

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 UNITED OF OMAHA LIFE TELEPHONE: 1-800-354-3289

STANDARD RATES

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 110.43 FT 119.39 MNT 114.91 MT 124.23	YES	NONE		YES	YES	YES		YES		YES		YES	
C	FNT 171.78 FT 185.71 MNT 178.75 MT 193.24	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	FNT 153.38 FT 165.81 MNT 159.60 MT 172.54	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	FNT 131.90 FT 142.60 MNT 137.25 MT 148.38	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
M	FNT 121.94 FT 131.82 MNT 126.88 MT 137.17	YES	NONE	YES ^{50%}	YES	YES	YES	YES	YES		YES		YES	YES

J0454

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.

Rates are 7% lower when another person in the household has a Mutual of Omaha, United of Omaha Life, or United World Life Medicare Supplement Policy.

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

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

JANUARY 2012

IMPORTANT: See UNISEX CHART on Side 2, it may pertain to you!

(This information can be found on our website at www.state.nj.us/health/senior/ship.shtml)

(SIDE 1)

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

**UNISEX RATES
SEE BELOW**

**MEDICARE SUPPLEMENT COVERAGE
SOLD IN NEW JERSEY
BY UNITED OF OMAHA LIFE
TELEPHONE: 1-800-354-3289**

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	NT 112.36 T 121.47	YES	NONE		YES	YES	YES		YES		YES		YES	
C	NT 174.78 T 188.95	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	NT 156.06 T 168.71	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	NT 134.20 T 145.08	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
M	NT 124.06 T 134.12	YES	NONE	YES ^{50%}	YES	YES	YES	YES	YES		YES		YES	YES

J0453

NT - NON-TOBACCO T - TOBACCO

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

Rates are 7% lower when another person in the household has a Mutual of Omaha, United of Omaha Life, or United World Life Medicare Supplement Policy.

UNISEX RATES will be used 1) when an **EMPLOYER** discontinues offering health insurance coverage to retirees or 2) when an **EMPLOYER** wants to sponsor or contribute to the purchase of Medicare Supplement insurance for individuals becoming eligible for Medicare. Time limits for enrollment may apply. Contact company for details.

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

(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

JANUARY 2012

(SIDE 2)