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2006 Oklahoma Shopper's Guide— Medicare Supplement Insurance and Alternatives

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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
Shepherd Mall
2401 N.W. 23rd, Suite 28
P.O. Box 53408
Oklahoma City, Oklahoma 73152-3408

For Additional Insurance Department Information Call:

Toll Free Number
1-800-522-0071

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 Line
1-888-967-9100

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

Medicare 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 free, but everyone must pay a monthly premium for Medicare Part B (\$88.50 in 2006). A choice of how you take your Medicare is given with Medicare Part C (Medicare Advantage), 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 are not allowed to charge more than what is approved by Medicare. Part B does allow "excess charges" for some services. The maximum excess physicians charge allowed is 15% more than Medicare's approved amount, for claims in which the provider did not accept Medicare Assignment.

Medicare:

Medicare Part A

- Inpatient Hospital
- Skilled Nursing Facility
- Home Health Care
- Hospice

Medicare Part B

- Doctor Services
- Outpatient Hospital & Emergency Room
- Durable Medical Equipment
- Other Services & Supplies

Medicare Part C

- Medicare Advantage Plans

Medicare Part D

- Prescription Drug Benefit

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 Benefit Chart 2006

Part A Hospital Insurance - Covered Services (Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2006)

Services	Benefits	Medicare Pays	You Pay <small>(Other insurance may pay all or part)</small>
Hospitalization Semiprivate room, general nursing misc. services	First 60 days 61st to 90th day 91st to 150th day Beyond 150 days	All but \$952 All but \$238 per day All but \$476 per day Nothing	\$952 \$238 per day \$476 per day All charges
Skilled Nursing Facility Care	First 20 days 21st to 100th day Beyond 100 days	100% of approved All but \$119.00 per day Nothing	Nothing if approved \$119.00 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
Hospice Care for the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first 3 pints	First 3 pints

Part B - Medicare Insurance - Covered Services

Services	Benefits	Medicare Pays	You Pay <small>(Other insurance may pay all or part)</small>
Medical Expense Physician services & medi- cal supplies	Medical services in and out of the hospital	80% of approved (after \$124 deductible)	20% of approved (after \$124 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
Outpatient Hospital Treatment	Unlimited if medically necessary	80% of approved (after \$124 deductible)	20% of approved (after \$124 deductible) plus excess charges
Durable Medical Equipment (DME)	Prescribed by doctor for use in home	80% of approved (after \$124 deductible)	20% of approved (after \$124 deductible) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

Supplementing Medicare

Medicare Supplement in a Nutshell

Medicare supplement insurance is —

- Also called “Medigap or “MedSup.”
- Private insurance, not sold by the government.
- Designed to fill gaps in Medicare coverage.
- Defined by state and federal law.
- Regulated by state insurance departments.
- Sold by many companies.
- Available in 12 standardized plans.
- Usually not needed by those eligible for employer-provided insurance, Medicare Advantage plans or Medicaid assistance programs.

Since January 1, 1992, insurance companies selling Medicare supplement policies in Oklahoma were limited to selling 10 “Standardized Plans.” In 2006 two (2) additional supplemental plans are being offered. The plans are identified by the letters A through L. A company does not have to sell all 12 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 have had Medicare Part B coverage before age 65 (e.g., Medicare disability, End-Stage Renal Disease or

Lou Gehrig’s).

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. 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 6 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 twelve 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 permit

individuals who qualified for Medicare under age 65 an Open Enrollment at age 65. This allows disabled Medicare beneficiaries a new opportunity to obtain Medicare Supplemental coverage at age 65.

Beginning on page 34 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 53 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.

CHART OF THE TWELVE STANDARD MEDICARE SUPPLEMENT PLANS

This chart shows the benefits in each plan. Every company must make available Plan "A".

BASIC BENEFITS: Included in all plans.

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).

Blood: First 3 pints of blood each year. **(Plan K-50%, Plan L-75%)**

A	B	C	D	E	F*	G	H	I	J*	K	L
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Skilled Nursing Co- Insurance 50%	Skilled Nursing Co-Insurance 75%									
	Part A Deductible	Part A Deductible 50%	Part A Deductible 75%								
		Part B Deductible			Part B Deductible				Part B Deductible	Part B coinsurance 10%	Part B coinsurance 15%
					Part B Excess(100%)	Part B Excess(80%)		Part B Excess(100%)	Part B Excess(100%)		
		Foreign Travel Emergency									
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery		
				Preventive Care					Preventive Care		

*Plans F and J have a high deductible plan. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year [\$1790] deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses are [\$1790]. 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 plans F & J foreign deductible.

