

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 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	\$1,156 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 DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY
A	FNT 164.73 FT 191.44 MNT 178.46 MT 207.40	YES	NONE		YES	YES	YES		YES		YES		YES	
B	FNT 187.18 FT 217.54 MNT 202.78 MT 235.66	YES	NONE	YES	YES	YES	YES		YES		YES		YES	
C	FNT 212.73 FT 247.23 MNT 230.46 MT 267.83	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	FNT 203.93 FT 236.99 MNT 220.92 MT 256.74	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	FNT 189.09 FT 219.75 MNT 204.84 MT 238.06	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
K	FNT 87.57 FT 101.77 MNT 94.87 MT 110.25	YES	NONE	YES ^{50%}	YES	YES	YES	YES ^{50%}	YES ^{50%}		* YES ^{50%}		YES ^{50%}	
N	FNT 158.17 FT 183.82 MNT 171.35 MT 199.14	YES	NONE	YES	YES	YES	YES	YES	YES		YES AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW)		YES	YES

J0443

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.

* 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)

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

FEBRUARY 2012