

2006

Bridging the Gaps

*A Medicare Supplement
Comparison Guide*



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Insurance Commissioner

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Seniors Health Insurance Information Program (SHIIP) is a division of the Arkansas Insurance Department. SHIIP is federally funded by a grant from the Centers for Medicare/Medicaid Services. This publication is a public service from the...

Arkansas Insurance Department



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Introduction

Medicare is the federal health insurance program for people over the age of 65 and certain people with disabilities. It consists of Part A, Hospital Coverage and Part B, Medical Coverage.

Medigap is private health insurance designed specifically to supplement Medicare benefits. Medicare does not pay all of a beneficiary's medical expenses. To fill these gaps, many people purchase insurance coverage to supplement their Medicare benefits. This guide is designed to assist you in selecting a Medicare supplement insurance policy.

This guide also contains an outline of the benefits provided by Medicare, a glossary of commonly used terms, a description of the types of health insurance available to people with Medicare, important buyer's tips and more. It also provides information on cost and the benefits offered by some of the Medicare supplement insurers in Arkansas.

Only those authorized companies responding to our survey are included in this guide. They are listed in alphabetical order.

This comparison guide is not in any way indicative of the financial strength or stability of the companies included here nor does this Department endorse any company, producer or policy.

If you have questions concerning information in this booklet or if you need assistance, please call SHIIP toll-free at:



This guide is based on 2006 Medicare
benefits and premiums
which are subject to change.

Glossary

Approved Charges, also known as allowable charges, Medicare eligible expenses, or Medicare covered charges, apply to the specific dollar amount on which Medicare will base its payment for every medical procedure under Part B. Medicare will pay 80% of this "approved" amount.

Assignment is the means by which doctors or suppliers receive payment directly from Medicare. When assignment is used, the provider of medical service agrees that his or her total charge for the covered Medicare Part B service will be the charge approved by the Medicare Carrier. Medicare then pays your doctor or supplier 80% of the approved charge, less any part of the \$124 annual deductible. You are responsible for the 20% of the approved amount not paid by Medicare plus the \$124 annual deductible. Accepting assignment means that the doctor or medical provider will not bill you for the difference between the actual charge and the Medicare approved amount. Find out in advance whether your doctor or medical provider will accept assignment. When assignment is not accepted, you will be responsible for any amount up to 15% above the charges approved by Medicare. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a claim-by-claim basis whether he is a "participating" provider or not.

Carrier is the Medicare Part B claims processor. In Arkansas, the Medicare "Carrier" is Blue Cross & Blue Shield of Arkansas. For questions about your Part B claims payments, telephone 1-800-462-5525.

Contestable Clause is a policy provision that gives an insurer the right to rescind your insurance policy in the event there are any material errors, omissions or misstatements on your insurance application or enrollment form. The contestable period is generally the two years following the effective date of the policy.

Coordination Of Benefits (COB) means that one of your health insurance policies may reduce its benefits if you are also covered by another insurance plan. Important! This usually applies only for employer-sponsored plans. Private Medicare supplements ordinarily do not have COB regardless of how many policies you have.

Co-payment is the amount that you or your insurance plan must pay to supplement Medicare's

payments for Part A and Part B expenses. For example, for charges incurred in 2006, you will have a \$238 per day co-payment for days 61-90 and a \$476 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of \$119 for skilled nursing days 21-100 and a co-payment of 20% for all Part B services after your annual deductible of \$124.

Deductible is the dollar amount that you will have to pay before either Medicare or your insurance plan will begin paying benefits. Your Medicare Part A deductible is \$952 per benefit period for 2006. Your Medicare Part B deductible is \$124 of approved charges each calendar year.

Effective Date is the date your policy becomes effective. When you talk to your insurer, ask what the effective date will be. The effective date is printed on your insurance policy or certificate by the policy.

Exclusions or Exceptions is the list of specific conditions or circumstances that are not covered by the policy. The exceptions in Medicare supplements are limited by state law and cannot exclude or limit coverage for any specific health condition for more than six months. Other health insurance plans such as hospital indemnity or medical-surgical expense plans may have a 12-month exclusion for pre-existing conditions and/or permanent exclusions for certain health conditions.

Free Look is the time period after you receive the policy in which you can review its benefits. State law requires Medicare supplement insurers to give the consumer 30 days to review the policy. If you return the policy within the 30-day free look period, you will get a full refund. Other types of individually marketed health insurance plans are limited to a 10-day free look period.

Grace Period is the time period, (usually 31 days), for the payment of an overdue premium, during which time the policy remains in force.

Hospice is a program for the terminally ill. Medicare does reimburse most Hospice expenses if the Medicare patient chooses to take Hospice benefits instead of regular Part A and Part B benefits. There may be a co-payment for outpatient drugs and inpatient respite care. Care must be provided through certified Hospice organizations.

Limiting Charge is the limit on the amount physicians who do not accept assignment can charge a Medicare beneficiary. In 2006, the limiting charge is no more than 15% over Medicare's approved amount. Limiting charge information appears on Medicare's Medicare Summary Notice (MSN) form.

Material Misrepresentation is a misrepresentation that was important or essential to the decision to issue or not issue an insurance policy.

Medicaid is a federal and state program that provides health insurance benefits for certain low-income, disabled or blind individuals and families. There are strict income eligibility guidelines, and applications must be made at the local county office of the Department of Human Services.

Medicare Crossover is one of the more significant service enhancements that insurance companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the insured's remainder of the bill directly to the Medicare supplement insurance company.

Medicare Advantage is a part of the Balanced Budget Act (BBA) of 1997 that authorizes the Centers for Medicare & Medicaid Services to enter into contracts with insurance companies, managed care organizations and other entities to give Medicare beneficiaries a choice in how they receive their Medicare benefits.

Participating Physicians are doctors who have contracted with Medicare to accept assignment for all Medicare patients, file all claims for Medicare patients, and agree to all Medicare rules.

Non-Participating Physicians have not signed a contract with Medicare to accept assignment, but may do so on a case-by-case basis. Non-participating physicians must still file all claims with Medicare.

Pre-Existing Conditions are health conditions for which you have been diagnosed, treated or had symptoms during the time before your policy's effective date of coverage.

Pre-Existing Condition Waiting Period is the amount of time after your effective date of coverage during which your insurance plan will not cover any pre-existing conditions. Medicare supplement law in Arkansas says your waiting

period cannot be any longer than six months. Many Medicare supplements offer plans with shorter waiting periods. When a Medicare supplement policy replaces an existing Medicare supplement policy, the replacing issuer must waive any time period applicable to pre-existing conditions.

Quality Improvement Organizations (QIO) are groups of doctors and health care professionals who are paid by the federal government to review Medicare hospital admissions and reimbursements and to monitor inpatient quality of care. QIO's have the authority to deny hospital payments if care is not medically necessary. They also handle any appeals and complaints the patient makes regarding non-payment of service or quality of care. In Arkansas, the QIO is the *Arkansas Foundation For Medical Care*, located at 2201 Brooken Hill Drive, PO Box 180001, Fort Smith, AR 72918-0001. If you have any questions, please contact them at **1-888-354-9100**.

Qualified Medicare Beneficiary (QMB) is a program available through Medicaid for paying Medicare premiums, deductibles, and coinsurance amounts for certain low-income elderly and disabled beneficiaries who are not otherwise eligible for Medicaid. Eligibility determinations are made through the Medicaid program.

Specified Low-Income Medicare Beneficiary (SLMB) is a Medicaid program established in January 1993. Eligible persons will have their Medicare Part B premiums paid. However, their deductible and co-payments will not be covered under SLMB.

Underwriting is the method insurance companies use to evaluate risks and determine insurability.

Usual, Customary and Reasonable (UCR) typically means the fees most frequently charged in a geographic area by providers with similar training and experience for the same or like service or supply.



Other Types of Health Insurance

Accident Policies - These are specific policies covering you only if you incur expenses due to an accident. Any expenses incurred through an illness are normally excluded. These policies can be very restrictive so make certain that you fully understand the benefits and exclusions.

Cancer Policies - These policies provide specific benefits for expenses related to actual treatment of cancer. Most cancer policies require that the cancer be pathologically diagnosed before benefits become payable, and benefits are not payable for related illnesses. Medicare and Medicare supplement policies pay benefits regardless of your illness or diagnosis.

Long-Term Care Insurance Policies - A long-term care policy is designed to pay a specific amount per day while confined in a skilled, intermediate or custodial nursing care facility or while receiving home care. Policies vary in cost based on age, amount of daily benefit, the number of years for the benefit to be paid, and how soon the benefit will begin being paid. It is important to understand the limitations in these policies, especially how they define "levels of care" and covered facilities.

Major Medical Expense Coverage is designed to cover the high cost of serious injuries and illnesses. Benefits are paid for longer periods and dollar limits are generally higher than in basic policies. Usually expenses incurred out of the hospital, such as prescription drugs and doctor's visits are also covered. Most major medical plans contain deductible and co-insurance provisions.

Medical-Surgical Expense Policies - These policies pay for charges made by a physician for surgical procedures. It may also pay for fees of the assistant surgeon and anesthesiologist. When an insured is hospitalized for care other than surgery, fees for the doctors' in-hospital visits may also be covered. The benefit payable for specific procedures is usually based on a surgical schedule included in the policy which lists the maximum amount paid for each procedure.

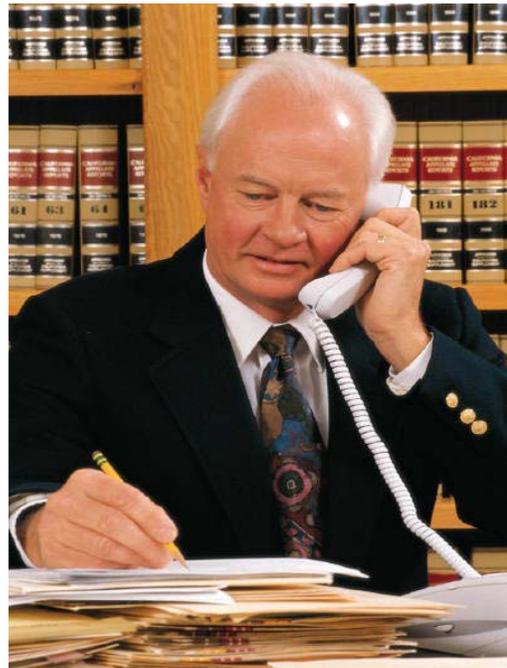


Seniors Health Insurance Information Program is a public service of the Arkansas Insurance Department. SHIIP's purpose is to provide information, education and counseling to people with Medicare.



