304				\$272			
	M	>85	\$325	\$429	\$430	\$410	\$429	\$338				\$300			
<b>Physicians Mutual Insurance Company</b> 1-800-228-9100 www.physiciansmutual.com Rates effective: 4/1/15	M/F	<65	\$326				\$520							Attained Age Crossover Simple (Issue age rates and Innovation rates also available.)	Pre-X: None Tobacco use rates vary. Bank draft and Spousal discounts available. Preventive Rider Included.
	M/F	65	\$133				\$218	\$173				\$139	\$47		
	M/F	70	\$157				\$254	\$201				\$168	\$58		
	M/F	75	\$174				\$302	\$239				\$204	\$71		
	M/F	80	\$189				\$349	\$276				\$241	\$87		
	M/F	85	\$202				\$394	\$312				\$273	\$106		

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Reserve National Insurance Company</b> 1-800-654-9106 www.reservenational.com Rates effective: 7/31/2014	M/F	<65	\$257		\$381		\$333						\$96	Attained Age	Pre-X: 6 months Rates vary by zip code.
	M/F	65	\$134		\$199		\$174	\$134				\$126	\$50	Crossover	
	M/F	70	\$159		\$236		\$206	\$159				\$150	\$59	Detailed	
	M/F	75	\$187		\$278		\$243	\$187				\$176	\$70	\$15	
	M/F	80	\$217		\$322		\$281	\$216				\$204	\$81		
	M/F	85	\$240		\$356		\$311	\$239				\$225	\$89		
	M/F	>85	\$241		\$357		\$312	\$240				\$226	\$90		
<b>Sentinel Security Life Insurance Company</b> 1-800-247-1423 www.sslco.com Rates effective: 10/1/14	M	<65	\$282		\$370									Attained Age	Pre-X: None
	M	65	\$120	\$124	\$158	\$125	\$162					\$91		Crossover	
	M	70	\$137	\$142	\$181	\$143	\$185					\$105		Simple	
	M	75	\$154	\$161	\$206	\$163	\$211					\$120		\$25	
	M	80	\$168	\$178	\$230	\$183	\$236					\$135			
	M	85	\$179	\$192	\$250	\$199	\$256					\$147			
	M	>85	\$186	\$204	\$268	\$213	\$274					\$159			
<b>Standard Life and Accident Insurance Company</b> 1-888-290-1085 www.slaico.com Rates effective: 3/1/15	M/F	<65	\$598		\$775									Attained Age	Pre-X: None Rates vary by zip code.
	M/F	65	\$218	\$249	\$283	\$170	\$232	\$172				\$112	\$34	Crossover	
	M/F	70	\$253	\$288	\$327	\$197	\$269	\$199				\$130	\$39	Detailed	
	M/F	75	\$290	\$331	\$376	\$226	\$309	\$228				\$149	\$45		
	M/F	80	\$349	\$397	\$451	\$272	\$371	\$274				\$179	\$54		
	M/F	85+	\$439	\$499	\$568	\$342	\$467	\$345				\$225	\$68		
Standard Life and Accident Insurance Company monthly premium payments must be via electronic funds transfer.															

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

**CC:** If "CC" appears in the Premium column, under age 65 rates were not yet approved with the N.C. Department of Insurance. Please call the company for additional information.

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

**F+:** F Prime covers the same benefits as the standardized Medicare Supplement Plan F, however, there is a \$2,180 deductible in 2015 which leads to lower monthly premiums. The deductible may increase annually at the same rate as the Consumer Price Index.

**ISSUE AGE:** If "Issue Age" appears in the Comments column, the premium will always be based on your age when 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. Rates for males are generally higher than those for females.

