

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
UNITED WORLD LIFE INSURANCE COMPANY
TELEPHONE: 1-877-845-0892**

| 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 STOPS 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 86.47 FS 93.48 MNS 99.39 MS 107.45 | YES ** | NONE | | YES | YES | YES | | | | | YES | | YES | | | |
| B | FNS 118.34 FS 127.94 MNS 136.03 MS 147.06 | YES ** | NONE | YES | YES | YES | YES | | | | | YES | | YES | | | |
| C | FNS 152.46 FS 164.82 MNS 175.24 MS 189.45 | YES ** | NONE | YES | YES | YES | YES | YES | | | YES | YES | | YES | YES | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| F | FNS 149.39 FS 161.51 MNS 171.72 MS 185.64 | YES ** | NONE | YES | YES | YES | YES | YES | | | YES | YES | YES ^{100%} | YES | YES | | |
| G | FNS 123.37 FS 133.38 MNS 141.81 MS 153.31 | YES ** | NONE | YES | YES | YES | YES | YES | | | | YES | YES ^{80%} | YES | 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.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.

(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

AUGUST 2009