Significant Medicare Insurance Laws

- ※ A free-look period of 30 days is required, during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the day the applicant receives the certificate or policy, not from the day of the application.
- ※ A pre-existing condition-waiting period may extend no longer than six months for health conditions diagnosed or treated within the six months immediately prior to the application. The medical questionnaire accompanying an application should have accurate information and should be completed by the applicant, not the agent.
- ※ Should the applicant be replacing a Medicare supplement policy, no new waiting period is allowed by the replacing insurer for equivalent coverage.
- ※ For replacement policies, the applicant is required to sign a replacement form indicating that he/she understands the hazards of changing.
- ※ No agent in Arkansas may sell a new Medicare supplement policy to anyone who already has a Medicare supplement unless the applicant agrees to drop his or her previous insurance.
- ※ A Medicare supplement insurer may not deny an applicant a policy during the six months period (open enrollment) after first enrolled in Part B of Medicare regardless of a person's health status. In Arkansas, there is no open enrollment period for individuals who are not yet 65. However, they are entitled to a six-month open enrollment period when they reach age 65.
- ※ All Medicare supplement policies must be guaranteed renewable.
- ※ An insurer must suspend Medicare supplement premiums and benefits while the policyholder is entitled to Medicaid and the insurer must reinstate policy benefits upon request when Medicaid entitlement ends. This suspension may last up to two years. Policyholders are responsible for informing the insurer of their Medicaid eligibility.
- ※ The 101st congress (1990) passed strong federal legislation, which made uniform requirements to govern Medicare supplement insurance in each state. Twelve standard benefit plans have been developed and are described in this comparison guidebook. It should be noted that policyholders are not required to change from their old supplemental policies to a policy with the new standards unless they so choose.



Medicare Basics

What is Medicare?

Medicare is the national health insurance program for people who are 65 or older, disabled, or have permanent kidney failure. Medicare is run by the Centers for Medicare and Medicaid Services (CMS). The Social Security Administration assists CMS by enrolling people in Medicare and by collecting Medicare premiums.

What is the difference between Medicare Part A and Medicare Part B?

Medicare Part A the “Hospital Insurance” on your Medicare card and is premium free. See the Chart on page 4 for an explanation of what Medicare Part A pays and does not pay.

Medicare Part B is the “Medical Insurance” on your Medicare card. There is a monthly premium for Medicare Part B that is deducted from your Social Security check each month. See the chart on page 5 for an explanation of what Medicare Part B pays and does not pay.

How Do You Enroll in Medicare Part A?

There are several ways in which you may enroll in Medicare Part A.

1. *Automatic Enrollment*

You will receive a Medicare Card in the mail automatically at age 65 if you are already getting Social Security or Railroad Retirement benefit payments. This also applies to Individuals with Medicare who are under 65.

2. *Initial Enrollment*

If you have not been receiving Social Security or Railroad Retirement benefits, you can file an application for a Medicare card during what is called an “Initial Enrollment” period. This is a seven-month period, which begins three months prior to your birthday month.

How Do You Enroll in Medicare Part B?

There are several ways in which you may enroll in Medicare Part B.

1. *General Enrollment*

You may also sign up for Medical Insurance (Part B) during a “General Enrollment” period. General Enrollment is held each year from January 1 until March 31. Your Medicare protection will begin July 1 of the year that you enroll. There may be a premium surcharge for late enrollment.

2. *Special Enrollment*

If you are covered by a group health plan when first entitled to Medicare, you may be able to delay enrollment without waiting for a General Enrollment period. You may sign up for Medicare Part A or Medicare Part B at any time while you are covered under a group health plan, or during an eight-month period beginning with the month that you and your spouse stop working or are no longer covered by the plan.

Please Read the Enclosed Material
Before Making Your Choice

If you DO want Medical Insurance, cut out your Health Insurance Card. Your coverage and your Medical Insurance premium begin on the date shown. **Throw away the rest of this form.**

If you do Not want Medical Insurance, carefully follow the instructions on the back of this form.

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER	SEX		
000-00-0000-A	FEMALE		
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL (PART A)		07-01-1986	
MEDICAL (PART B)		07-01-1986	
SIGN HERE			
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (4) ADDRESS			

Form CMS-40 (01/2002)

Medicare Part A

Hospital Coverage under Medicare Part A

Services	Benefit	Medicare Pays	Coinsurance/Co-pay (what you Pay)
Hospitalization per benefit period**	1-60 days:	All covered services except for a deductible	\$952 per benefit period for up to 60 days of Medicare-covered services
Semiprivate room and board, general nursing and miscellaneous	61-90 days:	Covered services except for a daily coinsurance amount	\$238 a day
Hospital services and supplies	91-150 days* (60 reserve days)	Covered services except for a daily coinsurance amount	\$476 a day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care per benefit period**	1-20 days:	100% of approved amount	Nothing
You must have been in a hospital for at least three days and enter a	21-100 days:	Covered services except for a daily coinsurance amount	\$119 a day
Medicare-approved facility generally within 30 days after medical discharge***	Beyond 100 days	Nothing	Everything
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Visits limited to medically necessary skilled care, unlimited as long as you meet Medicare requirements for home health benefits	Full costs of services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Hospice Care Pain relief and symptom control, and supportive services for the management of a terminal illness	As long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
Blood: From a hospital or skilled nursing facility during a covered stay.	Unlimited during benefit period, if medically necessary	All but first three pints per calendar year	For first three pints

- * 60 reserve days may only be used once.
- ** A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 days in a row.
- *** Medicare and private insurance will not pay for most nursing home care.

Medicare Part B

Medical coverage under Medicare Part B

Services	Benefit	Medicare Pays	You Pay
Medical Expense - Physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, ambulance, etc.	Medicare pays for medical services in or out of the hospital	80% of approved amount (after \$124 deductible)	\$124 deductible* plus 20% of approved amount (plus any charge up to 15% above approved amount)** 20% for all outpatient physical, occupational, and speech-language therapy services.
Home Health Care (If you don't have Part A)	Visits limited to medically necessary skilled care	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment	Unlimited if medically necessary at hospitals and community mental health centers	A Medicare-approved amount for covered services after \$124 deductible	A coinsurance or fixed co-payment amount that may vary according to the service.
Blood ***	Blood	80% of approved amount (after \$124 deductible and starting with fourth pint)	First three pints plus 20% of approved amount (after \$124 deductible)

* Once you have incurred \$124 of Medicare approved charges for covered services in 2006, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** You pay for charges higher than the amount approved by Medicare up to the legal charge limit unless the doctor or supplier agrees to accept Medicare's approved amount as full payment for services rendered. This is known as accepting "assignment."

*** The blood deductible does not have to be met to the extent it is met under another part of Medicare during the calendar year.



Will Medicare Pay for All Your Medical Expenses?

No! Medicare will not pay for all of your Medical expenses. If you look on the previous charts for Medicare Parts A and B, you will find a column titled "You Pay". That column includes everything that Medicare Parts A and B will not pay.

How Can You Pay Expenses that Medicare Will Not Pay?

There are several ways to pay for medical expenses that Medicare does not pay. One method is to purchase a **Medicare Supplement Insurance** policy.

What is Medicare Supplement Insurance?

Medicare Supplement Insurance, sometimes referred to as “Medigap” insurance, is designed to help you pay for those expenses not covered by Medicare. Federal and state laws regulate this insurance. A policy must be clearly identified as a Medicare Supplement insurance policy. **Medicare Supplement** policies are sold by private insurance companies most of which are listed in this directory. There are currently twelve (12) standard plans (A-L) with two (2) high deductible plans (F & J) from which you may choose. The high deductible plans generally have a lower premium because the higher deductible must be met before the plan will pay.

What is Medicare Select?

Medicare SELECT is now available in different areas of the state. Medicare SELECT is another supplement to Medicare. Medicare SELECT is the same as standard Medigap insurance in nearly all respects. If you buy a Medicare SELECT policy, you are buying a standard Medigap plan. In Arkansas, the only difference between Medicare SELECT and standard Medigap insurance is that each insurer has preferred providers that you must use, except in an emergency, in order to be eligible for full benefits. Medicare SELECT policies have lower premiums than standard Medigap plans for this reason.

When you use the insurer’s “preferred providers,” Medicare pays its share of approved charges and the insurer is responsible for the full supplemental benefits provided for in the policy. In general, Medicare SELECT policies are not required to pay any benefits if you do not use a preferred provider for non-emergency services. Medicare, however, will still pay its share of approved charges regardless of the provider you choose.

There are many companies licensed to sell Medicare SELECT policies in Arkansas. If you are interested in purchasing a Medicare SELECT policy to replace your existing Medicare Supplement policy, ask your agent if your current

How Do You Get a Medicare Supplement?

insurer offers Medicare SELECT policies.

To get a Medicare supplement, you must have Medicare Parts A and Part B. Once you have chosen one of the twelve standard plans, contact the company or agent for an application. If you apply for a supplement within six months from the day you turn 65, you cannot be turned down for a Medicare supplement for any reason. This period is called “**Open Enrollment**”.

How Does Open Enrollment Work?

Open enrollment is a six-month period in which state and federal laws guarantee you a Medicare Supplement policy. The six-month period begins from the first day of the month in which you turn 65 and enrolled in Part B. If your birthday is on the first day of the month while you are still 64 the open enrollment period starts the first day of the month before you turn 65. During this six-month open enrollment period, you cannot be denied issuance of a supplemental policy based on medical history, health status or claims experience. If you miss your open enrollment period, stricter pre-existing condition restrictions may apply.

