

Oklahoma's Medicare Supplement Insurance Buying Guide



Provided by Oklahoma's SHIP | Senior Health Insurance Counseling Program | 1.800.763.2828 | 405.521.6628

OKLAHOMA
INSURANCE
DEPARTMENT
Kim Holland
Oklahoma Insurance
Commissioner

2010
SHOPPER'S GUIDE



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2010 OKLAHOMA SHOPPER'S GUIDE TO MEDICARE SUPPLEMENT INSURANCE

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Your SHIP Shopper's Guide 2010

This booklet is intended as a "guide." Once you have selected a company, you should consult with the insurance company or its representative to determine policy specifics and review the options that are available with that company. If a company you are checking on is not listed, please contact our office at (405) 521-6628 or toll-free at 1-800-763-2828 for further information. Consumer brochures are available to Oklahoma residents explaining other insurance coverages.

These, too, are available from:

Oklahoma Insurance Department

Five Corporate Plaza
 3625 NW 56th, Ste 100
 Oklahoma City, OK 73112

Additional Insurance Department Information

Toll Free Number1-800-522-0071
 Complaints & Claims(405) 521-2991
 Questions on Life & Health Policies(405) 521-3541
 Information on Insurance Agents(405) 521-3916
 Information on Licensed Companies (405) 521-3966
 Property & Casualty Rates and Policies Information(405) 521-3681
 General Information..... (405) 521-2828
 Medicare/Medicaid Fraud and Abuse Help Line1-888-967-9100



Call SHIP at:
1-800-763-2828
(405) 521-6628

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Medicare: the basics

Medicare is the federal health insurance program available to all people at age 65. It also is available to people under age 65 who have been on Social Security disability for 24 months or who have end-stage renal disease or Lou Gehrig's (ALS). Medicare is made up of Parts A, B, C & D. Most people over age 65 get Medicare Part A premium-free, but most must pay a monthly premium for Medicare Part B (**\$110.50 in 2010**). Medicare Part C (Medicare Advantage) gives you a choice of how you take your Medicare, and Part D gives the opportunity to purchase a prescription drug plan.

Approval of covered services for Medicare benefits is usually based on what is medically necessary.

The amounts approved are based on payment schedules established by Medicare. Under Part A, the health care providers who contract with Medicare are not allowed to charge more than what is approved by Medicare. Part B does allow "excess charges" for some services. The maximum excess charge physicians are allowed is 15% more than Medicare's approved amount for claims in which the provider did not accept Medicare Assignment.

Gaps in Medicare

- **Gap 1: Deductibles and Coinsurance**
- **Gap 2: Excess Charges**
- **Gap 3: Noncovered Items**

Medicare pays a large share of the health care costs for seniors over age 65, but there are significant gaps. The Medicare Benefit Chart on the following page shows Medicare's benefits and remaining gaps for which you are responsible.

| Medicare Part A |
|--|
| <ul style="list-style-type: none">• Inpatient Hospital• Skilled Nursing Facility• Home Health Care• Hospice |
| Medicare Part B |
| <ul style="list-style-type: none">• Doctor Services• Outpatient Hospital & Emergency Room• Durable Medical Equipment• Other Services & Supplies |
| Medicare Part C |
| <ul style="list-style-type: none">• Medicare Advantage Plans |
| Medicare Part D |
| <ul style="list-style-type: none">• Prescription Drug Benefit |

Part A Hospital Insurance—Covered Services

(Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2010)

| Services | Benefits | Medicare Pays | You Pay (Other insurance may pay all or part) |
|--|---|---|---|
| Hospitalization Semiprivate room, general nursing misc. services | First 60 days 61st to 90th day 91st to 150th day Beyond 150 days | All but \$1100 All but \$275 per day All but \$550 per day Nothing | \$1100 \$275 per day \$550 per day All charges |
| Skilled Nursing Facility Care | First 20 days 21st to 100th day Beyond 100 days | 100% of approved All but \$137.50 per day Nothing | Nothing if approved \$137.50 per day All costs |
| Home Health Care Medically necessary skilled care therapy | Part-time care as long as you meet guidelines | 100% of approved | Nothing if approved; 20% of Durable Medical Equipment |
| Hospice Care for the terminally ill | As long as doctor certifies need | All but limited costs for drugs & respite care | Limited costs for drugs and respite care |
| Blood | As needed | All but first 3 pints | First 3 pints |

Part B Medicare Insurance—Covered Services

| Services | Benefits | Medicare Pays | You Pay (Other insurance may pay all or part) |
|--|---|---|---|
| Medical Expense Physician services and medical supplies | Medical services in and out of the hospital | 80% of approved (after \$155 deductible) | 20% of approved (after \$155 deductible) plus excess charges |
| Clinical Laboratory | Diagnostic tests | 100% of approved | Nothing if approved |
| Home Health Care Medically necessary skilled care, therapy | Part-time care as long as you meet guidelines | 100% of approved | Nothing if approved; 20% of Durable Medical Equipment |
| Outpatient Hospital Treatment | Unlimited if medically necessary | 80% of approved (after \$155 deductible) | 20% of approved (after \$155 deductible) plus excess charges |
| Blood | As needed | All but first 3 pints | First 3 pints |

Supplementing Medicare

Since January 1, 1992, insurance companies selling Medicare supplement policies in Oklahoma were limited to selling 10 “Standardized Plans.” In 2006 two additional supplemental plans were offered. The plans are identified by the letters A through L. A company does not have to sell all 10 plans, but every Medicare supplement company must sell “Plan A” (basic benefits only).

Open Enrollment

Every new Medicare recipient who is age 65 or older has a guaranteed right to buy a Medicare supplement policy during “open enrollment.” A company cannot reject you for any policy it sells, and it cannot charge you more than anyone else your age.

Your open enrollment period starts when you are age 65 or older and enroll in Medicare Part B for the first time. It ends 6 months later. If you apply for a policy after the open enrollment period, some companies may refuse coverage because of health reasons. You will be eligible for an open enrollment period when you become 65 if you had Medicare Part B coverage before age 65 (e.g., Medicare disability).

Even though you are guaranteed a policy during open enrollment, pre-existing conditions may not be covered for up to six months after the effective date but may be waived during open enrollment with some companies. However, companies cannot impose a pre-existing waiting period during the initial open enrollment period if you had previous eligible health insurance coverage and you purchase your Medigap policy within 63 days.

Also a new pre-existing condition waiting period is not allowed when you replace one Medicare supplement with a similar one and you had the first policy at least six months.

Medicare Disability and Open Enrollment

Some individuals become eligible for Medicare because of a disability rather than by turning 65. The federal government did not include this group in the requirements which mandate an open enrollment period. However, effective July 1, 1994, Oklahoma requires an open enrollment for Medicare disability enrollees. Each company must offer at least one of the 10 standardized plans for Medicare disability beneficiaries. The open enrollment period begins the date the person is first eligible for Medicare Part B (when the coverage takes effect—or the date on the award letter from Social Security) and ends six months later.

This rule helps bridge the gap for many of Oklahoma’s disabled Medicare beneficiaries. Oklahoma was one of the first three states to successfully undertake the challenge of this insurance reform.

October 31, 1994, changes to federal law permitted individuals who qualified for Medicare under age 65 another open enrollment at age 65. This allows disabled Medicare beneficiaries a new opportunity to obtain Medicare Supplemental coverage at age 65 for a potentially less expensive premium.



Beginning on page 32 is a special comparison table for Medicare Disability Open Enrollment plans.

If you are disabled and your six-month open enrollment has passed, or you were enrolled in Medicare Disability before January 1, 1994, refer to page 42 for further information.

