

Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

**INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE**
SOLD IN NEW JERSEY BY
HUMANA INSURANCE COMPANY
TELEPHONE: 1-888-310-8482

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	\$1,068 DEDUCT. (2009)	\$267 COPAY FOR DAYS 61-90 (2009)	\$534 COPAY FOR DAYS 91-150 (2009)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$133.50 COPAY FOR DAYS 21-100 (2009)	AFTER 100 DAYS WHEN MEDICARE STOPPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$135 ANNUAL DEDUCT. (2009)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE
A	FNS 139.00 FS 207.00 MNS 147.00 MS 220.00	YES **	3 mos.		YES	YES	YES					YES		YES			
B	FNS 147.00 FS 219.00 MNS 155.00 MS 232.00	YES **	3 mos.	YES	YES	YES	YES					YES		YES			
C	FNS 169.00 FS 253.00 MNS 180.00 MS 269.00	YES **	3 mos.	YES	YES	YES	YES	YES			YES	YES		YES	YES		
F	FNS 170.00 FS 256.00 MNS 181.00 MS 271.00	YES **	3 mos.	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES		
*F <small>(with \$2,000 deductible)</small>	FNS 68.00 FS 101.00 MNS 72.00 MS 107.00	YES **	3 mos.	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES		
K 1,2,3	FNS 81.00 FS 122.00 MNS 86.00 MS 129.00	YES **	3 mos.	YES ^{50%}	YES	YES	YES	YES ^{50%}				YES ^{50%}		YES ^{50%}			
L 1,2,3	FNS 118.00 FS 177.00 MNS 125.00 MS 188.00	YES **	3 mos.	YES ^{75%}	YES	YES	YES	YES ^{75%}				YES ^{75%}		YES ^{75%}			

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.

* 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.

*** PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY.

1. YOU PAY PART OF THE COST OF SOME COVERED SERVICES UNTIL YOU MEET THE ANNUAL OUT-OF-POCKET LIMIT OF \$4,620 FOR PLAN K AND \$2,310 FOR PLAN L.

2. YOU PAY 50% (PLAN K) OR 25% (PLAN L) OF YOUR SHARE OF HOSPICE COSTS.

3. YOU PAY NO COINSURANCE FOR PART B COVERED PREVENTIVE CARE SERVICES.

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

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