**Plans K and L cover the total coinsurance for Part B preventative services covered by Medicare.

Watch You're A and B

PLAN A and **PLAN B** are Medicare supplement policies. **PART A** is the name of Medicare's hospitalization coverage, and **PART B** is the name of Medicare's medical expense coverage. Companies must continue to honor policies purchased prior to January 1, 1992. You **DO NOT** have to drop a policy purchased before that date and switch to one of the standardized plans.

Standard Plan Benefits

Basic Benefits

Ten of the twelve standard plans have the following “Basic Benefits” included in the plan:

Part A Hospitalization (Per Benefit Period)

Basic Benefits:

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.

- **Days 61-90:** Basic Benefits pay the daily coinsurance coverage of \$238 per day (for 2006). 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 \$476 per day (for 2006). “Lifetime Reserve Days” are 60 nonrenewable days of Medicare benefits that are available when a hospital stay extends beyond the 90 renewable days of 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 \$124 Part B deductible) both in and out of the hospital.

PART B: Medical Expenses (Per Calendar Year) Basic Benefits:

20% Coinsurance: Paid after the \$124 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 9)

Part A Deductible (Per Benefit Period)

Medicare requires you pay the first \$952 (for 2006) 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 J include the “Part A Deductible Benefit” which pays the full deductible amount each time it is charged to the beneficiary.

This kind of benefit may be thought of as “first dollar coverage”. First dollar coverage means the insurer pays from the first dollar of expense incurred.

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 L include the “Skilled Nursing Coinsurance Benefit.”

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 \$119 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 \$124 (per calendar year) deductible for Part B covered services. The first \$124 of Medicare approved Part B charges each year is your responsibility. Under plans C, F, and J the “Part B Deductible Benefit” pays the \$124 deductible each year. (This benefit is another type of “first dollar coverage”).

Foreign Travel Emergency

Medicare does NOT cover care received outside the U.S. Standard plans C through J 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

It is important for people to realize that an additional health insurance travel policy is probably unnecessary when the “Foreign Travel Emergency” benefit is a part of their Medicare supplement policy.

At Home Recovery

Medicare Part A provides coverage for home health services when certain guidelines are met. The most important of these guidelines is that you must be homebound and must require part-time skilled care or therapy.

The “At-Home Recovery Benefit” included in plans D,G,I, & J cover short-term, at-home assistance with “activities of daily living” (bathing, dressing, personal hygiene, etc.) This benefit is paid only when Medicare has approved a home care plan of treatment.

Benefit Limits:

- \$40 per visit (4 hours maximum per visit)
- 7 visits per week
- \$1,600 per year

Preventive Care

Medicare generally does not cover preventive services such as routine exams and most screening tests. Plans E and J include a “Preventive Care Benefit” which provides for reimbursement of actual charges up to 100% of the Medicare approved amount with an annual maximum benefit of \$120.

Preventive health services are important because they may detect serious health conditions at an early stage. This benefit may cost as much in premium as the maximum benefit you could receive. You may prefer to self-insure these services instead of paying additional insurance premiums.

Part B Excess Charges

An important gap in Medicare Part B is medical charges that are in “excess” of approved amounts. Plans F, I, & J pay 100% of allowed excess charges. Plan G pays 80% of the 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.

Medicare SELECT - Another Option

Medicare supplement policies generally pay the

Example		
Limiting Charge	\$115*	Plans F, I, & J:
Medicare Approved	<u>\$100</u>	100% x Excess = \$15
Excess Charges	15	Plan G:
		80% x Excess = \$12
*15% over the approved amount		

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 twelve standard plans identified by letters A through L.

- **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, which 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

Use the worksheet on page 20 to record your findings as you shop for Medicare supplement insurance.

Price Comparison—

- **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 ten 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 a few 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. If the agent does not know the company's rating, check your public library for rating publications.

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.

- **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 period. The rate table indicates the pre-existing limit 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 their Open Enrollment. If they have missed this period, there is a list of companies on page 38 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
P.O. Box 53408
Oklahoma City, OK 73152-3408

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

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 (HMO's).

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 (PPO's).

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 below.

- 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-Services 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 drug coverage 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 \$88.50 for 2006.
- 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 disabled Medicare beneficiaries, in the order of application, 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, it 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 they want 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 or to their local Social Security Administration or, if appropriate their 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 are automatically disenrolled from the first plan.

If you disenroll from an HMO, returning 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.

In 2006, a Medicare Advantage eligible individual may make one Medicare Advantage open enrollment period election from January 1 through June 30th. In 2007 and each year thereafter, a Medicare Advantage eligible individual 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 and F)

- 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) the individual disenrolls with the organization due to cause (opens plans A, B, C and F)

- 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 and F)

- 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 and F 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 12 Medigap plans within 63 days of disenrollment (unless the individual is within 6 months of purchasing Part B, in which case they may have a slightly longer period of guaranteed issue).

