2011

New Hampshire Guide to Medicare Supplement

Rates, Carriers and Other Consumer Information

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MEDICARE SUPPLEMENT (MEDIGAP) CONSUMER TIPS

Shop carefully before you buy

- Compare benefits, services and costs.
- Insurance companies may charge different premiums for exactly the same Medigap coverage. As you shop, be sure you're comparing the same Medigap policy.

Mail-order policies may lack service

- Companies that sell mail-order policies may not have local agents or toll-free numbers, making it difficult to get answers to your questions. If a policy is sold through the mail, **a toll-free number should be available.**

Read your policy to know what it covers and what it doesn't

- Know how your policy coordinates with any other coverage you may have.

Make sure all the information on your application is correct

- An incorrect application may cause the insurance company to cancel your policy or leave you with unpaid claims.
- Do not be misled by agents who tell you your health history does not matter.
- Describe your **health status accurately**.
- It is best to fill out this information yourself. If the agent fills it out, **do not sign** until you have made sure all the information is correct.

Do not pay with cash

- Pay by check, money order or bank draft, made payable to the company, **not the agent**.
- Do not give your agent a blank check or access to your account.
- If you have an automatic teller machine (ATM) card, do not give out your access number.

If you do not receive your policy within 45 to 60 days, contact the company or agent.

- If you have no success in receiving your policy, or suspect fraud, contact the N.H. Insurance Department's Consumer Helpline, toll-free at **1-800-852-3416**.

Get Help

- If you have questions or cannot resolve a problem with your insurance company or agent, contact the N.H. Insurance Department's Consumer Helpline, toll-free at **1-800-852-3416**

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Premium rates published are based on information available to the Department at the time of publication, and may not be representative of the premiums being charged by the company today.

The State of New Hampshire Insurance Department
21 South Fruit St., Suite 14, Concord NH 03301
1-800-852-3416

MEDIGAP BASICS

The chart on the next page (from 2010 Choosing a Medigap Policy, CMS Centers for Medicaid & Medicare) gives you a quick look at the standardized Medigap Plans available with benefits that went into **effect June 1, 2010**.

IMPORTANT CHANGES AS OF JUNE 1, 2010

New laws brought many changes to Medigap policies. These changes went into **effect June 1, 2010,** and gives you choices in health care coverage to fill gaps in services that Original Medicare doesn't cover.

- **Basic Benefits** – Starting with policies effective ***on or after June 1, 2010:*** **Hospice Part A coinsurance** (outpatient prescription drug and inpatient respite care coinsurance) **is covered**.
    - **Plan K** covers **50% of costs**
    - **Plan L** covers **75% of costs**

- **Part B Coinsurance** – **Plans K, L and N** requires you to **pay a portion of Part B coinsurance and copayments**, which may result in lower premiums for these plans. **All other Medigap policies pay these at 100%.**

- **New Plans Offered –** Plans M and N are new choices. See the following chart for details on their offerings**.**

- **Plans D and G** – Plans effective on or after June 1, 2010, have different benefits than D or G Plans bought before June 1, 2010.

- **Plans No Longer for Sale** - Plans **E, H, I and J will no longer be sold after May 31, 2010**. ***BUT***, if you already have one of these plan ***you can keep that plan***. Contact your plan for more information.

Insurance companies selling Medigap policies **are required** to make **Plan A** available if they offer any other Medigap plan. They must also offer either Medigap Plan C or Plan F. Not all types of Medigap policies may be available in New Hampshire.

Original Medicare pays for many, ***but not all,*** health care services and supplies. A Medigap policy, sold by private insurance companies can help pay some of the health care costs ("gaps") that Original Medicare doesn't cover like ***copayments, coinsurance, and deductibles***. If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the **Medicare-approved amount** for covered health care costs, then your Medigap policy pays its share. Medicare doesn't pay any of the **premiums** for a Medigap policy.

If you need more information, contact the

- N.H. Insurance Department 1-800-852-3416 option 2
- ServiceLink at 1-866-634-9412.

