

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 GENWORTH LIFE AND ANNUITY INSURANCE COMPANY TELEPHONE: 1-877-825-9337

| PLAN INFORMATION                                    |  |   |  | MEDICARE PART A COSTS<br>HOSPITAL, SKILLED NURSING FACILITY, HOME HEALTH, HOSPICE |  |   |  |  |                                | MEDICARE PART B<br>MEDICAL COSTS<br>(DOCTORS, OUTPATIENT SERVICES, ETC.) |   |  | OTHER                     |                          |
|---|--|---|--|---|--|---|--|--|--------------------------------|--|---|--|---------------------------|--------------------------|
|   |  |   |  | PLAN PAYS   |  |   |  |  |                                | PLAN PAYS  |   |  | PLAN PAYS                 |                          |
| PLAN  | MONTHLY PREMIUM AT AGE 65<br>(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>  | FNS 113.25<br>FS 125.85<br>MNS 130.36<br>MS 144.74 | <b>YES</b>                                    | <b>NONE</b>                              |   | <b>YES</b>                                 | <b>YES</b>                                  | <b>YES</b>   |  | <b>YES</b>                     |  | <b>YES</b>  |  | <b>YES</b>                |                          |
| <b>B</b>  | FNS 142.84<br>FS 158.74<br>MNS 164.13<br>MS 182.33 | <b>YES</b>                                    | <b>NONE</b>                              | <b>YES</b>  | <b>YES</b>                                 | <b>YES</b>                                  | <b>YES</b>   |  | <b>YES</b>                     |  | <b>YES</b>  |  | <b>YES</b>                |                          |
| <b>C</b>  | FNS 160.54<br>FS 178.43<br>MNS 184.73<br>MS 205.22 | <b>YES</b>                                    | <b>NONE</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>  | FNS 165.83<br>FS 184.33<br>MNS 190.72<br>MS 211.92 | <b>YES</b>                                    | <b>NONE</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>* F</b><br><small>(High Deductible Plan)</small> | FNS 65.17<br>FS 72.47<br>MNS 75.07<br>MS 83.38     | <b>YES</b>                                    | <b>NONE</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>  | FNS 145.24<br>FS 161.34<br>MNS 166.93<br>MS 185.43 | <b>YES</b>                                    | <b>NONE</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>N</b>  | FNS 115.25<br>FS 128.15<br>MNS 132.55<br>MS 147.34 | <b>YES</b>                                    | <b>NONE</b>                              | <b>YES</b>  | <b>YES</b>                                 | <b>YES</b>                                  | <b>YES</b>   | <b>YES</b>   | <b>YES</b>                     |  | <b>YES</b><br>AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW) |  | <b>YES</b>                | <b>YES</b>               |

FNS-FEMALE NON-SMOKER    FS-FEMALE SMOKER    MNS-MALE NON-SMOKER    MS-MALE SMOKER

Non-smoker 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.

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))

J0436

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

**JANUARY 2012**