These companies are allowed to “underwrite” the applicants, but they will consider writing supplemental coverage for anyone on Medicare by reason of disability.

10 Standard Medicare Supplement Plans

How to read the chart:

If a checkmark appears in a column, the Medigap policy covers 100% of the described benefit. If a column lists a percentage, the policy covers the percentage of the described benefit. If a column is blank, the policy doesn't cover the benefit. Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

| Medigap Benefits | A | B | C | D | F* | G | K | L | M | N |
|--|---|---|---|---|----|---|-----|-----|-----|------|
| Medicare Part A Coinsurance hospital costs after Medicare benefits are used up, for an additional 365 days | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B Coinsurance or Copayment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓*** |
| Blood (First 3 Pints) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Part A Hospice Care Coinsurance or Copayment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Skilled Nursing Facility Care Coinsurance | | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| Medicare Part A Deductible | | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ |
| Medicare Part B Deductible | | | ✓ | | ✓ | | | | | |
| Medicare Part B Excess Charges | | | | | ✓ | ✓ | | | | |
| Foreign Travel Emergency (Up to Plan Limits) | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| Medicare Preventive Care Part B Coinsurance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

*Plan F also offers a high-deductible plan. This means you must pay for Medicare-covered costs up to the deductible amount \$2,000 in 2010 before your Medigap plan pays anything.

**You will be required to pay a portion of Medicare Part A and Part B coinsurance until \$4,620 is reached under plan K and until \$2,310 is reached under Plan L. Once the out-of-pocket limit is paid, Plan K or Plan L (whichever plan you purchase) will pay 100% of all Medicare-covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance except up to \$20 copayment for office visits and up to \$50 for emergency department visits.

| Out-of-Pocket Limit** | |
|-----------------------|---------|
| \$4,620 | \$2,310 |

Standard Plan Benefits

Basic Benefits

Eight of the 10 standard plans have the following “Basic Benefits” included in the plan:

Part A Hospitalization (Per Benefit Period):

Days 61–90

Basic Benefits pay the daily coinsurance coverage of **\$275 per day (for 2010)**. After 60 days of hospitalization in a “benefit period” (defined above), the policy pays the coinsurance and Medicare pays the rest. The first 90 days of Medicare coverage are renewable for each new benefit period.

Days 91-150 (Lifetime Reserve Days)

Basic Benefits pay the daily coinsurance of **\$550 per day (for 2010)**. “Lifetime Reserve Days” are 60 nonrenewable days of Medicare benefits that are available when a hospital stay extends beyond the 90 renewable days in a benefit period. The policy pays the coinsurance and Medicare pays the rest.

Beyond 150 days

Basic Benefits pay 100% of eligible Part A charges for an additional 365 days. After Medicare’s benefits are exhausted for one benefit period, the policy provides for 365 additional lifetime days that are nonrenewable.

Blood

Basic Benefits combine with Medicare to cover all blood expenses **(except the \$155 Part B deductible)** both in and out of the hospital.

PART B: Medical Expenses (Per Calendar Year)

Basic Benefits

20% Coinsurance: Paid after the **\$155 annual deductible**. Medicare Part B payments are based on the amount approved by Medicare according to a fee schedule. Medicare will pay 80% of the approved costs. The policy covers the remaining 20% coinsurance. **(If charges exceed the approved amount, Basic Benefits will not cover them. See “Part B Excess Charges” on page 11.)**

Part A Deductible (Per Benefit Period)

Medicare requires you pay the first **\$1100 (for 2010)** when you are hospitalized. This is called a deductible, and the amount can change each year. The deductible is charged on the basis of a benefit period rather than a calendar year. Plans B through N include the “Part A Deductible Benefit.”

Skilled Nursing Facility Coinsurance

Medicare only covers approved skilled nursing care in a Medicare-approved facility. These benefits are available when you satisfy the guidelines as defined by Medicare. Standardized Plans C through N include the “Skilled Nursing Coinsurance Benefit.”



Benefit Period:

A benefit period begins the first day of inpatient hospital care. It ends when the beneficiary has been out of the hospital or skilled nursing facility for 60 consecutive days.

Skilled Nursing Facility Coinsurance (continued...)

Qualifying Requirements:

- A three-day prior hospital stay
- Care provided by a Medicare-certified skilled nursing provider (this may be a nursing home, hospital area, or hospital “swing bed”)
- Need for daily skilled care certified by a physician

Medicare pays all eligible costs for the first 20 days. For days 21 through 100, Medicare pays all but a coinsurance amount of **\$137.50 per day**. The “Skilled Nursing Coinsurance Benefit” pays the coinsurance amount.

Medicare does not provide coverage beyond 100 days. Standardized Plans cannot pay benefits beyond 100 days; however, some older policies may offer additional coverage. Only a small portion of Medicare beneficiaries require skilled care in a skilled nursing facility, and the average stay in skilled care is less than 30 days.

This benefit pays only if you qualify for Medicare coverage. Most nursing home care in Oklahoma is intermediate or custodial, and neither Medicare nor standard Medicare supplement policies pay for these levels of care.

Part B Deductible

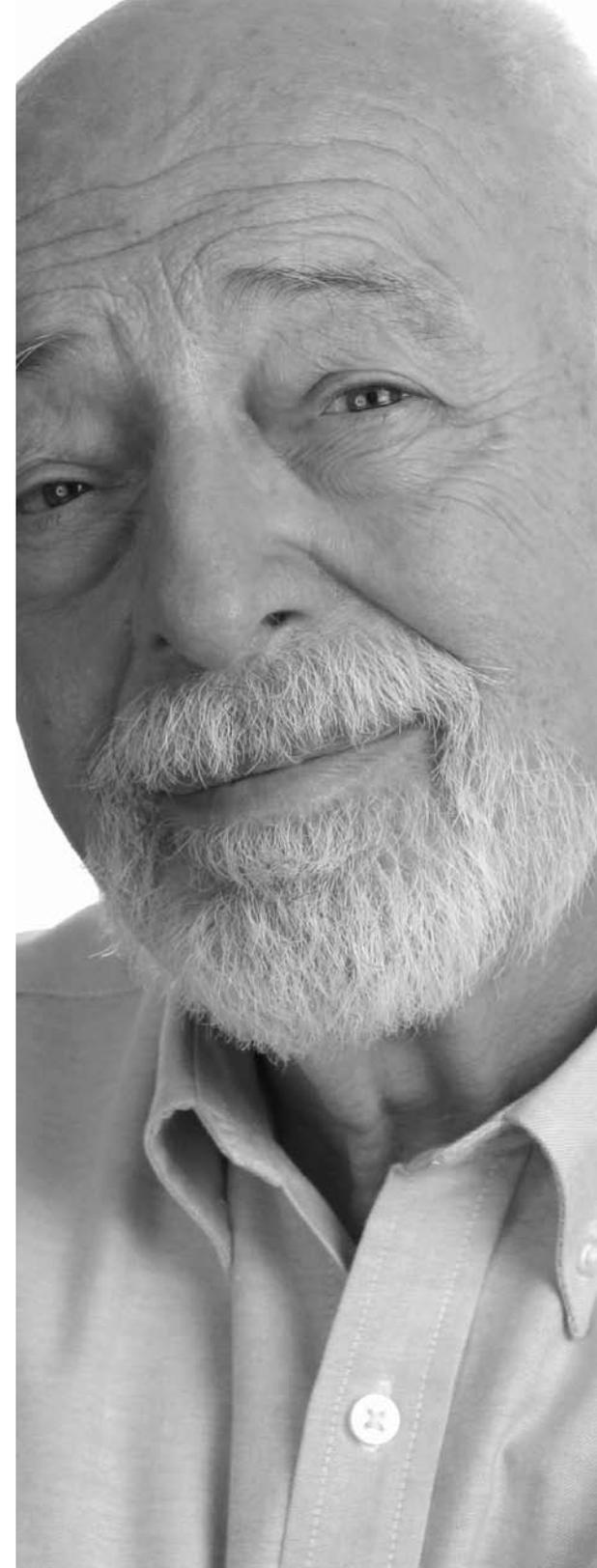
Medicare has a **\$155 (per calendar year)** deductible for Part B covered services. The first **\$155** of Medicare-approved Part B charges each year is your responsibility. Under plans C and F, the “Part B Deductible Benefit” pays the **\$155 deductible** each year.