Advantages and Disadvantages of HMO Plans

Advantages of Plan Membership

- It can be easier to get all services through one source (for example, doctor's services, hospital care, laboratory tests, X-rays.)

- Quality of care may be enhanced because of the coordination of services.

- It's easier to budget medical costs because you know the amount of any premiums in advance, and the other out of pocket expense is likely to be less than under the fee-for services system.

- A beneficiary pays only a nominal co-payment when they use a service.

- A beneficiary will not need Medigap insurance to supplement their Medicare coverage because the plan provides them with 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 they will not pay, except in emergencies or out-of-area urgently needed care.

- A beneficiary may need to have the prior approval of their primary physician to see a specialist, have elective surgery, or obtain equipment or other medical services.

- It can take up to 30 days to disenroll, and one must continue to use the HMO providers until they 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?

- Are physicians paid a salary or on a per-person basis – monthly premiums, co-payments or deductibles?

- 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?

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)

Beginning on January 1, 2006, new Medicare prescription drug coverage was 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. Insurance companies will offer these plans and other private companies approved by Medicare.

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 2006 are:

- **\$817** (individual) **\$1,100** (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 2006 are:

- **\$980** (individual) **\$1,320** (couple)

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-1

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 2006 are:

- **\$1,103** (individual) **\$1,485** (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, it may not be necessary 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 supple-

mental policy within 90 days of becoming eligible for Medicaid, and reinstate it later if you no longer qualify for Medicaid.

SHIP can provide additional information regarding the different types of assistance programs and your health insurance needs.

You may contact our office by calling 1-800-763-2828.

**Limited Benefit Policies are not a
Substitute for a
Medicare Supplement Policy**

**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.

- **It takes time to be approved.**

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

- **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.**

Premium Type:

Companies have three different methods of pricing

GUIDE TO PREMIUM CHART

policies based on your age. These are indicated by “AA” “IA” or “NA” in the Notes column.

Attained Age (AA)

Attained Age premium is a policy based on your current age. Therefore, the premium will increase as your age increases.

Issue Age (IA)

This means that you will always pay the current premium for the age you were when you purchased your policy. The premium you pay may be initially somewhat higher than under the Attained Age approach because a portion of the initial premium issued to pre-fund the increased claims cost in later years. As a result, the premiums for later durations of your policy could be somewhat less than they would be under an Attained Age approach.

No Age Rating (NA)

The premium is the same for all customers who buy this policy, regardless of age.

Age Groups:

Premiums are based on your age when you buy the policy. Although companies may have a different premium for every year’s difference in age, this comparison shows premiums at 5 year intervals (Age 65, 70, 75). **It is important to remember that premiums may increase every year to keep up with changes in Medicare. Companies may also increase premiums if claim expenses are higher than what was previously anticipated by the insurance company.**

Sex:

Some companies have different premiums for men and women.

Area:

Some companies charge different premiums based on where you live.

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. Most companies provide toll-free “800” customer service.

Long Term Care Insurance

Is it important to your future planning?

After making decisions about your Medicare supplement insurance, you may have questions about other insurance needs such as long term care insurance in the case of nursing home confinement or other types of extended care.

SHIP has the “Oklahoma Shopper’s Guide to Long-Term Care Insurance” which can help you through the process of determining if long-term care insurance is an appropriate choice for you. It also explains what to look for and what to look-out for when shopping for a policy. To obtain a copy, call SHIP at 1-800-763-2828.

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.

Price Comparisons

Company	A	B	C	D	E	F	F*	G	H	I	J	J*

Note: Compare premiums for your current age and for at least the next 10 years.

* High Deductible

Service

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

Notes:

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
AARP/HealthCare Options/ United Health Care Ins. Co. P.O. Box 130 Montgomeryville, PA 18936 (800) 523-5800	3 mos.	NA	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
American Pioneer Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 538-1053	6 mos.	AA	✓	✓	✓	✓		✓	✓	✓						
American National Life Insurance Company of Texas One Moody Plaza Galveston, TX 77550 (800) 899-6520	None	AA	✓	✓	✓	✓	✓	✓		✓						
American Republic Insurance Company 601 6th Avenue P.O. Box 1 Des Moines, IA 50334 (888) 755-3065	None	AA	✓		✓		✓	✓							✓	✓