What If You Are Already on Medicare and Under the Age of 65?

Federal Law does not require that people under the age of 65 and on Medicare Part B, as a result of disability or permanent kidney failure, be given an open enrollment period prior to becoming 65 years of age. However, when you turn 65, you will be given an open enrollment opportunity.

A list of companies that offer Medicare supplement insurance to people under 65 and on Medicare is provided in the back of this directory.



The 12 Standard Medicare Supplement Plans

The following is a list of the 12 standard plans and benefits provided by each

PLAN A - (the basic policy) consists of these core benefits:

- √ Coverage for the Part A coinsurance amount (\$238 per day in 2006) for the 61st through the 90th day of hospitalization in each Medicare period.
- √ Coverage for the Part A coinsurance amount (\$476 per day in 2006 for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used).
- √ Coverage for 100% of the Medicare Part A eligible hospital expenses, after all Medicare hospital benefits are exhausted. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- √ Coverage under Medicare Parts A & B for the reasonable cost of the first 3 pints of blood or equivalent quantities of packed red blood cells per calendar year unless replaced in accordance with federal regulations.
- √ Coverage for the coinsurance amount for Part B services (generally 20% of approved amount) after \$124 annual deductible.

PLAN B - includes the core benefits in Plan A **PLUS:**

- √ Coverage for the Medicare Part A inpatient hospital deductible (\$952 per benefit period in 2006).

PLAN C - Includes the core benefits in Plan A **PLUS:**

- √ Coverage for the Medicare Part A deductible (\$952).
- √ Coverage for the skilled nursing facility

care coinsurance amount (\$119 per day for days 21 through 100 per benefit period in 2006).

- √ Coverage for the Medicare Part B deductible (\$124 per calendar year in 2006).
- √ Coverage for medically necessary emergency care in a foreign country.

PLAN D - includes the core benefits in Plan A **PLUS:**

- √ Coverage for the Medicare Part A deductible (\$952).
- √ Coverage for the skilled nursing facility care daily coinsurance amount (\$119).
- √ Coverage for medically necessary emergency care in a foreign country.
- √ Coverage for at-home recovery. The at-home recovery benefit pays up to \$1600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury or surgery.

PLAN E - includes the core benefits in Plan A **PLUS:**

- √ Coverage for the Medicare Part A deductible.
- √ Coverage for the skilled nursing facility care daily coinsurance amount.
- √ Coverage for medically necessary emergency care in a foreign country.
- √ Coverage for preventive medical care. The preventive medical care benefit pays up to \$120 per year for such things as physical exams, serum cholesterol screening, hearing test, diabetes screenings, and thyroid function test.

PLAN F - includes the core benefits in Plan A
PLUS:

- √ Coverage for the Medicare Part A deductible.
- √ Coverage for the skilled nursing facility care daily coinsurance amount.
- √ Coverage for the Medicare Part B deductible.
- √ Coverage for medically necessary emergency care in a foreign country.
- √ Coverage for 100% of Medicare Part B excess charges.

PLAN G - includes the core benefits in Plan A
PLUS:

- √ Coverage for the Medicare Part A deductible.
- √ Coverage for the skilled nursing facility care daily coinsurance amount.
- √ Coverage for 80% of Medicare Part B excess charges.
- √ Coverage for medically necessary emergency care in a foreign country.
- √ Coverage for at-home recovery (see Plan D).

PLAN H - includes the core benefits in Plan A
PLUS:

- √ Coverage for the Medicare Part A deductible.
- √ Coverage for the skilled nursing facility care daily coinsurance amount.
- √ Coverage for medically necessary emergency care in a foreign country.

PLAN I - includes the core benefits in Plan A
PLUS:

- √ Coverage for the Medicare Part A deductible.
- √ Coverage for the skilled nursing facility care daily coinsurance amount.
- √ Coverage for 100% of Medicare Part B excess charges.
- √ Basic prescription drug coverage (see Plan H for description).
- √ Coverage for medically necessary emergency care in a foreign country.
- √ Coverage for at-home recovery (see Plan D).

PLAN J - includes the core benefits in Plan A
PLUS:

- √ Coverage for the Medicare Part A deductible.
- √ Coverage for the skilled nursing facility care daily coinsurance amount.
- √ Coverage for the Medicare Part B deductible.
- √ Coverage for 100% of Medicare Part B excess charges.
- √ Coverage for medically necessary emergency care in a foreign country.
- √ Coverage for preventive medical care (see Plan E).
- √ Coverage for at-home recovery (see Plan D).

Plan K - includes the core benefits in Plan A with the following differences for 2006:

- √ Coverage of the \$238 coinsurance in 2006 for days 61-90 at 100%.
- √ Coverage of the \$476 coinsurance in 2006 for days 91-150 at 100%.
- √ Coverage of the Part B coinsurance paid at 10%.
- √ Coverage of the \$952 Part A deductible in 2006 paid at 50%.
- √ Coverage of the \$119 Skilled Nursing Facility daily coinsurance in 2006 paid at 50%.
- √ Annual blood deductible (first 3 pints of non-replaced blood in a calendar year) paid at 50%.
- √ Coinsurance for other Medicare Part B approved expenses paid at 10% of Medicare approved charges.
- √ Coinsurance for certain benefits under Medicare Hospice benefit paid at 50%.

NOTE: Plan K limits your annual out-of-pocket payments for Medicare-approved amounts to \$4000 per year. However, this amount does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service up to the limiting charge (15% above the Medicare Approved Amount).

Plan L – includes the core benefits in Plan A with the following differences for 2006:

- √ Coverage of the \$238 coinsurance in 2006 for days 61-90 at 100%.
- √ Coverage of the \$476 coinsurance in 2006 for days 91-150 at 100%.
- √ Coverage of the Part B coinsurance paid at 15%.
- √ Coverage of the \$952 Part A deductible in 2006 paid at 75%.
- √ Coverage of the \$119 Skilled Nursing Facility daily coinsurance in 2006 paid at 75%.
- √ Annual blood deductible (first 3 pints of non-replaced blood in a calendar year) paid at 75%.
- √ Coinsurance for other Medicare Part B approved expenses paid at 15% of Medicare approved charges.
- √ Coinsurance for certain benefits under Medicare Hospice benefit paid at 75%.

NOTE: Plan L limits your annual out-of-pocket payments for Medicare-approved amounts to \$2000 per year. However, this amount does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service up to the limiting charge (15% above the Medicare Approved Amount).



Questions about
Medigap Insurance?

Call SHIIP. We can
Help.

1-800-224-6330

NOTE:
The table on the following page demonstrates the twelve standard Medigap plans in table form. Please notice that Plans B through Plan L contain the Core Benefits in Plan A.

A	B	C	D	E	F	G	H	I	J	K	L
Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core Benefits	Core *Benefits	Core *Benefits	Core Benefits
		SNF Co-ins	SNF co-ins 50%	SNF co-ins 75%							
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible		
					Part B Excess 100%	Part B Excess 100%		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		

Core Benefits

In-Patient Hospitalization:

1. Coinsurance of \$238 per day for days 61-90 (*plan K-50%, plan L-75%)
2. Coinsurance of \$476 per day for days 91-150 (*plan K-50%, plan L-75%)
3. Additional 365 days of In-patient Hospital Expenses for days over 150
4. Blood (First 3 pints each year)(*Plan K-50%, Plan L-75%)

*Plan K has a \$4,000 out-of-pocket annual limit.
 Plan L has a \$2,000 out-of-pocket annual limit.
 (These out-of-pocket amounts may change annually.)

Medical Expenses:

1. Part B Coinsurance:
 Plans A-J: 20% of Medicare Approved Expenses.
 Plan K: 10% of Medicare Approved Expenses*
2. Blood (First 3 pints each year) (*Plan K-50%, Plan L-75%)

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

What If You Cannot Afford A Medicare Supplement?

Federal law requires that the state Medicaid program pay Medicare cost for certain elderly and disabled people with limited incomes and limited resources. There are three of these programs available in Arkansas:

1. *Supplemental Security Income (SSI)/Medicaid*
2. *Qualified Medicare Beneficiary (QMB)*
3. *Specified Low-Income Medicare Beneficiary (SLMB)*

If you have SSI/Medicaid and Medicare you do not need a Medigap policy.

If you have QMB you do not need a Medigap policy. In fact, it is illegal for anyone to sell you a Medigap policy if they know you have Medicaid.

Listed below is a summary of guidelines for each program.

1. *SSI/Medicaid*

To qualify for SSI/Medicaid, a person must either be 65 years old or older, blind or disabled. It is possible to have SSI/Medicaid and not have Medicare, however, for people who do have SSI/Medicaid and Medicare, SSI/Medicaid acts as a supplement. SSI/Medicaid covers premiums, co-payments, and hospital deductibles. Persons with this coverage are also eligible for home health care and personal care. SSI recipients automatically receive Medicaid. Apply for SSI/Medicaid through the Social Security Administration.

2. *Qualified Medicare Beneficiary (QMB)*

To qualify for QMB, a person must be enrolled in Medicare Part A and B and must meet state Medicaid income and resource guidelines. QMB pays Medicare premiums and acts as a Medicare supplement; paying the deductibles and co-payments. To find out if you qualify, contact your local (county) Department of Health and Human Services office.

3. *Specified Low-Income Beneficiary (SLMB)*

To qualify for SLMB, a person must be enrolled in Medicare Part A and B and must meet state Medicaid income and resource guideline. SLMB only pays for the Medicare Part B premium. To find out if you qualify, contact your local (county) Department of Health and Human Services office.

What If You Become Eligible for Medicaid While on Medicare?

If you already have a Medicare Supplement and then officially become eligible for Medicaid, you have the right to suspend benefits and premiums for up to 24 months. If you become eligible for Medicaid you must notify the insurance company within 90 days of the start of Medicaid coverage. The insurance company must then return the premiums that have been paid during the period of Medicaid eligibility, less claims paid. If you lose Medicaid eligibility, the policy will automatically be reinstated. The company must be notified within 90 days of the loss of Medicaid coverage.



