

Why not go with?

Please contact:

Medicare beneficiaries age 65 and older – all Medigap plans for those over 65 plans must offer the same services. The only difference is cost. The fields highlighted in Yellow below reflect the lowest costs to the consumer.

Code	G9781	G9782	G9784	G9786	G9787	G9809	G9895	G9897	G9900	G9901
Company	Genworth Life	Horizon BCBS	Pennsylvania Life Ins Co	Mutual of Omaha	American Progressive	United World Life	Sterling Life	Lincoln Heritage	AARP	Bankers Life
Plan C	FNS= 120.69 FS= 134.12 MNS= 138.81 MS= 154.15	\$222.80	FNS= 133.15 FS= 153.76 MNS= 147.16 MS= 169.71	FNS= 181.41 FS= 196.12 MNS= 208.52 MS= 225.43	FNS= 157.83 FS= 181.48 MNS= 173.63 MS= 199.66	FNS= 121.63 FS= 131.49 MNS= 139.80 MS= 151.14	FNS= 187.66 FS= 218.04 MNS= 208.78 MS= 242.60	F= 130.58 M= 150.09	\$186.50	\$203.81
Plan F	FNS= 124.41 FS= 138.20 MNS= 142.97 MS= 158.92	\$139.00 (INCREASES WITH AGE)	FNS= 137.31 FS= 158.44 MNS= 151.63 MS= 174.99	FNS= 163.48 FS= 176.74 MNS= 187.91 MS= 203.15	FNS= 162.79 FS= 187.17 MNS= 179.01 MS= 205.86	FNS= 122.37 FS= 132.29 MNS= 140.65 MS= 152.06	FNS= 188.08 FS= 218.53 MNS= 200.26 MS= 243.15	F= 134.52 M= 154.64	\$224.25	\$167.24
* Plan F (with \$1860 deductible)	FNS= 48.90 FS= 54.36 MNS= 56.27 MS= 62.51	None	None	None	FNS= 162.79 FS= 187.17 MNS= 179.01 MS= 205.86	None	None	None	None	\$62.16
Plan G	FNS= 102.57 FS= 113.92 MNS= 117.83 MS= 131.00	None	None	FNS= 101.33 FS= 111.12 MNS= 121.52 MS= 134.62	FNS= 114.62 FS= 131.85 MNS= 126.14 MS= 145.08	FNS= 104.80 FS= 113.30 MNS= 120.46 MS= 130.23	None	None	\$216.25	\$115.77

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS				MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER		
				PLAN PAYS				PLAN PAYS				PLAN PAYS			PLAN PAYS		
Plan	Monthly Premium At Age 65 (Increases With Age)	Company May Deny Coverage For Medical Reasons	Pre-Ex. Medical Condition Waiting Period	\$992 Deduct. (2007)	\$248 Copay For Days 61-90 (2007)	\$496 Copay For Days 91-150 (2007)	100% After Day 150 For Additional 365 Days In A Lifetime	\$124 Copay For Days 21-100 (2007)	After 100 Days When Medicare Stops Paying	SNF Not Approved For Medicare	\$131 Annual Deduct. (2007)	20% Of Medicare Allowed Amount	Costs That Exceed Allowed Amount	Parts A & B Blood Deduct.	Foreign Travel Emergency	At-Home Recovery	Preventive Medical Care
C	See separate chart for costs from different companies.	YES **	NONE	YES	YES	YES	YES	YES			YES	YES		YES	YES		
F		YES **	NONE	YES	YES	YES	YES	YES			YES	YES	100% YES	YES	YES		
*F (with \$1,860 deductible)		YES **	NONE	YES	YES	YES	YES	YES			YES	YES	100% YES	YES	YES		
G		YES **	NONE	YES	YES	YES	YES	YES				YES	80% YES	YES	YES	YES	

F = Female // FNS= Female Non-Smoker // FS = Female Smoker // M= Male // MNS= Male Non-Smoker // MS= Male Smoker
Non-Smoker Rates Apply To Applications Submitted During The 6-Month Open Enrollment Period.

* Plan F (With \$1860 Deductible) Policyholders are responsible for payment of expenses up to the deductible. The policy will pay covered expenses once the deductible is met.

A separate deductible applies to the foreign travel emergency benefit.

** Some applicants may not be able to purchase this plan after the open enrollment period.

For information only – subject to change. Please check with company's agent for any changes in rates.

All information extracted from NJ State Health Insurance Assistance Program (SHIP) – website: <http://www.state.nj.us/health/senior/ship.shtml>