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Bankers Fidelity Life Insurance Company 4370 Peachtree Rd,NE Atlanta, GA 30319 (800) 241-1439	None	IA	✓	✓	✓	✓		✓	✓	✓						
Bankers Life and Casualty Company 222 Merchandise Mart Plaza Chicago, IL 60654 (800) 621-3724	None	AA	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
Blue Cross Blue Shield Of Oklahoma 1215 S. Boulder Tulsa, OK 74119 (866) 303-BLUE (2583)	6 mos	IA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Central Reserve Life Insurance Co. P.O. Box 29190 Shawnee Mission, Ks 66201 (877) 291-5434	6 mos	AA	✓		✓	✓	✓	✓	✓	✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Combined Insurance Company of America 5050 Broadway Chicago, IL 60640 (800) 544-5531	None	AA IA	✓	✓	✓	✓		✓	✓							
Community Care Life & Health Insurance Co.-CC65 218 W 6th St Tulsa, OK 74119 (800) 642-8065	6 mos	AA	✓		✓			✓				✓				
Conseco Insurance Co. 11815 N. Pennsylvania St. Carmel, IN 46032 (800) 541-2254	None	AA	✓			✓		✓		✓						
Constitution Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 789-6364	6 mos	AA	✓	✓	✓	✓	✓	✓	✓	✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Continental General Life Insurance Company P.O. Box 29136 Shawnee Mission, KS 66201 (877) 291-5434	None	AA	✓	✓	✓	✓	✓	✓	✓	✓						
Continental Life Insurance Company of Brentwood, TN 101 Continental Place Brentwood, TN 37027 (800) 264-4000	3 mos	AA	✓	✓	✓	✓		✓		✓						
Equitable Life and Casualty Insurance Company 3 Triad Center Salt Lake City, UT 84110 (800) 352-5170	None	AA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Globe Life and Accident Insurance Company 3700 S. Stonebridge Dr. McKinney, TX 75070 (800) 801-6831	2 mos	AA	✓	✓	✓				✓							

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Golden Rule Insurance Company 712 Eleventh Street Lawrenceville, IL 62439 (800) 474-4467	6 mos (waived during open enrollment)	AA	✓		✓			✓		✓						
Great American Life Insurance Company P.O. Box 559002 Austin, TX 78755 (800) 880-2745	6 mos	AA	✓	✓	✓	✓		✓		✓						
Guarantee Trust Life Insurance Co. 1275 Milwaukee Avenue Glenview, IL 60025 (800) 338-7452	None	AA	✓	✓	✓	✓		✓	✓	✓						
Humana Insurance Company 500 W Main St. Louisville, KY 40202 (800) 866-0581	3 mos	AA	✓	✓	✓			✓	✓							

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Lincoln Heritage Life Insurance Company 4343 E Camelback Rd., Ste. 400 Phoenix, AZ 85018 (800) 438-7180	None	AA	✓	✓	✓	✓		✓								
Loyal American Life Insurance Company 5508 Parkcrest Drive Austin, TX 78731 (800) 633-6752	6 mos	AA	✓	✓	✓	✓		✓		✓						
Marquette National Life Insurance Company 1001 Heathrow Park Lane Ste. 5001 Lake Mary, FL 32746 (800) 934-8203	6 mos	AA	✓			✓		✓		✓						
Medico Life Insurance Co. 1515 S 75 Street Omaha, NE 68124 (800) 228-6080	None	IA	✓		✓			✓		✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Mennonite Mutual Aid Assoc. P.O. Box 483 Goshen, IN 46527 (800) 348-7468 (Available only to persons eligible for membership in the Association.)	None	IA	✓				✓	✓								✓
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, Ne 68175 (800) 316-0842	None	AA	✓			✓		✓								
National States Insurance Company 1830 Craig Park Court St. Louis, MO 63146 (800) 868-6788	None	IA	✓	✓	✓			✓								
PacifiCare Life Assurance Company P.O. Box 25032 Santa Ana, CA 92799 (800) 637-9284	None	AA	✓		✓			✓	✓	✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Pennsylvania Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 275-7366	6 mos	AA	✓	✓	✓	✓	✓	✓	✓	✓						
Physicians Life Insurance Company 2600 Dodge Street Omaha, NE 68131 (800) 228-9100	None	AA & IA	✓	✓				✓		✓						
Provident American Life and Health Insurance Co. P.O. Box 29158 Shawnee Mission, KS 66201 (877) 291-5434	6 mos	AA	✓			✓		✓	✓							
Pyramid Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 777-1124	6 mos	AA	✓			✓	✓	✓	✓	✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Reserve National Insurance Company 6100 NW Grand Blvd. Oklahoma City, OK 73118 (800) 654-9106	6 mos	AA	✓	✓	✓	✓		✓								
Royal Neighbors of America 230 Sixteenth St Rock Island, IL 61201 (877) 815-8877	None	IA	✓	✓	✓	✓	✓	✓		✓						
Standard Life & Accident Accident Insurance Co. One Moody Plaza Galveston, TX 77550 (888) 350-1488	None	AA	✓	✓	✓	✓	✓	✓	✓	✓						
State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710 (Contact Local State Farm Agent)	None	AA	✓		✓			✓								