Legal Requirements in Arkansas

It is illegal under the federal and state law for an individual, agent or company to misuse the names, letters, symbols or emblems of the Federal or State government.

- Premiums cannot be based on age and sex.
- All Medicare Supplements are guaranteed renewable if premiums are paid.
- There is a 30-day “Free Look” period during which a person may return the policy for a full refund if not fully satisfied.
- Insurance companies **can limit** your coverage for up to but no more than six months after the effective date of your policy due to pre-existing conditions.
- Insurance companies cannot limit or exclude coverage due to pre-existing conditions that occurred more than six months before the effective date of coverage.
- If replacement for a policy with similar benefits is involved, there can be no new waiting period. Credit must be given for the waiting period already satisfied.
- An insurance agent cannot sell a person a policy that will duplicate benefits.

Before You Buy...

- Be aware that policies to supplement Medicare are neither sold nor serviced by the state or federal governments.
- There should NOT be any “fine print”.
- Ask questions. Make sure you understand the policy.
- Look for an outline of coverage and read it carefully.
- Complete the application carefully. If someone completes the application for you, examine it carefully before signing.
- Check for pre-existing condition exclusions.
- Do not pay in cash.
- Keep agent’s name, company name, addresses and telephone numbers.
- Beware of deceptive advertising
- Policy delivery or refunds should be prompt.

Factors to Consider When Choosing Health Insurance

- ❑ **SHOP WITH CAUTION.** Don’t just buy the cheapest policy you can find without weighing other factors and determining the company’s financial stability and reputation for resolving complaints.
- ❑ **AVOID HIGH PRESSURE SALES TACTICS.** Take your time and avoid being pushed into buying an insurance policy. Do not buy a policy under the pressure of limited enrollments periods or of “last chance to enroll”. Be wary of agents and sales material that imply a policy is connected with or endorsed by the government. Medicare supplement insurance and long-term care insurance are not connected with or endorsed by the federal government.
- ❑ **DON’T BE MISLED BY ADVERTISING.** Only you can decide if a policy is the right one for you. Do not buy a policy because celebrities endorse it on television, radio, newspaper or other advertisements. If you have questions, make sure you know the answers before you buy the policy.
- ❑ **BE CAREFUL HOW YOU PAY FOR POLICIES.** When purchasing Medicare supplement insurance, it is always best to pay by check, money order or bank draft. Premium payments should always be made payable to the insurance company and not the agent. If you must pay in cash, be sure to get a company-authorized receipt signed by the agent.
- ❑ **KEEP RECORDS.** Make sure that you write down and keep the correct name, telephone number and permanent address of the agent and the insurance company. Ask for a toll-free number in case you need to call long distance.
- ❑ **KEEP YOUR POLICY IN A SAFE PLACE.** Designate a friend or relative in advance to handle your affairs in case of illness and let that person know where your policy is kept.

Buyer Beware...

When describing the benefits of their Medicare supplement plans, all insurers are required to use the same format, language, and definitions. They are also required to use a uniform chart and outline of coverage to summarize the benefits of the plans they offer. These requirements make it easier for you to compare policies from different insurers. As you shop for a policy, you should keep in mind that each company's products are alike, so they are competing based on their price, service, and reputation.

- ❖ **PRICE-** While the benefits are identical for all Medicare supplemental plans of the same type, the premiums vary from one company to another and from area to area. The plan with the lowest price is not necessarily the best plan. The price should not be the only concern. You may prefer a particular schedule of payments. Some companies bill the premium each month, while others bill each quarter or once a year. In addition, prices are based in part on the services a company provides and on their reputation. These are important factors in the decision to purchase a Medicare supplement policy.
- ❖ **CUSTOMER SERVICES-** You should ask about the insurer's customer services. For example, some companies link their computers with the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover. This and other available customer services may be important considerations in making a decision.
- ❖ **REPUTATION-** You should consider the reputation of the insurer before buying a policy. Find out about the company by asking for referrals and by talking to others about their experiences.

Take your time in making a choice. Choosing a plan and insurer is a major decision. Make sure you understand the choices, the responsibilities, and the consequences of the decision.

(Source: Adapted from "Making Your Medigap Decision" at <http://hiicap.state.ny.us/mgap/mgap06.htm>)

Variables

POLICY FEE: Some policies add a one-time policy fee.

UNDERWRITING: Most companies underwrite. However, a few policies are "guaranteed issue". It is essential to note, however, that even these companies underwrite policies H, I, and J.

ZIP CODE: Several companies have zip code ratings. Since each has its own zip code cluster, it is not practical to show the premiums for each zip code.

PREMIUM TYPE: The premium for your policy may increase every year, primarily due to inflation in medical costs and the use of more advanced technology. The amount your premium goes up may depend upon the manner in which the company has reflected the aging of its policyholders in its rates. The general approach that companies use are described below. In Arkansas, the no age rating method is used.

1. **Attained Age:** In addition to medical inflation and advancing technology, your premium will also rise due to the increased use of medical services as people age.
2. **Issue Age:** The premium you pay will initially be somewhat higher than under the attained age approach because a portion of the initial premium is used to pre-fund the increased claims cost in later years. As a result, in subsequent years your premiums should be somewhat less than they would be under an attained age approach.
3. **No Age Rating:** Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

DIRECT RESPONSE/AGENT: Premiums are basically the same when comparing a direct response sale to an agent-marketed sale.

NON-SMOKER: Few companies have non-smoker discounts.

MEDICARE CROSSOVER: This is one of the more significant service enhancements that companies can offer. A "crossover" company has a contract with Medicare requiring Medicare to send the policyholder's balance bills directly to the Medicare supplement insurance company.

State and Federal Regulation Guarantees Medigap to Medicare Beneficiaries

A change in federal and state regulation guarantees acceptance into Medicare Supplement insurance (Medigap), in addition to the regular open enrollment period, if a Medicare beneficiary qualifies in one of six categories. In each case, the Medicare beneficiary has 63 days from the date of loss of coverage to take advantage of this guaranteed access to Medicare Supplement insurance. Also, no insurer may impose a pre-existing waiting period.

CATEGORY 1:

If a Medicare beneficiary is enrolled in an employer-sponsored plan and the plan terminates or ceases to provide ALL supplemental benefits to Medicare,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, or F with any company selling these plans.

CATEGORY 2:

If a Medicare beneficiary is enrolled in a Medicare Advantage plan (e.g., a Medicare HMO) and

- the plans certification is terminated, or
- the Plan ceases to provide all services, or
- the Enrollee moves out of the service area, or
- the Plan violates the contract, misrepresents during marketing, or
- there are other circumstances as determined by HHS Secretary,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, or F with any company selling these plans.

CATEGORY 3:

If a Medicare beneficiary is enrolled in a Medicare Risk (e.g., a Medicare HMO), Cost, Demonstration, HCPP, or select plan, and

- the plans certification is terminated, or
- the Plan ceases to provide all services, or
- the Enrollee moves out of the service area, or
- the Plan violates the contract, misrepresents during marketing, or
- there are other circumstances as determined by HHS Secretary,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, or F with any company selling these plans.

CATEGORY 4:

If a Medicare beneficiary is enrolled in a Medigap policy and any of the following occur:

- the Insurer becomes insolvent or bankrupt, or
- there is involuntary termination of coverage or enrollment, or
- there is material violation of the policy, or
- there is material misrepresentation during marketing,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, or F with any company selling these plans.

CATEGORY 5:

If a Medicare beneficiary is enrolled in a Medigap policy, terminates it and enrolls for the first time in a Medicare Advantage Plan (e.g., a Medicare HMO), Risk, Cost, Demonstration, HCPP, or Select plan, and

- disenrolls from the chosen coverage within the first 12 months as permitted under federal law,

Then the Medicare beneficiary is entitled to Medigap plans A, B, C, or F with any company selling these plans or his/her prior Medigap plan if it is still available.

CATEGORY 6:

If an individual is eligible for Medicare Part A and enrolled in Medicare Part B for the first time, and

- enrolls in a Medicare Advantage plan (e.g., a Medicare HMO), and
- disenrolls within the first 12 months after enrollment as permitted by federal law,

Then the Medicare beneficiary is entitled to any Medigap plan sold by any insurer.

The Arkansas Insurance Department is committed to seeing that your rights are upheld in all circumstances pertaining to guaranteed acceptance into Medicare Supplement insurance. If you believe you fall into one of these categories and have been denied a policy, contact SHIP at:



Helpful Telephone Numbers

Arkansas Insurance Department	1-501-371-2600 1-800-282-9134
Arkansas Foundation for Medical Care	1-888-354-9100
Arkansas Attorney Generals Office	1-800-482-8982
Tricare	1-800-406-2832
Medicaid	1-800-482-5431
Medicare Part A	1-800-Medicare (633-4227)
Medicare Part B	1-800-Medicare (633-4227)
Palmetto GBA	1-800-Medicare (633-4227)
Social Security Administration	1-800-772-1213
Veterans Administration	1-800-827-1000

Seniors Health Insurance Information Program
1-800-224-6330

Insurance Companies' Approved Policy Specifics

- This section attempts to summarize the benefits of the Medicare supplement policies that have been approved by the Arkansas Insurance Department for sale in 2005. Insurers licensed to do business in Arkansas provided this information through responses to a survey. The staff of the Seniors Health Insurance Information Program (SHIIP) compiled the information requested.
- In addition, please be advised that some new policies may have entered the marketplace since this publication was printed and will not be included.
- Don't be alarmed if your Medicare supplement policy does not appear in this booklet. If you bought a policy before 1992, it may no longer be available to first time buyers. However, you may choose keep the old policies as long as you pay the premiums.
- Publication of this guide is for information purposes only. Please refer to the policy itself for the complete and actual terms of coverage since the policy constitutes the contract between the insurer and the insured and will ultimately be the basis of final determinations.
- The premiums in this guide reflect the rates that were approved through our Life and Health division for use at the time of printing. Every attempt is made to keep premium information up to date. Exact premiums should be verified from the company or agent prior to purchase.
- Only monthly premiums are listed in this publication.
- Inclusion of information in this guide regarding a policy does not in any way constitute an endorsement of the policy or company by the Arkansas Insurance Department.