Foreign Travel Emergency

Medicare does NOT cover care received outside the United States. Standard plans C through G and M and N include a “Foreign Travel Emergency Benefit” which pays as follows:

- Only for emergency care
- \$250 calendar year deductible
- 80% of billed charges paid for Medicare eligible expenses for medically necessary emergency hospital, physician, and medical care received in a foreign country
- \$50,000 lifetime maximum

An additional health insurance travel policy is probably unnecessary when the “Foreign Travel Emergency” benefit is a part of your Medicare supplement policies.



Part B Excess Charges

An important gap in Medicare Part B is medical charges that are in excess of approved amounts. Plans F and G pay 100% of allowed excess charges. Excess physician charges have limits. Excess charges equal the difference between the Medicare-approved amount and the limiting charge. The maximum limiting physician charge for Medicare Part B eligible services is 15% over the Medicare-approved amount.

Some doctors are participating physicians, which means they accept assignment (they accept Medicare's approved amount—80% in most cases). If most of your doctors are participating physicians, you may prefer to self-insure for the excess charges instead of paying additional insurance premiums for this benefit. One way to control your medical costs is to use doctors who accept assignment.

Medigap Plans K & L

Medigap Plans K and L provide different cost-sharing for items and services than Medigap Plans A through G. You will have to pay some out-of-pocket costs for some covered services until you meet the yearly limit. Once you meet the yearly limit, the Medigap policy pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. Refer to the chart for the 10 standard plans for out-of-pocket costs.

Medigap Plans M & N

Medigap Plans M and N are new choices. Please see the chart on page 8 for more details.

Medicare SELECT—Another Option

Medicare supplement policies generally pay the same benefits regardless of your choice of health care provider. If Medicare pays for a service, the standard Medicare supplement policy must pay its regular share of benefits. One exception is Medicare SELECT.

- **Another type of Medicare supplement insurance.** Medicare SELECT is the same as standard Medicare supplement insurance in nearly all respects. If you buy a Medicare SELECT policy, you are buying one of the 10 standard plans identified by letters A through G.

- **Restricted provider network.** With Medicare SELECT you must use specific hospitals and, in some cases, specific doctors to receive full benefits. Hospitals or doctors specified by a Medicare SELECT policy are called “participating or preferred providers.” When you go to the preferred provider, Medicare pays its share of the approved charges. The Medicare SELECT policy then pays the full supplemental benefits described in the policy.
- **Medicare is not restricted.** You can go to a provider outside the network for non-emergency care, and Medicare still pays its share of approved charges. However, the Medicare SELECT policy is not required to pay under these circumstances, although some companies may have a provision that allows a limited payment.
- **Emergencies outside the network.** Generally Medicare SELECT policies are not required to pay any benefits if you do not use a preferred provider. The only exception is in the case of an emergency.
- **Designated service area.** Medicare SELECT requires that you live in a designated service area to be eligible for enrollment.
- **Lower Premiums.** Medicare SELECT policies generally have lower premiums because service areas and providers are limited. If you live in a designated area and agree to receive your care from the preferred providers for your plan, a Medicare SELECT plan may save you money.
- **Replacing a Medicare SELECT policy.** You can replace a Medicare SELECT policy with a regular Medicare supplement insurance policy if you move out of the service area. You also may choose to change after a Medicare SELECT policy has been in effect for six months. The insurance company must allow you to purchase a regular Medicare supplement policy with equal or lesser benefits, regardless of your health condition.

Shopping for Medicare Supplement Insurance



Make it easier:

Use the worksheet on page 21 to record your findings as you shop for Medicare supplement insurance.

Price Comparison: Questions to Ask

What are the premium differences between plans?

In deciding which standard plan to choose, you will find tradeoffs of additional benefits for additional premium. Which balance best suits your needs and your budget?

What are the premium differences for the same plan?

Premium amounts for the same plan can vary significantly.

Does the premium increase because of your age?

Normal increases occur because of company losses and changes in Medicare deductibles and coinsurance. Some companies also base premiums on age. Check to see if the premium is based on your age at the time the policy is issued or if it goes up as you get older. Compare premiums for your current age and for at least the next 10 years. A bargain today may be a burden later.

Does the company sell through an agent or by mail?

An agent can help you when completing your application and with problems later. If you have companies with which you prefer to do business, check the yellow pages for local agents who represent those companies.

Is a service office conveniently located?

A local agent with a good reputation, preferably one you know and trust, is more likely to take a personal interest in providing you good service.

Is a toll-free telephone number available for questions?

This is especially important if you don't have a local agent.

What kind of letter grade does the company have from a financial rating service?

The financial stability of insurance companies is evaluated by a number of different rating services such as A.M. Best, Moody, and Standard and Poor. The rating does not tell how good a policy is or what kind of service the company provides; it reflects only the financial stability of the company.

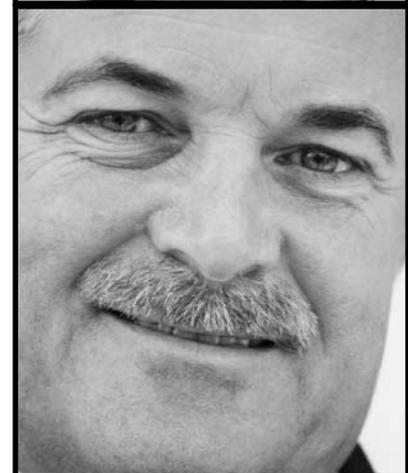
Crossover and Assigned Claims

If the company does not have a contract, crossover is still available if you:

- Use a Medicare participating provider.
- Make sure the provider includes the company's Medigap number on the claim form and checks a box for the claim to be paid directly to the provider. This is not automatic. The patient must request that the doctor put the necessary information on claim forms.

Is crossover claims filing available so Medicare sends claims directly to your insurance company?

Some companies have "crossover" contracts with Medicare. After Medicare pays its share of the bill, it will send claims directly to the insurance company for you.



Shopping for Medicare Supplement Insurance

Is a waiting period required for pre-existing conditions?

Some policies have waiting periods for pre-existing conditions. If you have a pre-existing condition, you may want to look for a policy that does not require a waiting period before benefits are paid for that condition.

The maximum pre-existing waiting period for people age 65 or older is six months. A company may have a shorter period or may have no waiting period at all. Many companies waive the waiting period for new Medicare Part B enrollees during their open enrollment periods. The rate table indicates the pre-existing limits offered by each of the companies.

Keep in mind, as you move from one policy to another, you will get “credit” for the time that you were covered under your first Medicare supplement policy. If you have had a policy for at least six months, your new policy will not have a waiting period for pre-existing medical conditions.