MEDIGAP PLANS – January 1, 2011

How to read the chart:

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

	MEDIGAP PLANS AS OF JANUARY 1, 2011									
MEDIGAP BENEFITS	**A**	**B**	**C**	**D**	**F***	**G**	**K**	**L**	**M**	**N**
Medicare part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up	X	X	X	X	X	X	X	X	X	X
Medicare Part B Coinsurance or Copayment	X	X	X	X	X	X	50%	75%	X	X***
Blood (First 3 Pints)	X	X	X	X	X	X	50%	75%	X	X
Part A Hospice Care Coinsurance or Copayment	X	X	X	X	X	X	50%	75%	X	X
Skilled Nursing Facility Care Coinsurance			X	X	X	X	50%	75%	X	X
Medicare Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Medicare Part B Deductible			X		X					
Medicare Part B Excess Charges					X	X				
Foreign Travel Emergency (Up to Plan Limits)			X	X	X	X			X	X
Medicare Preventive Care Part B Coinsurance	X	X	X	X	X	X	X	X	X	X
							Out-of-Pocket Limit**			
							$4,620	**$2,310**		

***Plan F** also offers a **high-deductible plan**. This means you must pay for Medicare covered costs up to the **deductible amount $2,000 in 2011** before your Medigap plans pays anything.

****After you meet your **out-of-pocket yearly limit and your yearly Part B deductible ($162 in 2011),** the Medigap plans **pays 100% of covered services for the rest of the calendar year**. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.

***** Plan N** pays 100% of the Part B coinsurance **except: 1**. Up to the $20 copayment for office visits **2**. Up to $50 for emergency department visits

STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT APPROVED
2011 MEDICARE SUPPLEMENT PLANS OFFERED BY COMPANY

	PLANS											
COMPANIES	A	B	C	D	F	F+	G	J	K	L	M	N
Anthem Health Plans of New Hampshire	X				X	X	X					X
Colonial Penn Life Insurance Company	X	X			X	X	X		X	X	X	X
Combined Insurance Company of America	X				X							X
Genworth Life and Annuity Insurance Company	X	X			X	X	X					X
Gerber Life Insurance Company	X				X		X					
Government Personnel Mutual Life Insurance Co	X		X		X		X					X
HPHC (Harvard Pilgrim HealthCare) Insurance Company	X				X						X	X
Humana Insurance Company	X	X	X		X	X			X	X		
State Farm Mutual Automobile Insurance Company	X		X		X							
United Healthcare Insurance Company	X	X	X		X				X	X		X
United of Omaha Life Insurance Company	X				X		X				X	
USAA Insurance Company	X				X							

Effective January 1, 2011 MEDICARE SUPPLEMENT RATES
APPROVED BY THE STATE OF NH INSURANCE DEPARTMENT
Last Updated 6/23/2011

Company Name:	Page #
A	
Anthem Health Plans of New Hampshire	2
C	
Colonial Penn Life Insurance Company	3
Combined Insurance Company of America	4
G	
Genworth Life and Annuity Insurance Co.	5&6
Gerber Life Insurance Company	7
Government Personnel Mutual Life Insurance Co	8
H	
HPHC (Harvard Pilgrim HealthCare) Insurance Company	9
Humana Insurance Company	10
S	
State Farm Mutual Automobile Insurance Company	11
U	
United Healthcare Insurance Company / AARP enrollees	12
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Anthem Health Plans of New Hampshire
3000 Goffs Falls Road
Manchester NH 03111-0001
1-800-232-1261

Pre-Existing Condition Limitations: None.

Issue Age	Plan A	Plan F	Plan F+	Plan G	Plan N
Under 65	145.68	205.19	71.82	192.07	141.59
65	107.42	151.30	52.96	141.62	104.40
66	108.55	152.89	53.52	143.11	105.50
67	111.24	156.69	54.85	146.66	108.12
68	114.08	160.68	56.24	150.40	110.87
69	117.04	164.86	57.71	154.31	113.75
70	120.37	169.55	59.35	158.70	116.99
71	123.34	173.72	60.81	162.61	119.87
72	126.43	178.08	62.33	166.69	122.88
73	129.03	181.74	63.62	170.11	125.41
74	131.63	185.40	64.90	173.54	127.93
75	134.22	189.05	66.17	176.95	130.45
76	136.85	192.76	67.47	180.42	133.01
77	139.42	196.37	68.74	183.81	135.50
78	141.52	199.32	69.77	186.57	137.54
79	143.61	202.27	70.80	189.33	139.57
80-85+	145.68	205.19	71.82	192.07	141.59

Availability Restrictions: None

* Discounts available for electronic funds transfer and annual pay.

