

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

FOR BENEFICIARIES 65 AND OLDER

MEDICARE SUPPLEMENT COVERAGE SOLD IN NEW JERSEY BY GENWORTH LIFE AND ANNUITY INSURANCE COMPANY TELEPHONE: 1-877-825-9337

PLAN INFORMATION				MEDICARE PART A COSTS HOSPITAL, SKILLED NURSING FACILITY, HOME HEALTH, HOSPICE						MEDICARE PART B MEDICAL COSTS (DOCTORS, OUTPATIENT SERVICES, ETC.)			OTHER	
				PLAN PAYS						PLAN PAYS			PLAN PAYS	
PLAN	MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,156 HOSPITAL DEDUCT. (2012)	\$289 COPAY FOR HOSPITAL DAYS 61-90 (2012)	\$578 COPAY FOR HOSPITAL DAYS 91-150 (2012)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$144.50 COPAY FOR SKILLED NURSING FACILITY DAYS 21-100 (2012)	HOSPICE COINSURANCE/ COPAYMENT	\$140 ANNUAL DEDUCT. (2012)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT (LIMITING CHARGE)	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY
A	FNS 113.25 FS 125.85 MNS 130.36 MS 144.74	YES	NONE		YES	YES	YES		YES		YES		YES	
B	FNS 142.84 FS 158.74 MNS 164.13 MS 182.33	YES	NONE	YES	YES	YES	YES		YES		YES		YES	
C	FNS 160.54 FS 178.43 MNS 184.73 MS 205.22	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	FNS 165.83 FS 184.33 MNS 190.72 MS 211.92	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
* F <small>(High Deductible Plan)</small>	FNS 65.17 FS 72.47 MNS 75.07 MS 83.38	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	FNS 145.24 FS 161.34 MNS 166.93 MS 185.43	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
N	FNS 115.25 FS 128.15 MNS 132.55 MS 147.34	YES	NONE	YES	YES	YES	YES	YES	YES		YES AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW)		YES	YES

FNS-FEMALE NON-SMOKER FS-FEMALE SMOKER MNS-MALE NON-SMOKER MS-MALE SMOKER

Non-smoker rates apply to applications submitted during the 6-month open enrollment period or in a guaranteed issue situation.

* High Deductible Plan F - You must pay for Medicare-covered costs up to the deductible amount of \$2,070 in 2012 before the plan pays anything. You must also pay a separate deductible amount of \$250 for foreign travel emergency.

Plan N - Once the Part B deductible is met, you pay up to a \$20.00 copay per office visit and up to a \$50.00 copay for emergency room visits (unless admitted to the hospital).

(This information can be found on our website at www.state.nj.us/health/senior/ship.shtml)

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STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SENIOR SERVICES

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