**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. 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.

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>State Farm Mutual Automobile Insurance Company</b> CALL YOUR LOCAL STATE FARM AGENT www.statefarm.com Rates effective: 1/26/2015	M/F	<65	\$200		\$302									Attained Age Crossover Simple	Pre-X: None
	M/F	65	\$89		\$134		\$136								
	M/F	70	\$112		\$169		\$171								
	M/F	75	\$130		\$196		\$198								
	M/F	80	\$146		\$220		\$223								
	M/F	85+	\$152		\$229		\$232								
<b>State Mutual Insurance Company</b> 1-888-764-1936 www.statemutualinsurance.com Rates effective: 7/1/15	M	<65	\$276		\$387									Attained Age Crossover Simple	Pre-X: None Tobacco use rates vary.
	M	65	\$143	\$167	\$200	\$170	\$208	\$171			\$153	\$146	\$80		
	M	70	\$170	\$198	\$238	\$202	\$244	\$203			\$182	\$171	\$93		
	M	75	\$202	\$236	\$286	\$240	\$292	\$242			\$216	\$204	\$112		
	M	80	\$229	\$268	\$325	\$273	\$330	\$275			\$246	\$231	\$126		
	M	85	\$249	\$291	\$354	\$297	\$357	\$298			\$267	\$250	\$137		
	M	90	\$263	\$307	\$373	\$313	\$376	\$315			\$282	\$263	\$144		
<b>Thrivent Financial</b> 1-800-847-4836 www.thrivent.com Rates effective: 3/1/15	M/F	<65	\$248		\$413									Attained Age Crossover Simple	Pre-X: None Rates vary by zip code. Tobacco use rates vary.
	M/F	65	\$104	\$117	\$138	\$119	\$139	\$119		\$85	\$112		\$41		
	M/F	70	\$124	\$140	\$163	\$144	\$164	\$144		\$103	\$135		\$51		
	M/F	75	\$142	\$165	\$194	\$174	\$195	\$174		\$125	\$162		\$63		
	M/F	80	\$152	\$183	\$227	\$206	\$228	\$207		\$148	\$191		\$76		
	M/F	85	\$165	\$195	\$260	\$237	\$261	\$239		\$171	\$217		\$91		
	M/F	>85	\$160	\$197	\$265	\$243	\$266	\$244		\$175	\$221		\$93		
Plans available only to members of Thrivent Financial for Lutherans, a fraternal benefits society.															
<b>United American Insurance Company</b> 1-800-331-2512 www.unitedamerican.com Rates effective: 1/1/15	M	<65	\$445	\$544	\$565								\$212	Attained Age except <65 Issue Age Crossover Simple	Pre-X: 60 Days 6 Months for Disability Rates vary by zip code.
	M	65	\$127	\$191	\$219	\$204	\$216	\$205	\$97	\$136		\$166	\$34		
	M	70	\$152	\$235	\$274	\$258	\$269	\$260	\$130	\$182		\$211	\$45		
	M	75	\$157	\$249	\$302	\$287	\$297	\$288	\$145	\$203		\$236	\$54		
	M	80+	\$157	\$249	\$316	\$301	\$311	\$302	\$154	\$217		\$252	\$57		
Offers Plans B & F Prime outside of open enrollment.															

**The following companies chose not to include rates in this guide but are approved for Medicare Supplement sales in North Carolina and can be contacted directly:**

American Continental Insurance Company  
Bankers Fidelity Life Insurance Company  
Constitution Life Insurance Company  
Forethought Life Insurance Company  
Medico Insurance Company  
Old Surety Life Insurance Company  
Philadelphia American Life Insurance Company

Standard Life & Casualty Insurance Company  
Sterling Life Insurance Company  
Transamerica Life Insurance Company  
United of Omaha Life Insurance Company  
USAA Life Insurance Company  
World Corp Insurance Company

**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.

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**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. Rates for males are generally higher than those for females.

**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. Usually treatment must have been received in the preceding six months for the condition to be considered "pre-existing."

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

## MEDICARE SELECT PLANS – MONTHLY PREMIUMS

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.