Colonial Penn Life Insurance Company
399 Market Street
Philadelphia, PA 19106
1-800-800-2254

Pre-Existing Condition Limitations: None

ISSUE AGE	Plan A	Plan B	Plan F	Plan F High Deductible	Plan G	Plan K	Plan L	Plan M	Plan N
Under 65	177.88	223.26	259.57	63.06	243.84	103.77	160.51	209.15	172.00
65	123.10	155.38	176.82	43.20	161.14	67.61	109.29	138.52	105.86
66	127.62	160.97	183.17	44.72	167.45	70.10	113.01	144.11	110.88
67	132.31	166.69	189.66	46.28	173.93	72.86	116.93	149.82	116.07
68	137.04	172.44	196.26	47.86	180.53	75.71	120.97	155.61	121.34
69	141.74	178.21	202.94	49.47	187.21	78.64	125.11	161.48	126.69
70	146.46	183.95	209.67	51.08	193.94	81.62	129.31	167.37	132.07
71	151.10	189.62	216.40	52.70	200.68	84.62	133.54	173.26	137.46
72	155.62	195.18	223.08	54.30	207.36	87.63	137.75	179.08	142.81
73	159.98	200.54	229.63	55.87	213.90	90.59	141.90	184.76	148.04
74	164.11	205.63	235.94	57.39	220.22	93.45	145.91	190.20	153.09
75	167.90	210.35	241.89	58.82	226.17	96.15	149.69	195.30	157.86
76	171.27	214.56	247.32	60.12	231.60	98.60	153.14	199.88	162.20
77	174.07	218.11	252.03	61.25	236.30	100.71	156.10	203.77	165.97
78	176.13	220.80	255.76	62.14	240.03	102.35	158.40	206.72	168.95
79	177.25	222.38	258.17	62.72	242.44	103.35	159.82	208.42	170.88
80+	177.88	223.26	259.57	63.06	243.84	103.77	160.51	209.15	172.00

*Rates continue to increase after age 85 up to age 99

Available statewide to applicants age 65 and over covered under both Medicare Parts A and B

Also available for under-65 applicants where the application is submitted prior to or during the 6 month period beginning with the first day of the first month in which such applicants are enrolled for benefits under Medicare Part B.

Combined Insurance Company of America
111 East Wacker Dr., Suite 700
Chicago IL 60601
1-800-544-5531

Pre-Existing Condition Limitations: None

Issue Age	Plan A		Plan C		Plan F	
	Female	Male	Female	Male	Female	Male
Under 65*	233.25	257.80	343.64	379.82	240.55	265.87
65	138.31	152.87	203.78	225.23	142.65	157.66
66-70	158.09	174.74	232.92	257.44	163.04	180.21
71-75	199.36	220.34	293.71	324.63	205.60	227.24
76-80	233.25	257.80	343.64	379.82	240.55	265.87

*** Only allowed for those disabled who have enrolled for benefits under Medicare Part B within the last 6 months.**

Genworth Life and Annuity Insurance Company
101 Continental Place
Brentwood, TN 37027-1017
1-615-377-1300

Rates are based on an attained age basis.

