Monthly Medicare Supplement Rates for

07/01/2012 Standardized Plans in Connecticut

CHOICES Hotline
800-994-9422

Company Individual Plans	Telephone Number	Pre-ex Cond.	Disabled	A (2)	B (2)	C (2)	D	F	F (3) High Deductible	G	K	L	M	N	Date (4) Approved
American Progressive Life & Health Ins. Co	1-800-645-4116	6 mos.	A,B,C,	$305.44	$395.39	$476.28	$432.56	$452.28	$75.58	$397.04				$165.75	02/29/2012
Anthem Blue Cross & Blue Shield	1-800-238-1143	6 mos.	A	$190.65				$233.73	$35.06	$221.94				$160.65	10/21/2011
Colonial Penn Life Insurance Company	1-800-800-2254	N/A	A,B	$526.93	$609.65			$404.28	$60.68	$388.43	$129.57	$234.63	$347.74	$249.09	08/10/2011
Equitable Life & Casualty Insurance Co	1-800-352-5170	6 mos.	A	$171.17				$253.08						$182.25	06/17/2011
Globe Life & Accident Insurance Co	1-800-801-6831	2 mos.	A,B,C	$147.50	$199.00	$230.00		$232.00	$50.00					$171.50	01/18/2012
Gov't Personnel Mutual Life Insurance Co	1-866-242-7573	N/A	A, C	$238.30		$320.72		$246.39		$203.01				$180.18	07/25/2011
Humana Insurance Company	1-888-310-8482	3 mos.	A	$218.96				$247.63	$88.48	$236.54	$121.04	$174.97			10/19/2011
Omaha Insurance Company	1-800-235-8340	N/A	A	$315.00				$225.00		$202.50					06/26/2012
State Farm Mutual Automobile Insurance Co	1-866-855-1212	N/A	A,C,	$339.58		$471.16		$365.33							03/22/2012
United American Insurance Company	1-800-331-2512	2 mos.	A,B,C	$183.00	$278.00	$323.00	$319.00	$317.00	$64.00	$312.00	$131.00	$183.00		$189.00	11/10/2011
United of Omaha Life Insurance Co	1-800-354-3289	N/A	A,C,	$443.80		$262.13	$245.03	$317.00		$277.57					02/29/2012
USAA Life Insurance Company	1-800-531-8000	N/A	A	$303.62				$235.28							01/04/2012
Group Plans (5)															
United HealthCare Insurance Company/AARP	1-800-523-5800	3 mos.	A,B,C	$122.75	$178.75	$235.25		$214.50			$78.75	$112.25		$152.75	09/16/2011

(1) Applicability of waiting period for pre-existing conditions is limited by laws. Contact the individual company for further clarification.

(2) Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) **B** and/or C, then it must also offer the plan(s) to disabled Medicare beneficiaries.

(3) High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible of **$2,070 for 2012.** Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and **B** expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and **B** deductibles, but not the foreign travel emergency deductibles.

(4) The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.

(5) These are group plans that are available to individuals enrolled in Medicare. Payment of a group membership fee is required.

Benefit Chart of Medicare Supplement Plans

A	B	C	D	F / F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for emergency room
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit $4620; paid at 100% after limit reached	Out-of-pocket limit $2310; paid at 100% after limit reached		

Basic Benefits:

Hospitalization:Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three (3) pints of blood each year

Hospice: Part A coinsurance

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ($2070) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.