Medigap Insurance Policy Comparison Checklist



Policy #1 Policy #2 Policy #3

Does the Policy Cover:	YES	NO	YES	NO	YES	NO
Medicare Part A hospital deductible?	<input type="checkbox"/>					
Medicare Part A hospital daily coinsurance?	<input type="checkbox"/>					
Hospital care beyond Medicare's 150-day limit?	<input type="checkbox"/>					
Skilled nursing facility (SNF) daily coinsurance?	<input type="checkbox"/>					
SNF care beyond Medicare's limits?	<input type="checkbox"/>					
Medicare Part B annual deductible?	<input type="checkbox"/>					
Medicare Part B coinsurance?	<input type="checkbox"/>					
Physician & supplier charges in excess of Medicare's approved amounts?	<input type="checkbox"/>					
Medicare blood deductibles?	<input type="checkbox"/>					

✧ Other Policy Considerations ✧

Can the company cancel or renew the policy?	<input type="checkbox"/>					
What are the policy limits for covered services?	_____		_____		_____	
How Much is the annual Premium?	_____		_____		_____	
How often can the company raise the Premium?	_____		_____		_____	
How long before existing Health problems Are covered?	_____		_____		_____	
Does the policy have a waiting period before Benefits will be paid?	<input type="checkbox"/>					
If yes, how long?	_____		_____		_____	

Other Questions

Approved List of Companies

AARP
 (United Healthcare Insurance Company)
 PO BOX 130
 MONTGOMERYVILLE, PA 18936
 1-800-523-5800
www.aarphealthcare.com

Standard Plans Marketed: A,B,C,D,E,F,G,H,I ,&J
 Medical Underwriting: Plans A-G Guaranteed Issue
 (Except ESRD)

Plans H-J are Medically Underwritten
 Pre-existing Waiting Period: 3 Months
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	E	F	G	H
97.00	137.50	157.00	147.50	147.50	158.00	148.50	167.25
I	J	*K	*L				
168.25	177.00	74.25	102.75				

*denotes cost-sharing plan

MEDICARE SELECT PLAN

Standard Plan Marketed: C
 Medical Underwriting: Medicare Guidelines
 Pre-Existing Condition Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premium

C
114.75

PARTICIPATING HOSPITALS

- | | |
|---|--|
| <p>Dallas County Hospital, Fordyce - (870) 352-6300
 Little River Memorial Hospital, Ashdown - (870) 898-5011
 National Park Medical Center, Hot Springs - (501) 321-1000
 Northwest Medical Center, Springdale - (479) 751-5711
 St. Anthony Healthcare Center, Morrilton - (501) 977-2300
 St. Francis Hospital, Memphis, TN - (901) - 765-1000
 St. Michael Health Care Center, Texarkana, TX - (903) 614-1000</p> | <p>St. Vincent's Doctors Hospital, Little Rock - (501) 603-6000
 St. Vincent's Infirmary Medical Center, Little Rock - (501) 660-3000
 St. Vincent's Medical Center/North, Sherwood - (501) 834-1800
 Southwest Regional Medical Center, Little Rock - (501) 455-7100
 Stuttgart Regional Medical Center, Stuttgart - (870) 673-3511
 UAMS, Little Rock - (501) 686-7000</p> |
|---|--|

ARKANSAS BLUE CROSS & BLUE SHIELD
 PO BOX 2181
 LITTLE ROCK, AR 72203
 1-800-392-2583
www.arkansasbluecross.com

Standard Plans Marketed: A,B,C,D,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

A	B	C
89.80	112.00	121.90

D	F	G
131.60	122.90	92.10

ASSURED LIFE ASSOCIATION
 9777 SOUTH YOSEMITE, SUITE 200
 LONE TREE, CO 80124
 1-800-777-9777
www.denverwoodmen.com

Standard Plans Marketed: A,B,C,D,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 718-721 &755

A	B	C	D	F	G
87.63	108.21	117.79	111.21	118.29	105.29

Zip Code Areas: 722-723

A	B	C	D	F	G
93.88	115.95	126.20	119.20	126.78	112.87

Rest of State

A	B	C	D	F	G
80.30	99.21	107.96	101.96	108.46	96.54

BANKERS FIDELITY LIFE
 4370 PEACHTREE RD. NE
 ATLANTA, GA 30319
 1-866-458-7500
www.BFLIC.com

Standard Plans Marketed: A,B,C,D &F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	F	Hi-Ded F
83.00	125.00	144.00	149.00	150.00	90.00

BANKERS LIFE & CASUALTY
 222 MERCHANDISE MART PLAZA
 CHICAGO, IL 60654
 1-800-621-3724
www.bankerslife.com

Standard Plans Marketed: A,B,C,D,E,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	E	F	G	Hi-Ded F
128.93	222.83	266.97	237.57	235.11	165.05	151.90	34.48

J	*K	*L
139.60	74.76	106.85

*denotes cost-sharing plan

BANKERS LIFE & CASUALTY
 222 MERCHANDISE MART PLAZA
 CHICAGO, IL 60654
 1-800-621-3724
www.bankerslife.com

Standard Plans Marketed: A,B,C,D &F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

A	B	C	D	F
80.83	190.97	197.85	150.39	195.93

CRITTENDEN COUNTY RATES

PARTICIPATING HOSPITALS

Baptist Memorial Hospital – Collierville, Covington, Memphis & Ripley, TN
Baptist Memorial Hospital For Women – Memphis, TN
Baptist Memorial Restorative Care Hospital – Memphis, TN
Baptist Rehabilitation – Germantown, TN

CENTRAL RESERVE LIFE INSURANCE COMPANY
 PO BOX 29190
 SHAWNEE MISSION, KS 66201
 1-877-291-5434
www.centralreserve.com

Standard Plans Marketed: A,C,D,E,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 720-723

A	C	D	E	F	Hi-Ded F	G
157.08	193.55	159.97	139.57	187.68	67.83	160.48

Rest of State

A	C	D	E	F	Hi-Ded F	G
141.37	174.20	143.97	125.61	168.91	61.05	144.43

**CENTRAL STATES HEALTH & LIFE COMPANY OF
 OMAHA**
 PO BOX 34350
 OMAHA, NE 68134
 1-800-541-2363
www.cso.com

Standard Plans Marketed: A,B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-721, 724-729

A	B	C	D	F
128.45	142.32	167.68	135.33	157.40

Zip Code Areas: 722-723

A	B	C	D	F
151.12	174.49	197.27	159.22	185.17

COMBINED INSURANCE COMPANY OF AMERICA
 5050 NORTH BROADWAY
 CHICAGO, IL 606040
 1-800-225-4500
www.combined.com

Standard Plans Marketed: A,B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	F
116.10	172.36	168.84	135.00	221.26

CONSECO HEALTH INSURANCE COMPANY
 11815 N PENNSYLVANIA ST.
 CARMEL, IN 46032
 1-800-541-2254
www.Conseco.com

Standard Plans Marketed: A,B,C,D,E, F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 722

A	B	C
158.13	175.30	190.80

D	E	F	G
149.38	149.29	156.94	146.78

Rest of State

A	B	C
135.99	150.76	164.08

D	E	F	G
128.47	128.38	134.97	126.83

CONSTITUTION LIFE INSURANCE COMPANY
 1001 HEATHROW PARK LANE
 LAKE MARY, FL 32746
 1-800-789-6364
www.UAFC.com

Standard Plans Marketed: A,B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 722-723

A	B	C	D	F
117.29	142.64	171.19	150.93	176.53

Zip Code Areas: 719

A	B	C	D	F
111.70	135.85	163.04	143.74	168.12

Rest of State

A	B	C	D	F
100.53	122.27	146.74	129.37	151.31

CONSTITUTION LIFE INSURANCE COMPANY
 1001 HEATHROW PARK LANE
 LAKE MARY, FL 32746
 1-800-789-6364
www.UAFC.com

Standard Plans Marketed: B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

Zip Code Areas: 722-723

B	C	D	F
119.06	142.99	126.05	147.38

Zip Code Areas: 719

B	C	D	F
113.39	136.18	120.05	140.36

Rest of State

B	C	D	F
102.05	122.56	108.05	126.32

PARTICIPATING HOSPITALS

National Park Medical Center (Hot Springs) (501) 321-1000
St. Vincent's Doctors Hospital - Little Rock - (501) 603-6000
St. Vincent's Infirmary Medical Center- Little Rock - (501) 660-3000

St. Vincent's Medical Center/North - North Little Rock - (501) 833-7100
Central Arkansas Hospital - Searcy - (501) 278-3100
Crawford Memorial Hospital – Van Buren - (479) 474-3401

**CONTINENTAL GENERAL INSURANCE
 COMPANY**
 PO BOX 29136
 SHAWNEE MISSION, KS 66201
 1-877-291-5434
www.ContinentalGeneral.com

Standard Plans Marketed: A,C,E,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 720-723

A	C	E	F	G
215.99	330.57	139.57	181.82	152.66

Rest of State

A	C	E	F	G
194.39	297.50	125.61	163.63	137.45

CONTINENTAL LIFE INSURANCE
OF BRENTWOOD, TN
101 CONTINENTAL PLACE
BRENTWOOD, TN 37027
1-800-264-4000
www.Cont-Life.com

Standard Plans Marketed: A,B,C,D, E, F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 721-722

A	B	C
136.58	209.92	228.90

D	E	F	G
118.17	128.33	256.25	124.42

Rest of the State

A	B	C
124.17	190.83	208.08

D	E	F	G
107.42	116.67	232.92	113.08

**CONTINENTAL LIFE INSURANCE OF
 BRENTWOOD, TN
 101 CONTINENTAL PLACE
 BRENTWOOD, TN 37027
 1-800-264-4000
www.Cont-Life.com**