Pre-existing Condition Limitations: None

Issue Age	Plan A				Plan B				Plan F			
Gender	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Zipcode/ Territory	030-031, 038	030-031, 038	Rest of State	Rest of State	030-031, 038	030-031,038	Rest of State	Rest of State	030-031, 038	030-031, 038	Rest of State	Rest of State
<65	159.02	182.84	143.86	165.43	200.34	230.32	181.26	208.33	219.25	252.23	198.42	228.24
65	110.21	126.70	99.71	114.70	138.94	159.60	125.78	144.44	158.94	182.84	143.78	165.43
66	110.21	126.70	99.71	114.70	138.94	159.60	125.78	144.44	158.94	182.84	143.78	165.43
67	110.21	126.70	99.71	114.70	138.94	159.60	125.78	144.44	158.94	182.84	143.78	165.43
68	113.45	130.36	102.63	117.95	142.78	164.27	129.12	148.61	163.18	187.51	147.69	169.68
69	116.87	134.45	105.71	121.62	147.27	169.43	133.28	153.27	167.35	192.51	151.36	174.18
70	120.04	137.94	108.54	124.78	151.19	173.76	136.86	157.27	171.18	197.00	154.85	178.18
71	122.95	141.44	111.29	127.95	154.94	178.10	140.11	161.10	174.85	201.17	158.19	182.01
72	125.70	144.61	113.70	130.78	158.35	182.09	143.28	164.77	178.01	204.83	161.02	185.34
73	128.03	147.27	115.87	133.28	161.35	185.51	146.02	167.85	180.43	207.50	163.27	187.67
74	130.20	149.69	117.87	135.36	164.10	188.67	148.44	170.68	182.84	210.33	165.43	190.34
75	132.11	151.86	119.54	137.36	166.35	191.17	150.52	173.01	184.76	212.58	167.10	192.34
76	133.53	153.52	120.87	138.86	168.27	193.51	152.27	175.01	186.51	214.41	168.68	193.92
77	134.95	155.02	122.12	140.19	169.85	195.51	153.69	176.85	188.09	216.16	170.18	195.51
78	136.20	156.77	123.20	141.78	171.68	197.50	155.35	178.68	189.67	218.25	171.68	197.42
79	137.61	158.10	124.45	143.11	173.35	199.25	156.85	180.26	191.26	220.08	173.10	199.09
80	138.86	159.60	125.70	144.44	174.85	201.09	158.19	181.93	192.51	221.41	174.18	200.25
81	139.94	160.85	126.62	145.53	176.26	202.75	159.44	183.43	194.01	223.16	175.51	201.84
82	141.03	162.27	127.53	146.77	177.76	204.50	160.77	185.01	195.59	224.91	176.93	203.42
83	142.28	163.60	128.78	148.02	179.18	206.17	162.19	186.51	197.09	226.66	178.26	205.00
84	143.28	164.68	129.61	149.02	180.43	207.50	163.27	187.67	198.75	228.58	179.76	206.75
85*	144.11	165.85	130.45	150.02	181.76	208.83	164.43	189.01	200.42	230.41	181.26	208.42
86	145.11	166.77	131.28	150.94	182.93	210.17	165.43	190.17	201.75	232.07	182.59	209.92
87	145.86	167.77	132.03	151.77	183.84	211.42	166.35	191.26	203.25	233.74	183.93	211.42
88	147.27	169.43	133.28	153.27	185.59	213.41	167.93	193.09	205.00	235.74	185.51	213.25
89	148.61	170.85	134.45	154.52	187.26	215.41	169.43	194.92	206.58	237.74	186.93	215.08
90	149.94	172.51	135.61	156.02	188.84	217.25	170.85	196.59	208.42	239.57	188.59	216.75

*Rates continue to increase after age 90 up to age 99

Forms are generally available to all medicare recipients in the state (for applicants **not** in an **open enrollment period,** simple yes/no underwriting applies)

Genworth Life and Annuity Insurance Company
101 Continental Place
Brentwood, TN 37027-1017
1-615-377-1300

Rates are based on an issue age basis.

Pre-existing Condition Limitations: None.