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
State Mutual Insurance Co. P.O. Box 153 Rome, GA 30162 (877) 872-5500	None	AA	✓	✓	✓	✓		✓								
Sterling Investors Life Insurance Co. 65 Technology Way Rome, GA 30162 (877) 604-5240	None	AA	✓	✓	✓	✓	✓	✓	✓	✓						
Sterling Life Insurance Company P.O. Box 5348 Bellingham, WA 98227 (800) 688-0010	None	AA	✓	✓	✓			✓		✓						
The Order of United Commercial Travelers of America 632 N. Park Street Columbus, OH 43215 (800) 848-0123	None	AA	✓	✓	✓	✓		✓		✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
United American Insurance Company 3700 s. Stonebridge Drive McKinney, Tx 75070 (800) 331-2512	2 mos	AA IA	✓	✓	✓	✓		✓	✓	✓						
United National Life P.O. Box 7901 Mount Prospect, IL 60056 (800) 338-7452	None	AA	✓	✓	✓	✓		✓	✓	✓						
United Teacher Associates P.O. Box 26580 Austin, TX 78755 (800) 880-8824	6 mos	AA	✓	✓	✓	✓		✓		✓	✓	✓	✓			
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892	None	AA	✓	✓				✓		✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Supplement Insurance

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Universal Fidelity Life Life Insurance Company P.O. Box 1428 Duncan, OK 73534 (800) 366-8354	None	AA	✓	✓	✓	✓	✓	✓		✓						
USAA Life Insurance Co. 9800 Fredricksburg Rd San Antonio, TX 78288 (800) 531-8000	None	AA	✓			✓		✓		✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
This box has been left blank intentionally																
AARP/United Healthcare Ins. Co P.O. Box 130 Montgomeryville, PA 18936 (800) 523-5800 (Must be eligible for membership)	3 mos	NA	✓													
American Pioneer Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 538-1053	6 mos	AA	✓													
American National Life Insurance Co. of Texas One Moody Plaza Galveston, Tx 77550 (800) 899-6520	None	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
American Republic Insurance Company P.O. Box 1 Des Moines, IA 50334 (888) 755-3065	None	AA	✓													
Bankers Fidelity Life Insurance Company 4370 Peachtree Rd, NE Atlanta, GA 30319 (800) 241-1439	None	IA		✓												
Bankers Life and Casualty Company 222 Merchandise Mart Plaza Chicago, IL 60654 (800) 621-3724	None	AA	✓													
Blue Cross Blue Shield of Oklahoma 1215 S. Boulder Tulsa, OK 74119 (866) 303-BLUE (2583)	6 mos	IA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Central Reserve Life Insurance Company P.O. Box 29190 Shawnee Mission, KS 66201 (877) 291-5434	6 mos	AA	✓													
Combined Insurance Company of America 5050 Broadway Chicago, IL 60640 (800) 544-5531	None	IA & AA	✓													
Community Care Life & Health Insurance Company – CC65 218 W. 6th Street Tulsa, OK 74119 (800) 642-8065	6 mos (waived during open enrollment)	AA	✓													
Conseco Insurance Co. 11815 N. Pennsylvania Carmel, IN 46032 (800) 541-2254	None	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Constitution Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800)789-6364	6 mos	AA	✓													
Continental General Life Ins. Company P.O. Box 29136 Shawnee Mission, KS 66201 (877) 291-5434	None	AA	✓													
Continental Life Insurance Company of Brentwood, Tenn. 101 Continental Place Brentwood, TN 37027 (800) 264-4000	3 mos	AA	✓													
Equitable Life and Casualty Insurance Company 3 Triad Center Salt Lake City, UT 84110 (800) 352-5170	None	AA	✓													

