



Monthly Medicare Supplement Rates for 03/07/2013

**CHOICES
Hotline
800-994-9422**

Standardized Plans in Connecticut

Company Individual Plans	Telephone Number	Pre-ex Cond.	Disabled (1)	A	B	C	D	F	F(2) High Deductible	G	K	L	M	N	Date (3) 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	10/10/2012
Anthem Blue Cross & Blue Shield	1-800-238-1143	6 mos.	A	\$229.18				\$229.02	\$33.21	\$199.55				\$168.78	10/18/2012
Colonial Penn Life Insurance Company	1-800-800-2254	N/A	A,B	\$558.48	\$646.17			\$444.61	\$60.68	\$388.43	\$129.57	\$248.65	\$368.54	\$262.73	11/26/2012
Equitable Life & Casualty Insurance	1-800-352-5170	6 mos.	A	\$183.17				\$270.83						\$195.08	01/17/2013
Globe Life & Accident Insurance Co	1-800-801-6831	2 mos.	A	\$159.50				\$250.50	\$50.00					\$180.00	03/04/2013
Gov't Personnel Mutual Life Insurance	1-866-242-7573	N/A	A, C	\$274.05		\$368.83		\$283.35		\$221.28				\$196.40	07/03/2012
Humana Insurance Company (5)	1-888-310-8482	3 mos	A	\$218.96				\$247.63	\$88.48	\$236.54	\$121.04	\$174.97		\$197.92	07/27/2012
Omaha Insurance Company	1-800-235-8340	N/A	A	\$315.00				\$225.00		\$202.50					06/26/2012
State Farm Mutual Automobile Insurance	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	\$189.00	\$287.00	\$333.00	\$329.00	\$327.00	\$58.00	\$322.00	\$135.00	\$189.00		\$196.00	11/01/2012
USAA Life Insurance Company	1-800-531-8000	N/A	A	\$349.18				\$243.27							01/16/2013
Group Plans (4)															
United HealthCare Insurance /AARP	1-800-523-5800	3 mos.	A,B,C	\$122.75	\$178.75	\$253.00		\$214.50			\$70.75	\$112.25		\$145.00	10/05/2012

- (1) 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.
- (2) High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible of **\$2,110 for 2013**. 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.
- (3) 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.
- (4) These are group plans that are available to individuals enrolled in Medicare. Payment of a group membership fee is required.
- (5) Company also offers Plans A, F, High Ded. F, K and N with dental and vision benefits for additional monthly cost of \$11.98

Benefit Chart of Medicare Supplement Plans

A	B	C	D	F / F*	G	K	L	M	N
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	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
	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 \$4800; paid at 100% after limit reached	Out-of-pocket limit \$2400; 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 insured 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 (\$2110) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2110. 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.