

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 COLONIAL PENN LIFE INSURANCE COMPANY TELEPHONE: 1-800-800-2254

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	FNT 119.02 FT 132.13 MNT 132.13 MT 146.70	YES	NONE		YES	YES	YES		YES		YES		YES	
B	FNT 143.82 FT 159.69 MNT 159.69 MT 177.33	YES	NONE	YES	YES	YES	YES		YES		YES		YES	
C	FNT 158.30 FT 175.78 MNT 175.78 MT 195.21	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
* F <small>(High Deductible Plan)</small>	FNT 38.97 FT 43.18 MNT 43.18 MT 47.87	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	FNT 145.53 FT 161.59 MNT 161.59 MT 179.44	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
K	FNT 62.90 FT 69.78 MNT 69.78 MT 77.42	YES	NONE	YES ^{50%}	YES	YES	YES	YES ^{50%}	YES ^{50%}		** 50% YES		YES ^{50%}	
L	FNT 100.75 FT 111.83 MNT 111.83 MT 124.15	YES	NONE	YES ^{75%}	YES	YES	YES	YES ^{75%}	YES ^{75%}		** 75% YES		YES ^{75%}	
M	FNT 126.98 FT 140.98 MNT 140.98 MT 156.54	YES	NONE	YES ^{50%}	YES	YES	YES	YES	YES		YES		YES	YES
N	FNT 91.98 FT 102.09 MNT 102.09 MT 113.32	YES	NONE	YES	YES	YES	YES	YES	YES		YES <small>AFTER COPAYS FOR OFFICE/ER VISITS (SEE BELOW)</small>		YES	YES

FNT - FEMALE NON-TOBACCO FT - FEMALE TOBACCO MNT - MALE NON-TOBACCO MT - MALE TOBACCO

Non-Tobacco 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.

** Plans K and L pay 100% of coinsurance for Part B covered Preventive Services after the Part B deductible has been paid. Also, for Plans K and L you pay part of the cost of some covered services until you meet the annual out-of-pocket limit of \$4,660 for Plan K and \$2,330 for Plan L.

Plan M - You pay 50% of the Part A inpatient hospital deductible.

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

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