• **IA** = Issue Age Rating • **AA** = Attained Age Rating • **NA** = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Globe Life and Accident Insurance Company 3700 South Stonebridge Drive McKinney, TX 75070 (800) 801-6831	6 mos	IA		✓												
Golden Rule Insurance Company 712 Eleventh Street Lawrenceville, IL 62439 (800) 474-4467	6 mos (waived during open enrollment)	AA	✓													
Great American Life Insurance Company P.O. Box 559002 Austin, TX 78755 (800) 880-2745	6 mos	AA	✓													
Guarantee Trust Life Insurance Co. 1275 Milwaukee Ave. Glenview, IL 60025 (800) 338-7452	None	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Humana Insurance Company 500 W MainSt. Louisville, Ky 40202 (800) 866-0581	3 mos	AA	✓													
Lincoln Heritage Life Insurance Company 4343 E. Camelback Rd., Ste. 400 Phoenix, Az 85018 (800) 438-7180	None	AA	✓													
Loyal American Life Insurance Company 5508 Parkcrest Drive Austin, Tx 78731 (800) 633-6752	6 mos	AA	✓													
Marquette National Life Insurance Company 1001 Heathrow Park Lane Ste. 5001 Lake Mary, Fl 32746 (800) 934-8203	6 mos	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Medico Life Insurance Co. 1515 S. 75th St. Omaha, Ne 68124 (800) 228-6080	None	IA	✓		✓			✓		✓						
Mennonite Mutual Aid Assoc. 1110 N. Main St P.O. Box 483 Goshen, IN 46527 (800) 348-7468 (Available only to persons eligible for membership in the Association.)	None	IA	✓				✓	✓								✓
Mutual of Omaha Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (800) 316-0842	None	AA	✓													
National States Insurance Company 1830 Craig Park Court St. Louis, MO 63146 (800) 868-6788	None	IA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
PacifiCare Life Assurance Company P.O. Box 25032 Santa Ana, CA 92799 (800) 637-9284	None	AA	✓													
Pennsylvania Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 275-7366	6 mos	AA	✓													
Physicians Life Insurance Company 2600 Dodge Street Omaha, NE 68131 (800) 228-9100	None	AA IA	✓													
Provident American Life And Health Insurance Co. P.O. Box 29158 Shawnee Mission, Ks 66201 (877) 291-5434	6 mos	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Pyramid Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 777-1124	6 mos	AA	✓													
Reserve National Insurance Company 6100 NW Grand Blvd. Oklahoma City, OK 73118 (800) 654-9106	6 mos	AA	✓													
Royal Neighbors of America 230 Sixteenth Street Rock Island, IL 61201 (877) 815-8877	None	IA	✓													
Standard Life and Accident Company One Moody Plaza Galveston, TX 77550 (888) 350-1488	None	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710 (Contact local State Farm Agent)	None	AA	✓													
State Mutual Insurance Company P.O. Box 153 Rome, GA 30162 (877) 872-5500	None	AA	✓													
Sterling Investors Life Insurance Company 65 Technology Way Rome, GA 30162 (877) 604-5240	None	AA	✓													
Sterling Life Insurance Company P.O. Box 5348 Bellingham, WA 98227 (800) 688-0010	None	AA	✓		✓			✓								

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
The Order of United Commercial Travelers of America 632 N. Park Street Columbus, OH 43215 (800) 848-0123	None	AA	✓													
United American Insurance Company 3700 S. Stonebridge Drive McKinney, TX 75070 (800) 331-2512	6 mos	AA IA		✓												
United National Life P.O. Box 7901 Mount Prospect, IL 60056 (800) 338-7452	None	AA	✓													
United Teachers Association Insurance Company P.O. Box 26580 Austin, TX 78755 (800) 880-8824	6 mos	AA	✓													

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Disability Open Enrollment

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892	None	AA	✓													
Universal Fidelity Life Insurance Company P.O. Box 1428 Duncan, OK 73534 (800) 366-8354	None	AA	✓													
USAA Life Insurance Co. 9800 Fredericksburg Rd. San Antonio, TX 78288 (800) 531-8000	None	AA	✓													

• **IA** = Issue Age Rating • **AA** = Attained Age Rating • **NA** = No Age Rating

Medicare Select Annual Premium Plan

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
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AARP/ Health Care Options United Healthcare Ins. Co. P.O. Box 130 Montgomeryville, PA 18936 (800) 523-5800	3 mos	NA			✓											
American Pioneer Life Insurance Co. 1001 Heathrow Park Lane Ste. 5001 Lake Mary, Fl 32746 (800) 538-1053	6 mos	AA		✓	✓	✓		✓		✓						
Blue Cross Blue Shield Of Oklahoma 1215 S. Boulder Tulsa, OK 74119 (866) 303-BLUE (2583)	6 mos	IA						✓								

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Select Annual Premium Plan

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Constitution Life Insurance Company 1001 Heathrow Park Ln Suite 5001 Lake Mary, FL 32746 (800) 789-6364	6mos	AA		✓	✓	✓		✓								
Marquette National Life Insurance Co. 1001 Heathrow Park Lane Ste. 5001 Lake Mary, Fl 32746 (800) 934-8203	6 mos	AA				✓		✓		✓						
Pyramid Life Insurance Company 1001 Heathrow Park Lane Ste. 5001 Lake Mary, Fl 32746 (800) 777-1124	6 mos	AA				✓	✓	✓		✓						
Standard Life and Accident Insurance Company One Moody Plaza Galveston, TX 77550 (888) 350-1488	None	AA			✓	✓		✓		✓						