Medicare Supplement for Those on Disability

Those under age 65 qualifying for disability Medicare can purchase supplements during the open enrollment. If they have missed this period, there is a list of companies on page 42 that may sell to individuals on Medicare who received Medicare due to a disability.

Insurance Complaints

Any Oklahoma citizen who feels he or she has not been treated properly in an insurance transaction may write to the Oklahoma Insurance Department. All complaints are investigated.

Examples of complaints:

- An insurance agent misrepresents a product or company.
- You experience delays in claims handling.
- You disagree with the amount of an insurance settlement.
- An agent continues to persist after you have said you do not want further discussion or contact.
- An agent tells you your current company is unsound financially or otherwise not reputable.



How to File a Complaint:

Address complaints to:

Oklahoma Insurance Department
 Attn: Consumer Assistance
 Five Corporate Plaza
 3625 NW 56th, STE 100
 Oklahoma City, OK 73112

Include the following information:

- Your name and address
- The insurance company name
- Your policy number (if applicable)
- The name and address of your insurance agent (if applicable)
- A description of the problem
- Supporting documentation

Alternatives to Medicare Supplement Insurance



You Have Options:

- Medicare Advantage
- Employer Health Insurance
- QMB (Includes information on SLMB and QI coverage)
- Medicaid

Medicare Advantage Plans

You may elect a Medicare Advantage option if you are entitled to Part A and enrolled in Part B of Medicare, you do not have end-stage renal disease, and you live in a geographic area served by the option. Possible Medicare Advantage options became available January 1, 1999. The Medicare Advantage options include:

Health Maintenance Organizations (HMOs)

HMOs provide or make available health care services that may include preventive medical care and pharmacy services for which an enrolled person pays a pre-determined monthly rate. HMOs are available to those persons living in specified geographical areas. Generally, members must receive health care services from the HMO staff at a designated HMO facility, although some emergencies are covered at facilities outside the normal service area.

Preferred Provider Organizations (PPOs)

Generally in a PPO you can see any doctor or provider that accepts Medicare. You don't need a referral to see a specialist or any provider out-of-network. If you go to doctors, hospitals or other providers who aren't part of the plan (out-of-network or non-preferred), you will usually pay more.

Private Fee-For-Service (PFFS) Plans

Medicare Private Fee-for-Service Plans are fee-for-service plans offered by private companies. The general rules for how Medicare Private Fee-for-Service Plans work are:

- You can go to any Medicare-approved doctor or hospital that accepts the terms of your plan's payment.

- You may get extra benefits not covered under the original Medicare plan, such as extra days in the hospital.
- The private company, rather than the Medicare program, decides how much it will pay and what you pay for the services you get.
- If you're in a Medicare Private Fee-for-Service Plan, you can get your Medicare prescription drug coverage from the plan if it's offered, or you can join a separate Medicare Prescription Drug Plan to add prescription drug coverage if it isn't offered by the plan.

Enrollment/Disenrollment

Enrollment

Most Medicare beneficiaries are eligible for enrollment in a Medicare Advantage plan, and most parts of the country are served by one or more plans that have contracts with the Centers for Medicare and Medicaid Services (CMS) to serve Medicare beneficiaries. The only enrollment requirements are:

- You must at least be enrolled in Medicare Part B and continue to pay the Part B monthly premium. The premium is **\$110.50 for 2010**.
- You cannot have elected care from a Medicare-certified hospice, and you cannot be medically determined to have end-stage renal disease (ESRD).
- You must live within the area in which the plan has a Medicare contract to provide services.
- The plan must enroll Medicare beneficiaries, including younger

Alternatives to Medicare Supplement Insurance

disabled Medicare beneficiaries without health screening.

Disenrollment

How and when can a beneficiary disenroll?

Once you are enrolled in an HMO, you may wish to disenroll at some point. Whether you stay enrolled or leave an HMO is your decision. Your HMO cannot try to keep you from disenrolling, nor can the HMO try to get you to leave.

To disenroll, a beneficiary should state in writing that he or she wants to withdraw from the plan and return to fee-for-service Medicare coverage. The written statement should go to either the plan's administrative office, the local Social Security Administration or, if appropriate, the Railroad Retirement Board office. The coverage under the fee-for-service system will begin the first day of the following month.

If you want to change from one managed care plan to another, you may do so by simply enrolling in the other plan as long as it has a Medicare contract. You will be automatically disenrolled from the first plan.

If you disenroll from an HMO, return to original Medicare and do not purchase a Medicare supplemental insurance policy, you will have to pay any deductibles or coinsurance under the payment rules of the traditional Medicare program.

Medicare Advantage eligible individuals may make one Medicare Advantage open enrollment period election from January 1st through March 31st.

Medigap Protections—Guaranteed Issue

Guaranteed Issue

The Balanced Budget Act of 1997 increases Medigap portability by providing for guaranteed issue without a pre-existing conditions limitation in the following circumstances, effective July 1, 1998:

- Individuals enrolled in an employee welfare benefit plan, where the plan terminates or ceases providing supplement benefits (opens plans A, B, C, F, K and L)
- Individuals enrolled in a Medicare Advantage plan or a Medicare SELECT policy that is discontinued because (a) organization terminates its Medicare contract or ceases serving a geographic area, (b) individual moves outside of the service area of the plan, or (c) individual disenrolls with the organization due to cause (opens plans A, B, C, F, K and L)
- Individuals who are enrolled under a Medigap policy that is terminated due to the insolvency or bankruptcy of the issuer (opens plans A, B, C, F, K and L)
- Individuals enrolled in a Medigap Supplement who terminate the plan to enroll in a Medicare Advantage or Medicare SELECT and then terminate that plan within the first 12 months of enrollment (opens old plan if available; if not, any A, B, C, F, K and L plan)
- Individuals who first become eligible for Medicare at age 65, enroll in a Medicare Advantage plan, and disenroll within one year, may enroll in any of the 10 Medigap plans within 63 days of disenrollment (unless the individual is within six months of purchasing Part B, in which case they may have a slightly longer period of guaranteed issue).

Alternatives to Medicare Supplement Insurance

Advantages and Disadvantages of HMO Plans

Advantages of Plan Membership

- Getting all services through one source can be easier (for example, doctor's services, hospital care, laboratory tests, X-rays).
- Quality of care may be enhanced because of the coordination of services.
- You can budget medical costs more easily because you know the amount of any premiums in advance, and the other out-of-pocket expenses are likely to be less than under the fee-for-services system.
- A beneficiary pays only a nominal copayment when using a service.
- A beneficiary will not need Medigap insurance to supplement Medicare coverage because the plan provides all or most of the same benefits at no additional cost.
- Paperwork is virtually eliminated.
- HMO plans generally must accept all Medicare applicants.

Disadvantages of Plan Membership

- The Medicare beneficiary may not be free to go to any physician or hospital. You generally must use the plan's providers or the plan will not pay, except in emergencies or out-of-area urgently needed care.
- A beneficiary may need to have the prior approval of his or her primary physician to see a specialist, have elective surgery, or obtain equipment or other medical services.
- Disenrollment can take up to 30 days, and you must continue to use the HMO providers until you are disenrolled.
- If you decide to return to fee-for-service Medicare, depending on your health status, you may not be able to purchase a Medicare Supplement plan.