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>AARP/UnitedHealthcare Insurance</b> 1-800-523-5800 www.aarphealthcare.com Rates effective: 1/1/14	M/F	65			\$120		\$121							No Age Crossover Detailed	Pre-X: 3 Months Bank draft discount available.
	M/F	70			\$145		\$146								
	M/F	75>			\$171		\$172								
<b>AARP/UnitedHealthcare Insurance Company offers annual payer and early enrollment discounts. Rates shown are base rates only.</b>															
<b>Gerber Life Insurance Company</b> 1-877-778-0839 www.gerberlife.com Rates effective: 11/1/14	M	<65					\$374							Attained Age Crossover Simple \$25	Pre-X: None
	M	65					\$159	\$134							
	M	70					\$189	\$159							
	M	75					\$213	\$180							
	M	80					\$235	\$196							
	M	85					\$247	\$210							
		>99					\$293	\$253							

COMPANY	M/F	AGE	A	B	C	D	F	G	K	L	M	N	F+	COMMENTS	NOTES
<b>Sentinel Security Life Insurance Company</b> 1-800-247-1423 www.sslco.com Rates effective: 10/1/14	M	<65												Attained Age	Pre-X: None
	M	65			\$133	\$133	\$133					\$77		Crossover	
	M	70			\$152	\$152	\$152					\$89		Simple	
	M	75			\$173	\$173	\$173					\$101		\$25	
	M	80			\$193	\$193	\$193					\$114			
	M	85			\$210	\$210	\$210					\$125			
	M	90			\$225	\$225	\$225					\$134			

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

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

**CC:** If "CC" appears in the Premium column, under age 65 rates were not yet approved with the N.C. Department of Insurance. Please call the company for additional information.

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

**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 20.

**ISSUE AGE:** If "Issue Age" appears in the Comments column, the premium will always be based on your age when 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. Rates for males are generally higher than those for females.

**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 \$147 annual Part B deductible you have not met. You and your insurance plan are responsible for the 20 percent of the approved amount not paid by Medicare. Accepting assignment means that the doctor or supplier will not bill you for the difference between the actual charge and the Medicare-approved amount. Find out in advance whether your doctor or supplier will accept assignment. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a case-by-case basis whether he is a participating provider or not.

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

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

**COPAYMENT** is the amount that you or your insurance plan must pay to supplement Medicare's payments for Part A and Part B expenses. For example, you will have a \$315 per day copayment for days 61 through 90 and a \$630 per day copayment for days 91 through 150 while in a hospital in 2015. There is also a copayment of \$157.50 for skilled nursing days 21 through 100 and a 20 percent copayment for all Part B services in 2015.

**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 \$1,260 per benefit period for 2015. Your Medicare Part B deductible for 2015 is \$147 of approved charges for the calendar year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**QUALITY IMPROVEMENT ORGANIZATIONS (QIO)** help Medicare beneficiaries exercise their right to high-quality health care. QIOs are charged with the task of addressing beneficiaries' quality of care complaints and with discharging appeals. They also must implement the improvement initiatives those complaints and appeals inspire. QIOs work with regional and local communities by forming groups comprised of health care providers and other stakeholders to learn from one another and to use that knowledge in making care more patient-centered, safer, and coordinated. Because QIOs share best practices with one another, providers benefit from the experience of their peers across the country, which further accelerates improvement. KEPRO is North Carolina's QIO contractor for Region 2.

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**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.

# COMPARISON DATABASE ON THE WEB

SHIIP has an interactive tool on our Web site that allows individuals to compare Medicare supplement plans at the touch of their fingers. Below you will see a snapshot of how the page appears. By simply entering your age, gender, the Medicare supplement plan you want to compare and whether or not you smoke, the computer will generate a list of the companies offering that plan along with their estimated premiums. By clicking on the Company name you will be directed to other important aspects of the policy. This site has the most update to date information of plans available in North Carolina. It is located at <http://www.ncdoi.com/medisupp/citizen/search.asp>.



# NOTES:

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