MEDICARE SELECT PLANS

Standard Plans Marketed: A,B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 721-722

A	B	C	D	F
113.25	136.83	156.33	82.08	181.67

Rest of the State

A	B	C	D	F
102.92	124.42	142.08	74.58	165.17

PARTICIPATING HOSPITALS

**Central Arkansas Hospital – Searcy – (501)-278-3100
 National Park Medical Center - Hot Springs – (501)-321-1000
 North East Arkansas Medical Center - Jonesboro – (870)-972-7000**

**EQUITABLE LIFE & CASUALTY INSURANCE
 COMPANY
 3 TRIAD CENTER
 SALT LAKE CITY, UT 84180
 1-800-352-5170
www.EquiLife.com**

Standard Plans Marketed: A,B,C,D,E,F, G,H,I & J
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	E	F
145.50	261.67	319.34	229.92	251.00	378.92

Hi-Ded. F	G	H	I	J	Hi-Ded. J
170.67	266.17	246.67	231.42	385.75	173.75

FLORIDA AMERICAN LIFE INSURANCE COMPANY
 1001 HEATHROW PARK LANE
 LAKE MARY, FL 32746
 1-800-538-1053
www.UAFC.com

Standard Plans Marketed: A,B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 722-723

A	B	C	D	F
130.22	187.43	222.63	198.05	231.27

Zip Code Areas: 719

A	B	C	D	F
110.69	159.32	192.36	167.49	196.58

Rest of State

A	B	C	D	F
104.18	149.94	178.10	157.64	185.02

MEDICARE SELECT PLANS

Standard Plans Marketed: B,C,D, & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 722-723

B	C	D	F
116.89	169.93	145.95	178.01

Zip Code Areas: 719

B	C	D	F
115.75	144.44	124.06	151.31

Rest of State

B	C	D	F
108.94	135.94	116.76	142.41

PARTICIPATING HOSPITALS

Central Arkansas Hospital – Searcy - (501) 278-3100
Crawford Memorial Hospital - Van Buren - (479) 474-3401
National Park Medical Center - Hot Springs - (501) 321-1000

St. Vincent’s Doctors Hospital - Little Rock - (501) 603-6000
St. Vincent’s Infirmary Medical Center - Little Rock - (501) 660-3000
St. Vincent’s Medical Center/North – Sherwood - (501) 833-7100

**GENWORTH LIFE AND ANNUITY INSURANCE
 COMPANY**
 PO BOX 10824
 CLEARWATER, FL 33757
 1-877-825-9337
www.genworth.com

Standard Plans Marketed: A,B,C,D,E,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: yes

Monthly Premiums

Zip Code Areas: 719-722

A	B	C	D	E	F	Hi-Ded. F	G
129.01	157.27	185.80	158.14	158.92	191.52	75.34	162.13

Zip Code Areas: 718, 727-729

A	B	C	D	E	F	Hi-Ded. F	G
116.09	141.58	167.24	142.36	143.06	172.36	67.80	142.92

Rest of the State

A	B	C	D	E	F	Hi-Ded. F	G
103.17	125.80	148.60	126.50	127.10	153.20	60.26	129.70

**GLOBE LIFE & ACCIDENT INSURANCE
 COMPANY**
 PO BOX 2440
 MCKINNEY, TX 75070
 1-800-654-5433
www.GlobeOnTheWeb.com

Standard Plans Marketed: A,B,C & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	F
89.00	149.00	171.00	173.00

GOLDEN RULE INSURANCE COMPANY
 712 ELEVENTH STREET
 LAWRENCEVILLE, IL 62496
 1-800-474-4467
www.GoldenRule.com

Standard Plans Marketed: A,C,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 719, 727-729

A	C	F	G
95.40	148.50	140.40	121.50

Zip Code Areas: 716-718,724,726

A	C	F	G
106.00	165.00	156.00	135.00

Zip Code Areas: 720-723, 725, 755

A	B	C	D
111.30	173.25	163.80	141.75

GREAT AMERICAN LIFE INSURANCE
 COMPANY
 5508 PARKCREST DRIVE
 AUSTIN, TX 78755-9002
 1-800-880-2745
www.gafri.com

Standard Plans Marketed: A,B,C,D,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: yes

Monthly Premiums

Zip Code Areas: 716-717, 724-726, 728-729

A	B	C	D	F	G
102.50	120.29	143.07	121.00	143.78	121.72

Zip Code Areas: 719-721, 727

A	B	C	D	F	G
107.69	126.38	150.31	127.13	151.06	127.88

Zip Code Areas: 719-721, 727

A	B	C	D	F	G
120.01	140.85	167.52	141.68	168.35	142.52

GUARANTEE TRUST LIFE INSURANCE COMPANY
 1275 MILWAUKEE AVENUE
 GLENVIEW, IL 60025
 1-800-323-6907
www.GTLIC.com

Standard Plans Marketed: A,B,C,D,F & G
 Medical Underwriting: No
 Pre-existing Waiting Period: No
 Medicare Crossover: No

Monthly Premiums

A	B	C	D	F	Hi-Ded. F	G
95.10	150.75	163.40	136.85	213.10	68.90	179.20

LINCOLN HERITAGE LIFE INSURANCE
 4343 E CAMEL BACK ROAD
 PHOENIX, AZ 85018
 1-800-433-8181
www.LHLIC.com

Standard Plans Marketed: A,B,C,D & F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 720-722

A	B	C	D	F
135.61	147.27	173.10	151.94	178.43

Zip Code Areas: 718-729

A	B	C	D	F
117.12	127.20	149.52	131.20	154.11

Rest of the State

A	B	C	D	F
104.79	113.79	133.78	117.37	137.86

LOYAL AMERICAN LIFE INSURANCE COMPANY
 PO BOX 559004
 AUSTIN, TX 78755
 1-800-633-6752
www.loyalamerican.com

Standard Plans Marketed: A,B,C,D,F &G
 Medical Underwriting: Yes
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-719, 724-729

A	B	C	D	F	G
79.73	97.75	111.10	103.45	111.52	103.79

Zip Code Areas: 720-721

A	B	C	D	F	G
86.79	106.34	120.28	112.71	120.62	113.14

Zip Code Areas: 722-723

A	B	C	D	F	G
91.89	112.63	126.82	119.34	127.16	119.68

**MARQUETTE NATIONAL LIFE INSURANCE
 COMPANY**
 411 N BAYLEN STREET
 PENSACOLA, FL 32502
 1-800-934-8203
www.marquettenationallife.com

Standard Plans Marketed: A,D,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716,717,719,723-729

A	D	F	G
88.00	97.00	116.00	102.00

Zip Code Areas: 718,720,721

A	D	F	G
93.00	102.00	123.00	108.00

Zip Code Areas: 722

A	D	F	G
98.00	108.00	129.00	114.00

MEDICARE SELECT PLANS

Zip Code Areas: 716,717,719,723-729

A	D	F	G
88.00	83.00	93.00	87.00

Zip Code Areas: 718,720,721

A	D	F	G
93.00	87.00	105.00	92.00

Zip Code Areas: 722

A	D	F	G
98.00	92.00	110.00	97.00

PARTICIPATING HOSPITALS

- Central Arkansas Hospital – Searcy - (501) 278-3100**
- Crawford Memorial Hospital – Van Buren - (479) 474-3401**
- National Park Medical Center – Hot Springs - (501) 321-1000**
- St. Vincent’s Doctors Hospital - Little Rock - (501) 552-3000**
- St. Vincent’s Infirmary Medical Center - Little Rock - (501) 552-3000**
- St. Vincent’s Medical Center /North – Sherwood - (501) 552-7100**

MEDICO LIFE INSURANCE COMPANY
 1515 SOUTH 75TH STREET
 OMAHA, NE 68124
 1-800-228-6080
www.MutualProtective.com

Standard Plans Marketed: A,C,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-718, 724-729

A	C	F	G
170.85	289.78	289.78	279.37

Zip Code Areas: 720-721, 723-724

A	C	F	G
184.92	313.64	313.64	302.37

Rest of the State

A	C	F	G
201.00	340.92	340.92	328.67

MUTUAL OF OMAHA INSURANCE COMPANY
 MUTUAL OF OMAHA PLAZA
 OMAHA, NE 68175
 1-800-316-0842
www.MutualofOmaha.com

Standard Plans Marketed: A,C,D, F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-719, 723-729, 755

A	C	D	F	G
127.84	176.43	116.34	143.11	105.23

Zip Code Areas: 72002,053,076,078,099,103,
72113-120,135,142,164,180,183,190,199,722

A	C	D	F	G
152.78	210.86	139.05	171.03	125.77

Rest of the State

A	C	D	F	G
134.07	185.04	122.02	150.09	110.37

MUTUAL OF OMAHA
MUTUAL OF OMAHA PLAZA
 OMAHA, NE 68175
 1-800-316-0842
www.MutualOfOmaha.com

Standard Plans Marketed: A,B,C,D,E,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

Zip Code Areas: 716-719, 723-729, 755

A	B	C	D	E	F	G
127.84	115.85	119.40	119.49	128.85	131.57	118.06

Zip Code Areas: 72002,053,076,078,099,103
72113-120,135,142,164,180,183,190,199,722

A	B	C	D	E	F	G
152.78	138.45	142.69	142.80	154.00	157.24	141.10

Rest of the State

A	B	C	D	E	F	G
134.07	121.50	125.22	125.32	135.14	137.99	123.82

PARTICIPATING HOSPITALS

- Central Arkansas Hospital – Searcy - (501) 278-3100**
- Crawford Memorial Hospital – Van Buren - (479) 474-3401**
- National Park Medical Center - Hot Springs - (501) 321-1000**
- Regional Medical Center Of N.E. Arkansas – Jonesboro - (870) 972-7000**
- Wadley Regional Medical Center – Texarkana - (903) 798-8000**

NCAA
 (AMERICAN NATIONAL LIFE INSURANCE CO. OF TEXAS)
 C/O CUSTOMER SERVICE DEPARTMENT
 PO BOX 1820
 GALVESTON, TX 77553-1820
 1-800-899-6503
www.anico.com