Questions to Ask When Considering a Managed Care Plan

- **What is covered by the plan? What is not?**
- Does it cover dental, podiatry, prescriptions, preventive screenings, hearing aids, and glasses?
- If it covers prescriptions, is there a list of covered prescriptions (formulary) and, if so, does it cover the drugs I use?
- What are the costs and financial arrangements of the plan?
- What physicians and hospitals are available to me through the plan?
- What are the rules on the primary care physician (PCP), and may I change PCP's?
- What may I do if a PCP will not refer me to a specialist I feel I need to see?
- Are physicians/specialists I currently see on the plan and, if so, may I continue to see them?
- How will I feel if they are later dropped by the plan?
- How long does it take to get an appointment with a physician or specialist?
- What do other enrollees think of the health plan?
- How does the plan define "emergency or urgently needed care"?
- How does the plan handle complaints and grievances?

Alternatives to Medicare Supplement Insurance

Employer Health Insurance

If you or your spouse continues to work after your 65th birthday, you may be able to continue under an employer group health insurance plan. In many situations your employer plan will be primary (it will pay first). In that case, you may not need to sign up for Medicare Part B or buy a Medicare supplement. Contact Social Security with any questions regarding enrollment in Medicare Part B.

When you retire at age 65 or later and do not have an employed spouse, Medicare will become your primary insurance plan. You must enroll in Medicare Part B to avoid a penalty for late enrollment. Your employer may offer a retiree health plan which will pay after Medicare.

Employer group insurance plans do not have to comply with the regulations governing Medicare supplement policies. Carefully compare benefits and costs before deciding to keep employer insurance or replace it with a Medicare supplement.

Medicare Prescription Drug Plan (Part D)

On January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. You choose the drug plan and pay a monthly premium. Like other insurance, if you decide not to enroll in a drug plan when you are first eligible, you may pay a penalty if you choose to join later.

There are two types of Medicare plans that provide insurance coverage for prescription drugs. There will be prescription drug coverage that is a part of Medicare Advantage plans and other Medicare health plans. You would get all of your Medicare prescription drug coverage that adds coverage to the original Medicare plan and some Medicare private fee-for-service plans.

Private insurance companies approved by Medicare will offer these plans.

Like other insurance, if you join a plan offering Medicare drug coverage, there is a monthly premium. If you have limited income and resources, you may get extra help to cover prescription drugs for little or no cost (contact Social Security). The amount of the monthly premium is not affected by your health status or how many prescriptions you need. You will also pay a share of the cost of your prescriptions. All drug plans will have to provide coverage at least as good as the standard coverage which Medicare has set.

Medicare Savings for Qualified Beneficiaries

The Qualified Medicare Beneficiary (QMB) program is a state assistance program that pays Medicare deductibles, Medicare's coinsurance, Medicare's Part B monthly premium, plus the full scope of Medicaid for certain elderly and disabled persons who are entitled to Medicare Part A, if the annual income is at or below the National Poverty Level and whose savings and other resources are very limited.

The QMB monthly income limits in **2010** are:

- **\$903** (individual) **\$1,215** (couple)
- In addition to the income limit, financial resources such as bank accounts, stocks and bonds cannot exceed **\$4,000** for one person or **\$6,000** for a couple.

The Specified Low-income Medicare Beneficiary (SLMB) program is for persons entitled to Medicare Part A whose incomes are slightly higher than the National Poverty Level (by more than 20 percent).

The SLMB monthly income limits in **2010** are:

- **\$1,083** (individual) **\$1,457** (couple)

Alternatives to Medicare Supplement Insurance

Medicare Savings for Qualified Beneficiaries (continued...)

If you qualify for assistance under the SLMB program, the state will pay your Medicare Part B monthly premium. You will be responsible for Medicare's deductibles, coinsurance and other related charges.

QI (Qualifying Individual)

The Qualifying Individual (QI) program is for persons entitled to Medicare Part A whose incomes are higher than 120 percent of the National Poverty Level and who are not otherwise eligible for Medicaid benefits. Your income cannot exceed the National Poverty Level by more than 35 percent for the state to pay your Medicare Part B premium. If your income exceeds 135 percent, but is less than 175 percent of the National Poverty Level, the state may pay part of your Medicare Part B premium.

The QI-1 monthly income limits in 2010 are:

- **\$1,219** (individual) **\$1,640** (couple)

This program pays your Medicare Part B premium.

These programs are designed for people with incomes near or below the poverty level and with limited assets. For more information, contact your county Department of Human Services (DHS) office or Area Agency on Aging if you think you qualify for full Medicaid benefits or for the QMB, SLMB, or QI program.

Medicaid

You may be eligible for Medicaid assistance if you have limited assets and low monthly income,

or you have high medical bills. Medicaid pays eligible expenses in full, without deductibles and coinsurance. It also pays for intermediate or custodial care in a nursing home, which Medicare does not. For more information, contact your county Department of Human Services (DHS) office or Area Agency on Aging.

Generally, you do not need a Medicare supplement while receiving Medicaid assistance. However, if you have a Medicare supplement that was issued after December 13, 1991, and you become eligible for Medicaid, you may not need to terminate your policy. While on Medicaid, you can suspend your Medicare supplement for up to 24 months if you notify the insurance company issuing your supplemental policy within 90 days of becoming eligible for Medicaid, you may reinstate it later if you no longer qualify for Medicaid.

Limited Benefit Policies Are Not a Substitute for a Medicare Supplement Policy

Limited benefit policies such as hospital indemnity, dread disease (cancer, stroke, heart disease, etc.), and accident plans do not cover the gaps in Medicare benefits. They provide benefits only in limited circumstances and duplicate coverage from Medicare and Medicare supplement insurance. You may want to carefully evaluate these plans to determine if they are necessary for your health care needs.



Be a Wise Consumer

Assess your needs.

Review your own health profile and decide what benefits and services you are most likely to need. Using the worksheet at the end of this booklet, make a careful comparison to avoid mistakes. If a poor decision is made, you may have more limited choices in the future.

Buy just ONE.

You only need one good Medicare supplement policy. You are paying for unnecessary duplication if you own more than one.

Take your time.

Do not be pressured into buying a policy. If you have questions or concerns, ask the agent to explain the policy to a friend or relative whose judgement you trust, or call the SHIP program. If you need more time, tell the agent to return at some future date. Do not fall for the age-old excuse, "I'm only going to be in town today so you'd better buy now." Show the agent to the door!

Check the agent's insurance license.

An agent must have a license issued by the state of Oklahoma to be authorized to sell insurance in Oklahoma. Do not buy from a person who cannot show proof of licensing. A business card is not a license. You can contact the Oklahoma Insurance Department to check on an agent's license.

Read the outline of coverage.

The outline of coverage, which is required to be delivered with every solicitation for Medicare supplement insurance, includes specific details about each of the benefits in the policy. If purchased by direct mail, your outline of coverage must be delivered with the policy.

Medical questions may be important.

Do not be misled by the phrase "no medical examination required." You may not have to go to a physician for an exam, but medical statements you make on the application might prevent you from getting coverage after your open enrollment period.

Complete the application carefully.

Before you sign an application, read the health information recorded by the agent. Do not sign it until all health information is completed and accurate. If you leave out requested medical information, the insurance company could deny coverage for that condition or cancel your policy.

DO NOT pay with cash.

Pay by check, money order, or bank draft. Make it payable to the insurance company only, not the agent. Completely fill in the check before presenting it to the agent.

Approval takes time.

You may not be insured by a new Medicare supplement policy on the day you apply for it. Generally, approval takes 10 to 30 days.

Do not cancel a current policy...

until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop one policy and purchase another.

Expect to receive the policy within a reasonable time.

A policy should be delivered within a reasonable time after application (usually 30 days). If you have not received the policy or had your check returned in that time, contact the company and obtain in writing a reason for delay. If a problem continues, contact the Oklahoma Insurance Department.