Issue Age	Plan F High Deductible				Plan G				Plan N			
Gender	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Zipcode / Territory	030-031, 038	030-031, 038	Rest of State	Rest of State	030-031, 038	030-031, 038	Rest of State	Rest of State	030-031, 038	030-031, 038	Rest of State	Rest of State
<65	86.22	99.21	78.05	89.71	203.67	234.24	184.34	211.92	161.85	186.09	146.44	168.43
65	63.39	73.05	57.39	66.06	141.28	162.35	127.78	146.86	112.12	129.03	101.46	116.70
66	63.39	73.05	57.39	66.06	141.28	162.35	127.78	146.86	112.12	129.03	101.46	116.70
67	63.39	73.05	57.39	66.06	141.28	162.35	127.78	146.86	112.12	129.03	101.46	116.70
68	65.14	74.97	58.98	67.81	145.19	166.93	131.36	151.11	115.37	132.70	104.37	120.04
69	66.89	76.97	60.56	69.64	149.77	172.35	135.45	155.94	118.95	136.86	107.62	123.87
70	68.47	78.80	61.98	71.30	153.69	176.85	139.03	160.02	122.12	140.44	110.46	127.12
71	69.89	80.47	63.22	72.80	157.44	181.09	142.44	163.85	125.12	143.78	113.20	130.11
72	71.22	81.97	64.39	74.14	161.02	185.18	145.69	167.52	127.87	147.11	115.70	133.11
73	72.22	83.13	65.39	75.22	164.10	188.76	148.44	170.77	130.45	149.94	117.95	135.61
74	73.22	84.30	66.22	76.30	166.77	191.92	150.94	173.60	132.45	152.36	119.79	137.86
75	74.05	85.22	67.06	77.05	169.18	194.51	153.02	176.01	134.45	154.44	121.62	139.78
76	74.80	85.80	67.64	77.64	171.10	196.84	154.77	178.10	135.95	156.27	122.95	141.44
77	75.14	86.38	67.97	78.22	172.85	198.84	156.35	179.84	137.45	157.85	124.28	142.86
78	75.64	87.05	68.47	78.72	174.60	200.84	157.94	181.68	138.78	159.60	125.62	144.44
79	76.14	87.47	68.89	79.14	176.26	202.67	159.44	183.34	139.94	161.02	126.62	145.69
80	76.55	87.96	69.22	79.63	177.85	204.50	160.85	185.01	141.36	162.52	127.87	147.02
81	77.05	88.63	69.72	80.13	179.34	206.25	162.27	186.59	142.44	163.77	128.95	148.11
82	77.64	89.21	70.31	80.72	180.76	207.92	163.60	188.09	143.61	165.10	129.95	149.44
83	78.22	89.80	70.72	81.30	182.18	209.58	164.85	189.59	144.78	166.43	130.95	150.61
84	78.64	90.46	71.14	81.80	183.51	211.08	166.02	190.92	145.94	167.68	132.11	151.69
85*	79.14	90.96	71.64	82.30	184.84	212.58	167.18	192.34	146.77	168.85	132.78	152.77
86	79.97	91.96	71.97	82.80	185.93	213.83	168.27	193.51	147.61	169.85	133.61	153.69
87	80.63	92.80	72.30	83.13	186.93	215.00	169.10	194.51	148.52	170.77	134.36	154.44
88	81.22	93.46	72.97	83.97	188.76	217.00	170.77	196.34	150.02	172.51	135.70	156.02
89	81.97	94.21	73.55	84.63	190.42	219.00	172.26	198.17	151.36	174.10	136.95	157.52
90	81.97	94.21	74.14	85.22	192.09	220.91	173.76	199.92	152.61	175.43	138.11	158.77

*Rates continue to increase after age 90 up to age 99

Forms are generally available to all medicare recipients in the state (for applicants **not** in an **open enrollment period,** simple yes/no underwriting applies)