Standard Plans Marketed: A,B,C,D,E,F &G
 Medical Underwriting: No
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	E	F	G
93.91	119.87	136.11	107.75	99.37	134.97	106.95

NATIONAL STATES INSURANCE CO.
 1830 CRAIG PARK COURT
 ST. LOUIS, MO 63146
 1-800-868-6788

Standard Plans Marketed: A,B,C,F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: No

Monthly Premiums

A	B	C	F
124.67	238.43	474.86	273.16

OLD SURETY LIFE INSURANCE CO.
P.O. BOX 54407
OKLAHOMA CITY, OK 73154
1-800-272-5466

Standard Plans Marketed: A,D &F
Medical Underwriting: Medicare Guidelines
Pre-existing Waiting Period: No
Medicare Crossover: Yes

Monthly Premiums

A	D	F
62.92	96.00	197.50

OXFORD LIFE INSURANCE COMPANY
P.O. BOX 46518
MADISON, WI 53744
1-877-469-3073
www.oxfordlife.com

Standard Plans Marketed: A,B,C,D,F & I
Medical Underwriting: Medicare Guidelines
Pre-existing Waiting Period: No
Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	F	I
225.81	291.07	349.24	331.74	362.95	517.35

PENNSYLVANIA LIFE INSURANCE COMPANY
 PO BOX 958465
 LAKE MARY, FL 32795-8465
 1-800-275-7366
www.pennlife.com

Standard Plans Marketed: A,B,C,D,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716,717,719,723-729

A	B	C	D	F	G
99.00	130.00	129.00	121.00	134.00	134.00

Zip Code Areas: 718,720,721

A	B	C	D	F	G
105.00	138.00	136.00	128.00	142.00	141.00

Zip Code Areas: 722

A	B	C	D	F	G
110.00	145.00	143.00	134.00	149.00	149.00

PHYSICIANS LIFE INSURANCE COMPANY
 2600 DODGE
 OMAHA, NE 68131
 1-800-228-9100
www.physiciansmutual.com

Standard Plans Marketed: A,B,,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-718, 723-729

A	B	F	G
90.40	110.40	146.75	124.75

Zip Code Areas: 719-721

A	B	F	G
95.10	116.20	154.50	131.30

Zip Code Areas: 722

A	B	F	G
104.60	127.90	170.00	144.45

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 DODGE
 OMAHA, NE 68131
 1-800-228-9100
www.physiciansmutual.com

Standard Plans Marketed: A,B,C,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-718, 723-729

A	B	C	F	G
98.01	112.42	160.34	146.21	132.00

Zip Code Areas: 719-721

A	B	C	F	G
103.17	118.34	168.78	153.90	139.00

Zip Code Areas: 722

A	B	C	F	G
111.42	127.81	182.28	166.21	150.00

PYRAMID LIFE INSURANCE COMPANY
 1001 HEATHROW PARK LANE
 LAKE MARY, FL 32746
 1-800-777-1126
www.pyramidlife.com

Standard Plans Marketed: A,B,C,D,E,F, G & J
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	E	F	G	Hi-Ded F	Hi-Ded J
198.77	199.11	261.81	199.23	221.04	256.64	211.51	67.98	158.23

PYRAMID LIFE INSURANCE COMPANY
 1001 HEATHROW PARK LANE
 LAKE MARY, FL 32746
 1-800-777-1126
www.pyramidlife.com

Standard Plans Marketed: B,C,D,E,F & G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

B	C	D	E	F	G
161.22	222.42	156.85	140.73	218.63	180.97

PARTICIPATING HOSPITALS

- Central Arkansas Hospital - Searcy – (501) 278-3100**
- Crawford Memorial Hospital - Van Buren – (479) 474-3401**
- National Park Medical Center - Hot Springs - (501) 321-1000**
- North East Arkansas Medical Center - Jonesboro - (870) 972-7000**
- St. Francis Hospital - Memphis, TN – (901) 765-1000**
- St. Vincent Doctors Hospital - Little Rock – (501) 603-6000**
- St. Vincent Infirmiry Medical Center - Little Rock – (501) 660-3000**
- St. Vincent Medical Center North - Sherwood – (501) 833-7100**
- Wadley Regional Medical Center - Texarkana, TX – (903) 798-8000**

RESERVE NATIONAL INSURANCE COMPANY
 6100 NW GRAND BLVD.
 OKLAHOMA CITY, OK 73118
 1-800-654-9106
www.reservenational.com

Standard Plans Marketed: A,B,C,D &F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	F
85.45	136.60	167.65	128.35	194.00

ROYAL NEIGHBORS OF AMERICA
 11360 REDMOND CIRCLE
 ROME, GA 30165
 1-877-217-4040
www.AIMC-ATL.COM

Standard Plans Marketed: A,B,C,D,E,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover:

Monthly Premiums

Zip Code Areas: 722-723

A	B	C	D	E	F	G
105.54	119.12	139.69	120.20	120.87	143.86	123.37

Zip Code Area: 727

A	B	C	D	E	F	G
89.71	101.29	118.70	102.21	102.71	122.28	104.87

Rest of the State

A	B	C	D	E	F	G
79.14	89.38	104.79	90.13	90.63	107.87	92.56

SHENANDOAH LIFE INSURANCE COMPANY.
33 NORTH GARDEN AVE., SUITE 1100
CLEARWATER, FL 33755-6606
1-877-604-5240

Standard Plans Marketed: A,B,C,D,E,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 720-722

A	B	C	D	E	F	G
125.83	158.50	176.00	160.08	161.50	180.50	163.67

Zip Code Areas: 718-719

A	B	C	D	E	F	G
115.33	145.33	161.33	146.75	148.08	165.50	150.08

Rest of the State

A	B	C	D	E	F	G
94.33	118.92	132.00	120.08	121.17	135.42	122.75

STANDARD LIFE & ACCIDENT INSURANCE CO.
 ONE MOODY PLAZA
 GALVESTON, TX 77550
 1-888-350-1488
www.AINCO.com

Standard Plans Marketed: A,B,C,D,E,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-717, 719-722, 724-726,

A	B	C	D
167.43	213.70	246.16	162.00

E	F	Hi-Ded. F	G
151.25	247.64	36.74	162.79

Zip Code Areas: 718, 723

A	B	C	D
185.06	236.20	272.08	179.06

E	F	Hi-Ded. F	G
167.17	273.71	40.60	179.93

Zip Code Areas: 727, 729

A	B	C	D
149.81	191.21	220.25	144.95

E	F	Hi-Ded. F	G
135.33	221.58	32.87	145.66

STANDARD LIFE & ACCIDENT INSURANCE CO.
ONE MOODY PLAZA
GALVESTON, TX 77550
1-888-350-1488
www.AINCO.com

Standard Plans Marketed: C,D,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

Zip Code Areas: 716-717,719-722, 724-726,728

C	D	F	G
174.15	117.29	175.39	117.95

Zip Code Areas: 718,723

C	D	F	G
192.48	129.64	193.86	130.37

Zip Code Areas: 727,729

C	D	F	G
155.82	104.94	156.93	105.54

PARTICIPATING HOSPITALS

- Dardanelle Hospital – Dardanelle - (479) 229-4677**
- DeWitt Hospital – DeWitt - (870) 946-3571**
- Eureka Springs Hospital – Eureka Springs - (501) 253-7400**
- Fulton County Hospital – Salem - (870) 895-2691**
- Healthpark Hospital – Hot Springs - (501) 520-2000**
- Lawrence Memorial Hospital – Walnut Ridge - (870) 886-8699**
- Little River Memorial Hospital (Little River County) - (870) 898-5011**
- Mena Medical Center – Mena - (501) 394-6100**
- National Park Medical Center – Hot Springs - (501) 321-1000**
- Randolph County Medical Center – Pocahontas - (870) 892-4511**

STATE FARM MUTUAL AUTOMOBILE INS. CO.
 ONE STATE FARM PLAZA
 BLOOMINGTON, IL 61710
www.statefarm.com

Standard Plans Marketed: A,C &F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

A	C	F
108.63	163.79	165.41

STATE MUTUAL INSURANCE COMPANY
 1360 REDMOND CIRCLE
 ROME, GA 30165
 1-800-321-0102
www.AIMC-ATL.com

Standard Plans Marketed: A,B,C,D &F
 Medical Underwriting: Yes
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 720-722

A	B	C	D	F
213.24	246.58	303.45	272.48	296.28

Rest of the State

A	B	C	D	F
193.81	224.18	275.89	247.71	269.33

STATE MUTUAL INSURANCE COMPANY
 1360 REDMOND CIRCLE
 ROME, GA 30165
 1-800-321-0102
www.AIMC-ATL.com

Standard Plans Marketed: B,C,D &F
 Medical Underwriting: Yes
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

Zip Code Areas: 720-722

B	C	D	F
192.06	242.81	212.10	236.95

Rest of the State

B	C	D	F
174.56	220.76	192.85	215.43

PARTICIPATING HOSPITALS

National Park Medical Center - Hot Springs – (501) 321-1000
North East Arkansas Medical Center - Jonesboro – (870) 972-7000

**STERLING INVESTORS LIFE INSURANCE
 COMPANY**
 1360 REDMOND CIRCLE
 ROME, GA 30165
 1-800-321-0102
www.AIMC-ATL.com

Standard Plans Marketed: A,B,C,D,E,F &G
 Medical Underwriting: Yes
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 720-721 EXCEPT FOR 72002,
 053,065,076,078,099,103,72113-72120

A	B	C	D	E	F	Hi- Ded. F	G
85.05	92.80	109.21	88.80	93.71	112.54	44.90	91.21

Zip Code Areas: 722 and 72002,053,065,076,078,099,103,
 72113-72120,72124,135,142,164,180,183,190,198,199