• IA = Issue Age Rating • AA = Attained Age Rating • NA = No Age Rating

Medicare Select Annual Premium Plan

Company	Pre-Ex	Notes	A	B	C	D	E	F	F*	G	H	I	J	J*	K	L
Sterling Life Insurance Company P.O. Box 5348 Bellingham, WA 98227 (800) 688-0010	None	AA			✓			✓		✓						
United Teacher Associates Insurance Company P.O. Box 26580 Austin, TX 78755 (800) 880-8824	6 mos	AA		✓	✓	✓		✓		✓						
United World Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 (877) 845-0892	None	AA	✓	✓				✓		✓						

• **IA** = Issue Age Rating • **AA** = Attained Age Rating • **NA** = No Age Rating

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

Note: The listed insurance companies below are allowed to “underwrite” applications received. This means that although there is no guarantee that a policy will be issued, the companies do consider extending Supplemental Coverage to anyone on Medicare by reason of disability.

For use only outside of Open Enrollment.

American National Life Ins. Co. of Texas
(800) 899-6520

Pacificare Life Assurance Company
(800) 637-9284

Combined Insurance Co. of America
(800) 544-5531

Royal Neighbors of America
(877) 815-8877

Community Care Life & Health Ins. Co.
(800) 642-8065

Standard Life and Accident Company
(888) 350-1488

Conseco Insurance Company
(800) 541-2254

State Farm Mutual Automobile Ins. Co.
(Contact local State Farm Agent)

Continental Life Ins. Co. of Brentwood,
TN
(800) 264-4000

State Mutual Insurance Company
(877) 872-5500

Globe Life and Accident Insurance Co.
(800) 801-6831

Sterling Investors Life Insurance
Company
(877) 604-5240

Golden Rule Insurance Company
(800) 474-4467

Sterling Life Insurance Company
(800) 688-0010

Humana Insurance Company
(800) 866-0581

The Order of United Commercial
Travelers of America
(800) 848-0123

Mennonite Mutual Aid Association
(800) 348-7468

United American Insurance Company
(800) 331-2512

(Available only to persons eligible for
membership in the Association)

USAA Life Insurance Company
(800) 531-8000

Year 2006 Medicare Health Plans Available in Parts of Oklahoma

Some plans may be open to current members only. Please call 1-800-MEDICARE or the health plan to ask if the plan you are interested in is currently accepting new members. In some areas, plans may be offered under a different name. If you are looking for a plan that isn't listed, visit www.medicare.gov or call 1-800-MEDICARE for more information.

Oklahoma

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	Primary Care Copay	Amount You Pay for Each Prescription***	Yearly Deductible for Drug Coverage
Humana Insurance Company (H1804) Approved by Medicare Private Fee-for-Service Plan	Humana Gold Choice PFFS H1804-089 (089) (800)833-2312	Select Counties in Oklahoma	\$13.79	Any doctor	\$15	\$5 - \$60 Copay and/or 25% Coinsurance	\$0
Rating not available	Humana Gold Choice PFFS H1804-090 (090) (800)833-2312	Select Counties in Oklahoma	\$64	Any doctor	\$15	\$5 - \$60 Copay and/or 25% Coinsurance	\$0
	Humana Gold Choice PFFS H1804-151 (151) (800)833-2312	Select Counties in Oklahoma	\$19	Any doctor	\$15	\$2 - \$5 Copay and/or 5% - 25% Coinsurance	\$250
	Humana Gold Choice PFFS H1804-152 (152) (800)833-2312	Select Counties in Oklahoma	\$59	Any doctor	\$15	\$2 - \$5 Copay and/or 5% - 25% Coinsurance	\$250

Look on the web at www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) for more detailed information, including costs and benefits, about these health plans. TTY users should call 1-877-486-2048.

* This is the amount you must pay each month to belong to the plan. You must continue to pay the monthly Part B premium (\$88.50 in 2006). Some companies may offer extra benefits for an additional cost. This information is available on www.medicare.gov or through 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

** Network means you have to see doctors who belong to the plan. Call the plan to find out if your doctor is a member of the plan.

*** The drug information listed could be for generic drugs, brand drugs, or a combination of generic and brand drugs. Some plans offer extra drug benefits for an extra cost. Some plans also cover only certain drugs or pay up to a set dollar limit. Call the plan to get all the details of prescription drug coverage.

