

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 AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE COMPANY OF NEW YORK TELEPHONE: 1-800-332-3377

| 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 | FP 118.68 FS 136.56 MP 130.47 MS 150.04 | YES | 6 mos. | | YES | YES | YES | | YES | | YES | | YES | |
| B | FP 196.49 FS 226.06 MP 216.15 MS 248.51 | YES | 6 mos. | YES | YES | YES | YES | | YES | | YES | | YES | |
| C | FP 236.59 FS 272.05 MP 260.28 MS 299.30 | YES | 6 mos. | YES | YES | YES | YES | YES | YES | YES | YES | | YES | YES |
| D | FP 187.88 FS 215.18 MP 206.48 MS 237.58 | YES | 6 mos. | YES | YES | YES | YES | YES | YES | | YES | | YES | YES |
| F | FP 212.37 FS 244.17 MP 233.52 MS 268.56 | YES | 6 mos. | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| G | FP 158.16 FS 181.93 MP 174.05 MS 200.19 | YES | 6 mos. | YES | YES | YES | YES | YES | YES | | YES | YES | YES | YES |
| N | FP 119.55 FS 137.45 MP 137.45 MS 158.04 | YES | 6 mos. | YES | YES | YES | YES | YES | YES | | YES AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW) | | YES | YES |

FP-FEMALE PREFERRED FS-FEMALE STANDARD MP-MALE PREFERRED MS-MALE STANDARD

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

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)

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

J0448

JANUARY 2012