Use your 30-day free look period. The 30 days start when you have a policy in your hand. Review it carefully. If you decide not to keep it, return it to the company and request a premium refund. After the "free-look" period, insurance companies are not required to return unused premiums if you decide to drop the policy. If an agent tries to sell you a new policy saying you can get a premium refund for your current policy, report the agent to the Oklahoma Insurance Department.

Your policy is guaranteed renewable if you bought it after December 13, 1991.

That means the company cannot drop you as a policyholder unless you fail to pay the premium.

What Factors Affect Insurance Coverage

How insurance companies set prices for Medigap policies

Each insurance company sets its own monthly premiums and decides how it will set the price. You should ask how an insurance company prices Medigap policies. The way it sets the prices affects how much you pay now and in the future. Medigap policies can be priced or “rated” in three ways:

1. Community-rated (also called “no-age-rated”)
2. Issue-age-rated
3. Attained-age-rated

Community-rated (also called “no-age-rated”)

The same monthly premium is charged to everyone who has the Medigap policy, regardless of age. The premium is the same no matter how old you are. The premium may go up because of inflation and other factors, but not based on your age.

Issue-age-rated

The premium is based on the age you are when you buy the Medigap policy. Premiums are lower when you buy at a younger age and won’t change as you get older. The premium may go up because of inflation and other factors, but not because of your age.

Attained-age-rated

The premium is based on your current age so your premium goes up as you get older. The premium is low when you buy at a young age, but goes up as

you get older. It may be the least expensive at first, but it can eventually become the most expensive. The premium may also go up because of inflation and other factors.

Gender

Some companies have different premiums for men and women.

Area

Some companies charge different premiums based on where you live, zip codes, and/or counties.

Other Factors to Consider

Some companies have lower prices for non-smokers.

Some companies have a crossover agreement with Medicare. This is a convenience that lets Medicare send your bills directly to the insurance company.

A few companies listed in the comparison guide require membership in a specific organization before a policy can be issued. Some companies offer different levels of premium based on underwriting criteria. Once you have narrowed your choices, you should check with the companies to verify the actual premium.

Again, we must state **rate increases could have occurred since this publication.**

Most companies provide toll-free numbers for your convenience.



Standard Plans Price and Service Comparison

Wise consumers shop carefully for Medicare supplement insurance by comparing several companies' prices and service. Use this worksheet to record key information as you shop. **Please note the prices listed on the following pages are estimated annual premiums.**

Price Comparisons

| Company | A | B | C | D | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*High Deductible

Service

| Company Name | Agent | | Mail | | Agent | | Mail | | Agent | | Mail | |
|---------------------------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|
| Sell through agent or mail | Agent | Mail | Agent | Mail | Agent | Mail | Agent | Mail | Agent | Mail | Agent | Mail |
| Service office convenient | Yes | No |
| Company has toll-free # | # _____ | | # _____ | | # _____ | | # _____ | | # _____ | | # _____ | |
| Company's financial rating | | | | | | | | | | | | |
| Offers automatic claims filing | Yes | No |
| Waiting period for pre-existing | Yes | No |
| | #months? _____ | | #months? _____ | | #months? _____ | | #months? _____ | | #months? _____ | | #months? _____ | |

For information about assistance with health insurance questions, call the Senior Health Insurance Program (SHIP) at 1-800-763-2828 or (405) 521-6628.

AARP/United Healthcare Insurance

PO BOX 130
 Montgomeryville, PA 18936
 800-523-5800

Important Information

The age 65 premiums include discounts for the Early Enrollment Discount Program, Multi-Insured Discount, and Electronic Funds Transfer Discount. All plans shown are Non-Smoker rates. Please contact our customer service toll free at 1-800-523-5800 for your exact rate. You must be a member of AARP to obtain these group policies.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| No Age Rating | 3 Months |

| A | B | C | C Select | F | F Select | G | K | L | M | N |
|--------|---------|---------|----------|---------|----------|---|--------|-----|---|--------|
| 826.44 | 1025.40 | 1220.40 | 966.84 | 1226.16 | 972.60 | | 553.44 | 807 | | 882.96 |

American Republic Corp Insurance Company

P.O. Box 1
 Des Moines, IA 50334
 888-755-3065

Important Information

Rates may differ for males and females. Rates vary by zip code.
 Rates may vary based on health at application. Couples rates available.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|------|----|---|-----|------|---|---|
| 1134 | | | | 1556 | | | 804 | 1107 | | |

American Republic Insurance Company

601 6th Avenue
 Des Moines, IA 50334
 888-755-3065

Important Information

Rates may differ for males and females. Rates vary by zip code.
 Rates may vary based on health at application.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|------|---|------|-----|---|-----|------|---|---|
| 1560 | | 1976 | | 2195 | 492 | | 888 | 1265 | | |

Assured Life Association

3316 Farnam Street
 Omaha, NE 68175
 877-223-3666

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|--------|--------|---------|--------|--------|----|--------|---|---|---|---|
| 819.12 | 897.48 | 1113.72 | 955.68 | 1117.8 | | 963.96 | | | | |

Blue Cross Blue Shield of Oklahoma

1251 South Boulder
 Tulsa, OK 74119
 866-303-2583

Important Information

Rates shown represent a female who is age 65. Rates vary by age and gender. Please contact us at 1-866-303-2583 for more information.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|--------------------------------------|
| Attained Age | Waived during open enrollment period |

| A | B | C | D | F | F Select | F* | G | K | L | M | N | N Select |
|-------|---|---|---|---------|----------|-----|---|---|---|---|---------|----------|
| 963.6 | | | | 1437.60 | 1642.8 | 228 | | | | | 1006.80 | 854.40 |

Colonial Penn Life Insurance Company

399 Market Street
 Philadelphia, PA 19181
 800-800-2254

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|--------------------------------------|
| Attained Age | Waived during open enrollment period |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---------|---|---|---------|--------|---------|--------|--------|--------|--------|
| 1037.66 | 1335.81 | | | 1533.70 | 368.07 | 1365.04 | 570.98 | 950.72 | 1156.9 | 851.23 |

Combined Insurance Company of America

1000 Milwaukee Avenue
Glenview, IL 60025
800-544-5531

Important Information

High Deductible Plan F is Attained Age rated.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Issue Age/Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|------|------|------|------|-----|---|---|---|---|---|
| 1942 | 2110 | 2336 | 1620 | 2428 | 725 | | | | | |

Continental General Insurance Company

11200 Lakeline Blvd., Ste. 100
Austin, TX 78717
800-633-6752

Important Information

One-time enrollment fee of \$25.00

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|------|------|------|------|----|------|---|---|---|---|
| 1056 | 1213 | 1378 | 1206 | 1358 | | 1204 | | | | |

Equitable Life & Casualty

3 Triad Center
Salt Lake City, UT 84180
800-352-5170

Important Information

The rates reflected are Ultimate class, female non smoker, for all zip code areas except 731 and 741.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|------|----|---|---|---|---|------|
| 1039 | | | | 1471 | | | | | | 1036 |

Gerber Life Insurance Company

3316 Farnam Street
 Omaha, NE 68175
 877-778-0839

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|--------|---|---|---|---------|----|--------|---|---|---|---|
| 744.12 | | | | 1035.24 | | 876.36 | | | | |

Globe Life and Accident Insurance Company

3700 S. Stonebridge Drive
 McKinney, TX 75070
 800-801-6831

Important Information

All Plans have PreEx of 2 months.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|-----|------|------|---|------|----|---|---|---|---|---|
| 786 | 1237 | 1396 | | 1405 | | | | | | |