Oklahoma

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	Primary Care Copay	Amount You Pay for Each Prescription***	Yearly Deductible for Drug Coverage
Generations Healthcare (H3706) Approved by Medicare Medicare Advantage Plan Rating not available	Generations Healthcare (001) (866)609-6320	Oklahoma City Metro Area	\$0	Network	No	\$5 - \$40 Copay	\$0
SelectCare of Oklahoma (H3708) Approved by Medicare Medicare Advantage Plan Rating not available	Tribute (001) (866)556-4607	Greater Ardmore Metro Area	Call plan for details	Network	Call plan for details	Call plan for details	Call plan for details
Blue Cross And Blue Shield Of Oklahoma (H3709) Approved by Medicare Preferred Provider Organization Rating not available	Medicare Blue PPO (001) (800)642-8065	Central and northeastern Oklahoma	\$83	You can choose any doctor. Staying in network may cost less.	\$20	\$6 - \$60 Copay and/or 30% Coinsurance	\$0
	Medicare Blue PPO Basic (003) (800)642-8065	Central and northeastern Oklahoma	\$43.02	You can choose any doctor. Staying in network may cost less.	\$20	Drugs Not Covered	Drugs Not Covered
Secure Horizons Medicare Advantage Plan (H3749) Approved by Medicare Medicare Advantage Plan 44% of members rated their care as the best	Secure Horizons Classic Plan (001) (800)385-5588	Oklahoma City Area	\$0	Network	\$5	\$0 - \$25.9 Copay and/or 0% - 50% Coinsurance	\$0
	Secure Horizons Classic Enhanced Plan (006) (800)385-5588	Oklahoma City Area	\$41	Network	\$5	\$0 - \$25.9 Copay and/or 0% - 50% Coinsurance	\$0
	Secure Horizons Medical Plan (007) (800)385-5588	Oklahoma City Area	\$0	Network	\$5	Drugs Not Covered	Drugs Not Covered

Oklahoma

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	Primary Care Copay	Amount You Pay for Each Prescription***	Yearly Deductible for Drug Coverage
Secure Horizons Medicare Advantage Plan (continued)	Secure Horizons Classic Plan (004) (800)385-5588	Tulsa Area	\$55	Network	\$15	\$0 - \$14.5 Copay and/or 0% - 50% Coinsurance	\$250
CommunityCare HMO, Inc. (H3755) Approved by Medicare Medicare Advantage Plan 42% of members rated their care as the best	Senior Health Plan (002) (800)642-8065	Tulsa Metro	\$0	Network	\$20	Drugs Not Covered	Drugs Not Covered
	Senior Health Plan (001) (800)642-8065	Tulsa Metro Area	\$35	Network	\$20	\$0 - \$50 Copay and/or 25% - 30% Coinsurance	\$250
Sterling Option 1 (H5006) Approved by Medicare Private Fee-for-Service Plan Rating not available	Sterling Option 1 (001) (888)858-8572	Multi-State: Area 1	\$9	Any doctor	\$10	Drugs Not Covered	Drugs Not Covered
SecureHorizons Direct (H5435) Approved by Medicare Private Fee-for-Service Plan Rating not available	SecureHorizons Direct Plan 2 (002) (800)776-8876	Multi-State: Area 2	\$0	Any doctor	\$10	Drugs Not Covered	Drugs Not Covered
	SecureHorizons Direct Plan 3 (003) (800)776-8876	Multi-State: Area 3	\$0	Any doctor	\$10	Drugs Not Covered	Drugs Not Covered
	SecureHorizons Direct Plan 4 (004) (800)776-8876	Multi-State: Area 4	\$25	Any doctor	\$10	Drugs Not Covered	Drugs Not Covered
	SecureHorizons Direct Premier Plan 100 (008) (800)776-8876	Multi-State: Area 8	\$95	Any doctor	\$0	Drugs Not Covered	Drugs Not Covered

Oklahoma

Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	Primary Care Copay	Amount You Pay for Each Prescription***	Yearly Deductible for Drug Coverage
SecureHorizons Direct (continued)	SecureHorizons Direct Premier Plan 200 (009) (800)776-8876	Multi-State: Area 9	\$85	Any doctor	\$0	Drugs Not Covered	Drugs Not Covered
Humana Insurance Company (R5826) Approved by Medicare Preferred Provider Organization	HumanaChoicePPO R5826-013 (013) (800)833-2364	States of Kansas and Oklahoma	\$126	You can choose any doctor. Staying in network may cost less.	\$10	\$5 - \$60 Copay and/or 25% Coinsurance	\$0
Rating not available	HumanaChoicePPO R5826-027 (027) (800)833-2364	States of Kansas and Oklahoma	\$76	You can choose any doctor. Staying in network may cost less.	\$10	Drugs Not Covered	Drugs Not Covered
	HumanaChoicePPO R5826-041 (041) (800)833-2364	States of Kansas and Oklahoma	\$117	You can choose any doctor. Staying in network may cost less.	\$10	\$2 - \$5 Copay and/or 5% - 25% Coinsurance	\$250