

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  
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY  
TELEPHONE: 1-800-224-1234**

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
<b>A</b>	<b>115.57</b>	<b>NO</b>	<b>6 mos.</b>		<b>YES</b>	<b>YES</b>	<b>YES</b>		<b>YES</b>		<b>YES</b>		<b>YES</b>	
<b>C</b>	<b>197.98</b>	<b>NO</b>	<b>6 mos.</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>		<b>YES</b>	<b>YES</b>
<b>F</b>	<b>161.11</b>	<b>NO</b>	<b>6 mos.</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<b>G</b>	<b>151.49</b>	<b>NO</b>	<b>6 mos.</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>		<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<b>K</b>	<b>81.40</b>	<b>NO</b>	<b>6 mos.</b>	<b>YES</b> <sup>50%</sup>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b> <sup>50%</sup>	<b>YES</b> <sup>50%</sup>		<b>* YES</b> <sup>50%</sup>		<b>YES</b> <sup>50%</sup>	
<b>N</b>	<b>89.36</b>	<b>NO</b>	<b>6 mos.</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>		<b>YES</b> AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW)		<b>YES</b>	<b>YES</b>

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\* 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 \$4,660.

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](http://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 2012**