Government Personnel Mutual Life Insurance Company

3316 Farnam St.
 Omaha, NE 68103-2679
 866-242-7573

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|--------|---|--------|---|---------|----|--------|---|---|---|--------|
| 780.12 | | 1057.2 | | 1082.76 | | 915.96 | | | | 800.04 |

Guarantee Trust Life Insurance Company

1275 Milwaukee Avenue
 Glenview, IL 60025
 800-338-7452

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---------|---------|---------|---------|--------|---------|---|---|---|---|
| 1468.30 | 2105.60 | 2584.20 | 1711.90 | 2409.35 | 375.70 | 1865.60 | | | | |

Liberty National Life Insurance Company

3700 S. Stonebridge Drive
 McKinney, TX 75070
 800-331-2512

Important Information

All rates are given as male preferred. All over 65 are attained age; disabled are issue age. PreEx for over 65 is 2 months; disabled is 6 months.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|------|---|---|------|-----|---|---|---|---|------|
| 1313 | 1904 | | | 2143 | 674 | | | | | 1726 |

Loyal American Life Insurance Company

11200 Lakeline Blvd., Suite 100
 Austin, TX 78717
 866-459-4272

Important Information

One time enrollment fee of \$25.00

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|------|----|------|---|---|---|------|
| 1289 | | | | 1561 | | 1369 | | | | 1235 |

Marquette National Life Insurance Company
 1001 Heathrow Park Lane, Ste 5001
 Lake Mary, FL 32746
 800-934-8203

Important Information

Rates are for Female non-smoker. Rates vary by gender, tobacco use and area.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|------|------|----|------|---|---|---|---|
| 1005 | | | 1131 | 1327 | | 1196 | | | | |

Medico Insurance Company
 1515 South 75th Street
 Omaha, NE 68124
 800-228-6080

Important Information

Rates vary by age, area, sex, smoker/non-smoker

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|-----|---|---|------|------|----|---|---|---|---|---|
| 903 | | | 1216 | 1328 | | | | | | |

Mennonite Mutual Aid Association
 1110 N. Main St. (PO Box 483)
 Goshen, IN 46527
 800-348-7468

Important Information

Rates shown are for Females. Mennonite Mutual Aid Association is a fraternal benefit society. As such, its policies are available only to persons eligible for membership in the Association.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| IA(A, F, L) AA(C & N) | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|------|---|------|----|---|---|------|---|------|
| 1202 | | 1595 | | 1982 | | | | 1163 | | 1015 |

Old Surety Life Insurance Company

P O Box 54407
 Oklahoma City, OK 73054
 800-272-5466

Important Information

Rates provided are for males. Rates for females are less.
 Rates provided are "non tobacco user" rates. Rates for tobacco users are 10% higher.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Issued Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|-----|---|------|---|---|----|---|---|---|---|---|
| 956 | | 1025 | | | | | | | | |

Physicians Mutual Insurance Company

2600 Dodge St
 Omaha, NE 68131
 800-228-9100

Important Information

The Plan F rates reflect the high Deductible Rider rates already applied. This rider offers a higher deductible for a period of years with a premium discount that applies for the life of the policy unless the policyowner terminates the rider. Although only attained age rates are listed, our company offers both Attained Age and Issue Age rates.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|--------|---|---|---|--------|--------|---------|---|---|---|---|
| 818.16 | | | | 891.48 | 383.04 | 1121.16 | | | | |

Reserve National Insurance Company

601 E. Britton Rd
 Oklahoma City, OK 73014
 405-848-7931

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---------|---|---|----|---|---|---|---|---------|
| 1279 | | 1899.45 | | | | | | | | 1310.45 |

Royal Neighbors of America

230 Sixteenth Street
 Rock Island, IL 61201
 877-217-4040

Important Information

Rates quoted are effective 6-1-2010, are based on a female non smoker and are for use in OK zip codes EXCEPT 730-731, 740-741.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|------|----|------|---|---|---|---|
| 1130 | | | | 1660 | | 1331 | | | | |

Standard Life and Accident Insurance Company

One Moody Plaza
 Galveston, TX 77550
 888-350-1488

Important Information

Rates shown are Female, Non-Tobacco Use Rates.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|------|------|------|------|-----|------|---|---|---|-----|
| 1900 | 2163 | 2460 | 1482 | 2022 | 294 | 1493 | | | | 975 |

State Farm Mutual Insurance Company

One State Farm Plaza
 Bloomington, IL 61710
 866-855-1212

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|--------------------------------------|
| Attained Age | Waived during open enrollment period |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|------|---|------|----|---|---|---|---|---|
| 1083 | | 1633 | | 1649 | | | | | | |

United American Insurance Company

3700 S. Stonebridge Drive
 McKinney, TX 75070
 800-331-2512

Important Information

All rates are based on male preferred. All over 65 are attained age; all disabled are issue age. PreEX for over 65 is 2 months; PreEX for disabled is 6 months. Plan F under disabled is a high deductible plan.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|------|------|------|------|-----|------|------|------|---|------|
| 1251 | 1806 | 2068 | 1902 | 2080 | 655 | 1913 | 1117 | 1568 | | 1631 |

United of Omaha Insurance Company

Mutual of Omaha Plaza
 Omaha, NE 68175
 800-865-2674

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|--------|---|---|---|-------|----|--------|---|---|--------|-----|
| 664.08 | | | | 962.4 | | 818.04 | | | 765.12 | 717 |

USAA Life Insurance Company

9800 Fredericksburg Rd.
 San Antonio, TX 78288
 800-531-USAA (8722)

Important Information

The rates provided are non-smoker rates. We do not have a pre-existing waiting period. Plan A only is offered to disabled Medicare beneficiaries under age 65 with medical underwriting, unless it is Open Enrollment. Consumers may contact us at 1-800-531-USAA(8722). Rates are effective June 1, 2010.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---------|----|---|---|---|---|---|
| 1291.32 | | | | 1411.68 | | | | | | |

AARP/United Healthcare Insurance

PO BOX 130
 Montgomeryville, PA 18936
 800-523-5800

Important Information

The age 65 premiums include discounts for the Early Enrollment Discount Program, Multi-Insured Discount, and Electronic Funds Transfer Discount. All plans shown are Non-Smoker rates. Please contact our customer service toll free at 1-800-523-5800 for your exact rate. You must be a member of AARP to obtain these group policies.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| No Age Rating | 3 Months |

| A | B | C Select | D | F Select | F* | G | K | L | M | N |
|------|---|----------|---|----------|----|---|---|---|---|---|
| 2322 | | | | | | | | | | |

American Republic Corp Insurance Company

P.O. Box 1
 Des Moines, IA 50334
 888-755-3065

Important Information

Rates may differ for males and females. Rates vary by zip code.
 Rates may vary based on health at application. Couples rates available.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 2268 | | | | | | | | | | |

American Republic Insurance Company

601 6th Avenue
 Des Moines, IA 50334
 888-755-3065

Important Information

Rates may differ for males and females. Rates vary by zip code.
 Rates may vary based on health at application.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 3120 | | | | | | | | | | |

Assured Life Association

3316 Farnam Street
 Omaha, NE 68175
 877-223-3666

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 1924.92 | | | | | | | | | | |

Blue Cross Blue Shield of Oklahoma

1251 South Boulder
 Tulsa, OK 74119
 866-303-2583

Important Information

These premiums include an early enrollment discount. These rates and plan offerings will change effective June 1, 2010. Please call us at 1-866-303-2583 to learn more.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Issued Age | 6 Months |

| A | B | C | D | F Select | F* | G | K | L | M | N |
|--------|---|---|---|----------|----|---|---|---|---|---|
| 6950.4 | | | | | | | | | | |

