Premium 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 on the chart. The premiums are accurate as of the date listed on the lower right-hand corner of the chart. 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 STERLING LIFE INSURANCE COMPANY TELEPHONE: 1-800-688-0010

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	$1,132 HOSPITAL DEDUCT. (2011)	$283 COPAY FOR HOSPITAL DAYS 61-90 (2011)	$566 COPAY FOR HOSPITAL DAYS 91-150 (2011)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	$141.50 COPAY FOR SKILLED NURSING FACILITY DAYS 21-100 (2011)	HOSPICE COINSURANCE/ COPAYMENT	$162 ANNUAL DEDUCT. (2011)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT (LIMITING CHARGE)	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY
A	FNS 153.95 FS 178.92 MNS 166.78 MS 193.83	YES	NONE		YES	YES	YES		YES		YES		YES	
B	FNS 174.94 FS 203.30 MNS 189.52 MS 220.25	YES	NONE	YES	YES	YES	YES		YES		YES		YES	
C	FNS 198.82 FS 231.06 MNS 215.38 MS 250.31	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	FNS 190.58 FS 221.49 MNS 206.47 MS 239.95	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	FNS 176.72 FS 205.37 MNS 191.44 MS 222.49	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
K	FNS 87.57 FS 101.77 MNS 94.87 MS 110.25	YES	NONE	YES 50%	YES	YES	YES	YES 50%	YES 50%		* YES 50%		YES 50%	
N	FNS 147.83 FS 171.80 MNS 160.14 MS 186.11	YES	NONE	YES	YES	YES	YES	YES	YES		YES AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW)		YES	YES

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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.

* Plan K pays 100% of coinsurance for Part B covered Preventive Services after the Part B deductible has been paid. Also, for Plan K you pay part of the cost of some covered services until you meet the annual out-of-pocket limit of $4,640.

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 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

JANUARY 2011