A	B	C	D	E	F	Hi-Ded. F	G
90.71	98.96	116.54	94.71	99.96	120.04	47.90	97.29

Rest of the State

A	B	C	D	E	F	Hi-Ded. F	G
102.04	111.29	131.03	106.54	112.37	135.11	53.81	109.46

STERLING LIFE INSURANCE COMPANY
 P.O. BOX 5348
 BELLINGHAM, WA 98227-5348
 1-888-858-8572
www.sterlingplans.com

Standard Plans Marketed: A,B,C &F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Benton, Craighead, Crawford, Crittenden, Faulkner, Jefferson, Lonoke,
 Miller, Pulaski, Saline, Sebastian, & Washington Counties

A	B	C	F
156.35	206.90	240.00	240.10

Rest of the State

A	B	C	F
149.00	204.60	237.85	237.95

STERLING LIFE INSURANCE COMPANY
 P.O. BOX 5348
 BELLINGHAM, WA 98227-5348
 1-888-858-8572
www.sterlingplans.com

Standard Plans Marketed: A, B, C&F
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

Benton, Craighead, Crawford, Crittenden
 , Faulkner, Jefferson, Lonoke, Miller,
 Pulaski, Saline, Sebastian, & Washington Counties

A	B	C	F
108.15	111.90	135.60	135.70

Rest of State

A	B	C	F
98.65	111.75	134.50	134.60

PARTICIPATING HOSPITALS

- Crittenden Memorial Hospital - West Memphis - (870) 735-1500**
- CrossRidge Community Hospital – Wynne - (870) 238-3300**
- Health South Rehabilitation Hospital - Ft. Smith - (479) 785-3300**
- National Park Medical Center - Hot Springs - (501) 321-1000**
- Northwest Medical Center – Springdale - (479) 751-5711**
- Sparks Regional Medical Center - Ft. Smith - (479) 441-4000**
- St. Vincent’s Infirmary Medical Center - Little Rock - (501) 660-3000**
- St. Vincent’s Doctors Hospital - Little Rock - (501) 603-6000**
- St. Vincent’s Medical Center/North – Sherwood - (501) 833-7100**

THRIVENT FINANCIAL FOR LUTHERANS
 4321 NORTH BALLARD ROAD
 APPELTON, WI 54919
 1-800-847-4836
www.thrivent.com

Standard Plans Marketed: A,C,D,F, H &I
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716-719, 723-729

A	C	D	F	H	I
94.34	149.36	124.12	149.98	234.00	243.24

Zip Code Areas: 720-722

A	C	D	F	H	I
104.82	165.96	137.91	166.64	260.01	270.27

UNION BANKERS LIFE INSURANCE COMPANY
 1001 HEATHROW PARK LANE
 LAKE MARY, FL 32746
 1-800-824-3577
www.UAFC.com

Standard Plans Marketed: A, B, C, D, E, F, G, H & I
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: 6 months
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D
158.00	230.00	275.00	253.00

E	F	G	H	I
253.00	257.00	226.00	432.00	369.00

UNITED AMERICAN INSURANCE COMPANY
 P.O. BOX 8080
 MCKINNEY, TX 75070
 1-800-331-2512
www.UnitedAmerican.com

Standard Plans Marketed: A,B,C,D,F,G,K&L
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover:

Monthly Premiums

A	B	C	D	F	Hi-Ded F	G	*K	*L
147.00	228.00	261.00	251.00	249.00	93.46	253.00	134.00	189.00

*denotes cost- sharing plan

UNITED NATIONAL LIFE INSURANCE
 1275 MILWAUKEE AVE.
 GLENVIEW, IL 60025
 1-800-207-8050

Standard Plans Marketed: A,B,C,D,F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: No

Monthly Premiums

A	B	C	D	F	Hi-Ded. F	G
102.00	150.75	174.95	172.05	213.10	68.90	202.50

UNITED TEACHER ASSOCIATES
 P.O. BOX 26580
 AUSTIN, TX 78755
 1-800-880-8824
www.UTAIC.com

Standard Plans Marketed: A, B, C, D, F &G
 Medical Underwriting: Yes
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

Zip Code Areas: 716,717,724-726,728-729

A	B	C	D	F	G
97.42	118.96	133.83	114.41	134.31	114.80

Zip Code Areas: 719-721,727

A	B	C	D	F	G
102.36	124.98	140.61	120.20	141.11	120.62

Zip Code Areas: 718, 722-723

A	B	C	D	F	G
114.07	139.28	156.71	133.96	157.26	134.43

UNITED TEACHER ASSOCIATES
 P.O. BOX 26580
 AUSTIN, TX 78755
 1-800-880-8824
www.UTAIC.com

Standard Plans Marketed: B, C, D, F &G
 Medical Underwriting: Yes
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

MEDICARE SELECT PLANS

Monthly Premiums

Zip Code Areas: 716,717,724-726,728-729

B	C	D	F	G
99.64	113.98	97.19	114.47	97.54

Zip Code Areas: 719-721,727

B	C	D	F	G
104.69	119.75	102.11	120.26	102.48

Zip Code Areas: 719-721,727

B	C	D	F	G
116.67	133.44	113.80	134.02	114.21

PARTICIPATING HOSPITALS

- Central Arkansas Hospital - Searcy - (501) 278-3100**
- National Park Medical Center - Hot Springs - (501) 321-1000**
- Southwest Regional Medical Center - Little Rock - (501) 455-7100**
- St. Vincent's Doctors Hospital - Little Rock - (501) 603-6000**
- St. Vincent's Infirmary Medical Center - Little Rock - (501) 660-3000**
- St. Vincent's Medical Center/North - Sherwood - (501) 833-7100**

UNITED WORLD INSURANCE COMPANY
3316 FARNAM STREET
OMAHA, NE 68175
1-877-845-0892

Standard Plans Marketed: A, B, F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover:

Monthly Premiums

Zip Code Areas: 72002,053,065,076,078,099,103,113,
 120,124,135,142,164,180,183,790,198,199, 200

A	B	F	G
91.00	111.42	124.49	118.52

Zip Code Areas: 716-719, 723-729

A	B	F	G
76.15	93.23	104.17	99.17

Rest of the State

A	B	F	G
79.86	97.78	109.25	104.00

USAA LIFE INSURANCE COMPANY
9800 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78288
1-800-531-8000
www.USAA.com

Standard Plans Marketed: A, D, F &G
 Medical Underwriting: Medicare Guidelines
 Pre-existing Waiting Period: No
 Medicare Crossover: Yes

Monthly Premiums

A	D	F	G
104.89	151.30	145.35	150.11

AARP
 (UNITED HEALTHCARE INSURANCE COMPANY)
 P.O. BOX 130
 MONTGOMERYVILLE, PA 18936
 1-800-523-5800
www.aarphealthcare.com
*** Under 65 Company ***

Standard Plans Marketed: A, B, C, D, E, F, G, H, I, J, K & L
 Medical Underwriting: No
 Pre-existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

Monthly Premiums

A	B	C	D	E	F
121.25	172.00	196.25	184.50	184.50	197.50
G	H	I	J	*K	*L
185.75	209.00	210.25	221.25	92.75	128.50

***denotes cost-sharing plan**

AARP
(UNITED HEALTHCARE INSURANCE COMPANY)
P.O. BOX 130
MONTGOMERYVILLE, PA 18936
1-800-523-5800
www.aarphealthcare.com
*** Under 65 Company ***

Standard Plan Marketed: C
 Medical Underwriting: No
 Pre-Existing Waiting Period: Medicare Guidelines
 Medicare Crossover: Yes

MEDICARE SELECT PLAN

Monthly Premiums

C
143.50

PARTICIPATING HOSPITALS

<p>Dallas County Hospital – Fordyce - (870) 352-6300</p> <p>Little River Memorial Hospital – Ashdown - (870) 898-5011</p> <p>National Park Medical Center - Hot Springs - (501) 321-1000</p> <p>Northwest Medical Center – Springdale - (479) 751-5711</p> <p>St. Anthony Healthcare Center – Morrilton - (501) 977-2300</p> <p>St. Vincent’s Doctors Hospital - Little Rock - (501) 603-6000</p>	<p>St. Vincent’s Infirmary Medical Center - Little Rock - (501) 660-3000</p> <p>St. Vincent’s Medical Center/North – Sherwood - (501) 834-1800</p> <p>St. Francis Hospital, Memphis – TN - (901) 765-1000</p> <p>St. Michael Health Care Center - Texarkana, TX - (903) 614-1000</p> <p>Southwest Regional Medical Center - Little Rock - (501) 455-7100</p> <p>Stuttgart Regional Medical Center – Stuttgart - (870) 673-3511</p> <p>UAMS - Little Rock - (501) 686-7000</p>
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BANKERS FIDELITY LIFE
4370 PEACHTREE RD. NE
ATLANTA, GA 30319
1-866-458-7500
www.BFLIC.com
Under 65 Company

Standard Plans Marketed: B
Medical Underwriting: Medicare Guidelines
Pre-existing Waiting Period: No
Medicare Crossover: Yes

Monthly Premium

B
335.00

OLD SURETY LIFE INSURANCE COMPANY
P.O. BOX 54407
OKLAHOMA CITY, OK 73154
1-800-272-5466
Under 65 Company

Standard Plans Marketed: A
Medical Underwriting: Yes
Pre-existing Waiting Period: Medicare Guidelines
Medicare Crossover: No

Monthly Premium

A
52.41

STERLING LIFE INSURANCE COMPANY
P.O. BOX 5348
BELLINGHAM, WA 98227-5348
1-888-858-8572
www.sterlingplans.com
*** Under 65 Company ***

Standard Plans Marketed: A
Medical Underwriting: Medicare Guidelines
Pre-existing Waiting Period: No
Medicare Crossover: Yes

Monthly Premium

A
307.80

UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080
MCKINNEY, TX 75070
1-800-331-2512
www.UnitedAmerican.com
*** Under 65 Company ***

Standard Plans Marketed: B
Medical Underwriting: Medicare Guidelines
Pre-existing Waiting Period: Medicare Guidelines
Medicare Crossover: Yes

Monthly Premium

B
325.00

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