Colonial Penn Life Insurance Company

399 Market Street
 Philadelphia, PA 19181
 800-800-2254

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|--------------------------------------|
| Attained Age | Waived during open enrollment period |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 3278.48 | | | | | | | | | | |

Combined Insurance Company of America

1000 Milwaukee Avenue
 Glenview, IL 60025
 800-544-5531

Important Information

High Deductible Plan F is Attained Age rated.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Issue Age/Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 2315 | | | | | | | | | | |

Continental General Insurance Company

P. O. Box 26580
 Austin, TX 78755
 877-291-5434

Important Information

One-time enrollment fee of \$25.00

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 4577 | | | | | | | | | | |

Equitable Life & Casualty

3 Triad Center
 Salt Lake City, UT 84180
 800-352-5170

Important Information

The rates reflected are Ultimate class, female non smoker, for all zip code areas except 731 and 741.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 1758 | | | | | | | | | | |

Gerber Life Insurance Company

3316 Farnam Street
 Omaha, NE 68175
 877-778-0839

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 1748.76 | | | | | | | | | | |

Government Personnel Mutual Life Insurance Company

Omaha, NE 68103-2679
 866-242-7573

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 1833.24 | | | | | | | | | | |

Guarantee Trust Life Insurance Company

1275 Milwaukee Avenue
 Glenview, IL 60025
 800-338-7452

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 2554.84 | | | | | | | | | | |

Liberty National Life Insurance Company

3700 S. Stonebridge Drive
 McKinney, TX 75070
 800-331-2512

Important Information

All rates are given as male preferred. All over 65 are attained age; disabled are issue age. PreEx for over 65 is 2 months; disabled is 6 months.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---|------|---|---|---|----|---|---|---|---|---|
| | 4136 | | | | | | | | | |

Loyal American Life Insurance Company

11200 Lakeline Blvd., Suite 100
 Austin, TX 78717
 866-459-4272

Important Information

One time enrollment fee of \$25.00

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 1516 | | | | | | | | | | |

Marquette National Life Insurance Company

1001 Heathrow Park Lane, Ste 5001
 Lake Mary, FL 32746
 800-934-8203

Important Information

Rates are for Female non-smoker. Rates vary by gender, tobacco use and area.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 1412 | | | | | | | | | | |

Mennonite Mutual Aid Association

1110 N. Main St. (PO Box 483)
 Goshen, IN 46527
 800-348-7468

Important Information

Rates shown are for Females. Mennonite Mutual Aid Association is a fraternal benefit society. As such, its policies are available only to persons eligible for membership in the Association.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| IA(A, F, L) AA(C & N) | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 2404 | | | | | | | | | | |

Old Surety Life Insurance Company

P O Box 54407
 Oklahoma City, OK 73154
 800-272-5466

Important Information

Rates provided are for males. Rates for females are less.
 Rates provided are "non tobacco user" rates. Rates for tobacco users are 10% higher.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Issued Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 1767 | | | | | | | | | | |

Physicians Life Insurance Company

2600 Dodge St
 Omaha, NE 68131
 800-228-9100

Important Information

The Plan F rates reflect the high Deductible Rider rates already applied. This rider offers a higher deductible for a period of years with a premium discount that applies for the life of the policy unless the policyowner terminates the rider. Although only attained age rates are listed, our company offers both Attained Age and Issued Age rates.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 4076.64 | | | | | | | | | | |

Reserve National Insurance Company

6100 N.W. Grand Blvd
 Oklahoma City, OK 73118
 405-848-7931

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | 6 Months |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 2452.55 | | | | | | | | | | |

Royal Neighbors of America

230 Sixteenth Street
 Rock Island, IL 61201
 877-217-4040

Important Information

Rates quoted are effective 6-1-2010, are based on a female non smoker and are for use in OK zip codes EXCEPT 730-731, 740-741.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 2809 | | | | | | | | | | |

Standard Life and Accident Insurance Company

One Moody Plaza
 Galveston, TX 77550
 888-350-1488

Important Information

Rates shown are Female, Non-Tobacco Use Rates

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 8213 | | | | | | | | | | |

State Farm Mutual Insurance Company

One State Farm Plaza
 Bloomington, IL 61710
 866-855-1212

Important Information

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|--------------------------------------|
| Attained Age | Waived during open enrollment period |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 2436 | | | | | | | | | | |

United American Insurance Company

3700 S. Stonebridge Drive
 McKinney, TX 75070
 800-331-2512

Important Information

All rates are based on male preferred. All over 65 are attained age; all disabled are issue age. PreEX for over 65 is 2 months; PreEX for disabled is 6 months. Plan F under disabled is a high deductible plan.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---|------|---|---|---|------|---|---|---|---|---|
| | 5078 | | | | 2620 | | | | | |

United of Omaha Insurance Company

Mutual of Omaha Plaza
 Omaha, NE 68175
 877-778-0829

Important Information

Rates shown are for Age 65, Female, Non-Tobacco; Varies by Zip Code

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 1576.32 | | | | | | | | | | |

USAA Life Insurance Company

9800 Fredericksburg Rd.
 San Antonio, TX 78288
 800-531-USAA (8722)

Important Information

The rates provided are non-smoker rates. We do not have a pre-existing waiting period. Plan A only is offered to disabled Medicare beneficiaries under age 65 with medical underwriting, unless it is Open Enrollment. Consumers may contact us at 1-800-531-USAA(8722). Rates are effective June 1, 2010.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|---------|---|---|---|---|----|---|---|---|---|---|
| 1291.32 | | | | | | | | | | |

World Corp Insurance Company

P.O. Box 2155
 Omaha, NE 68103
 800-822-9993

Important Information

Rates may differ for males and females. Rates vary by zip code. Rates may vary based on health at application. Couples rates available.

| Method of Premium Rate | Pre-Existing Condition Limitation |
|------------------------|-----------------------------------|
| Attained Age | None |

| A | B | C | D | F | F* | G | K | L | M | N |
|------|---|---|---|---|----|---|---|---|---|---|
| 2011 | | | | | | | | | | |

Licensed Insurance Companies that Write Medicare Supplement Plans for People Disabled and Under 65

For use only outside of open enrollment.

**Bankers Fidelity
Life Insurance Company**
(866) 458-7500

**Old Surety Life
Insurance Company**
(800) 272-5466

CommunityCare
(800) 642-8065 Option 1

**PacifiCare Life
Assurance Company**
(800) 768-1479

Humana Insurance Company
(800) 372-2147

**United American
Insurance Company**
(800) 331-2512

**Lincoln Heritage Life Insurance
Company**
(If losing a group benefit)
(800) 287-7319

**United of Omaha
Insurance Company**
(877) 778-0829

**Mennonite Mutual Aid
Association**
(Available to persons who
are eligible for membership
in the association)
(800) 348-7468

**United World Life
Insurance Company**
(877) 845-0892

**Mutual of Omaha
Insurance Company**
(800) 316-0842

USAA Life Insurance Company
(800) 531-8722

MEDICARE SUPPLEMENT IN A **NUTSHELL**

8 things you should know about Medicare Supplement Policies

- 1 Also called "Medigap" or "MedSup"
- 2 Private insurance, not sold by the government
- 3 Designed to fill gaps in Medicare coverage
- 4 Defined by state and federal law
- 5 Regulated by state insurance departments
- 6 Sold by many companies
- 7 Available in 10 standardized plans
- 8 Usually not needed by those eligible for employer-provided insurance, Medicare Advantage plans, or Medicaid assistance programs