Gerber Life Insurance Company
3316 Farnam St.
Omaha, NE 68175
877-778-0839

Pre-Existing Condition Limitations: None

Issue Age	MALE NON-TOBACCO			Issue Age	FEMALE NON-TOBACCO		
	Plan A	Plan F	Plan G		Plan A	Plan F	Plan G
Under 65	170.90	249.47	213.86	Under 65	148.69	217.04	186.06
65	123.13	179.75	154.09	65	107.12	156.38	134.06
66	123.13	179.75	154.09	66	107.12	156.38	134.06
67	123.13	179.75	154.09	67	107.12	156.38	134.06
68	127.31	185.84	159.31	68	110.76	161.68	138.60
69	132.21	193.00	165.46	69	115.03	167.91	143.95
70	135.45	197.73	169.51	70	117.84	172.02	147.47
71	137.70	201.00	172.31	71	119.80	174.87	149.91
72	139.88	204.19	175.04	72	121.69	177.64	152.29
73	141.80	207.01	177.47	73	123.37	180.10	154.40
74	143.62	209.65	179.73	74	124.95	182.40	156.36
75	145.30	212.11	181.83	75	126.41	184.53	158.19
76	149.28	217.92	186.82	76	129.87	189.59	162.53
77	150.88	220.25	188.82	77	131.27	191.62	164.27
78	152.46	222.56	190.79	78	132.64	193.62	165.99
79	153.43	223.97	192.01	79	133.49	194.86	167.05
80	153.92	224.69	192.62	80	133.91	195.48	167.58
81	155.23	226.58	194.25	81	135.05	197.13	168.99
82	156.34	228.24	195.66	82	136.02	198.57	170.23
83	157.47	229.87	197.06	83	137.00	199.99	171.45
84	158.51	231.39	198.37	84	137.90	201.31	172.58
85*	163.02	237.97	204.00	85*	141.83	207.04	177.48

*Rates continue to increase after age 85 up to age 99

Government Personnel Mutual Life Insurance Co
3316 Farnam St
Omaha, NE 68175
(866)242-7573

Pre-Existing Condition Limitations: None

Issue Age	Male Non-Tobacco					Issue Age	Female Non-Tobacco				
	Plan A	Plan C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
> 65	168.55	232.14	237.92	191.73	170.20	**> 65**	146.64	201.96	206.99	166.81	148.07
65	125.53	172.90	177.20	142.80	126.77	**65**	109.21	150.42	154.16	124.24	110.29
66	125.53	172.90	177.20	142.80	126.77	**66**	109.21	150.42	154.16	124.24	110.29
67	125.53	172.90	177.20	142.80	126.77	**67**	109.21	150.42	154.16	124.24	110.29
68	129.30	178.09	182.52	147.09	130.57	**68**	112.49	154.94	158.79	127.97	113.60
69	133.18	183.43	188.00	151.50	134.48	**69**	115.87	159.58	163.56	131.81	117.00
70	137.17	188.94	193.64	156.04	138.52	**70**	119.34	164.38	168.47	135.75	120.51
71	140.26	193.19	197.99	159.56	141.64	**71**	122.03	168.08	172.25	138.82	123.23
72	143.42	197.53	202.45	163.14	144.83	**72**	124.78	171.85	176.13	141.93	126.00
73	146.65	201.98	207.01	166.81	148.08	**73**	127.59	175.72	180.10	145.12	128.83
74	149.94	206.52	211.66	170.57	151.41	**74**	130.45	179.67	184.14	148.40	131.73
75	152.19	209.62	214.84	173.13	153.69	**75**	132.41	182.37	186.91	150.62	133.71
76	154.48	212.77	218.06	175.72	155.99	**76**	134.40	185.11	189.71	152.88	135.71
77	156.41	215.43	220.79	177.92	157.94	**77**	136.08	187.42	192.09	154.79	137.41
78	158.36	218.12	223.55	180.14	159.91	**78**	137.77	189.76	194.49	156.72	139.12
79	160.34	220.84	226.34	182.40	161.92	**79**	139.50	192.13	196.92	158.69	140.87
80	161.94	223.05	228.60	184.22	163.53	**80**	140.89	194.05	198.88	160.27	142.27
81	162.35	223.61	229.18	184.68	163.94	**81**	141.24	194.54	199.39	160.67	142.63
82	162.75	224.17	229.75	185.14	164.35	**82**	141.59	195.03	199.88	161.07	142.98
83	163.16	224.73	230.32	185.61	164.77	**83**	141.95	195.52	200.38	161.48	143.35
84	163.57	225.30	230.90	186.07	165.18	**84**	142.31	196.01	200.88	161.88	143.71
85	163.98	225.85	231.47	186.54	165.59	**85**	142.66	196.49	201.38	162.29	144.06
86	164.39	226.42	232.06	187.00	166.00	**86**	143.02	196.99	201.89	162.69	144.42
87	164.80	226.98	232.63	187.47	166.42	**87**	143.38	197.47	202.39	163.10	144.79
88	165.21	227.56	233.21	187.94	166.84	**88**	143.73	197.98	202.89	163.51	145.15
89	165.62	228.12	233.80	188.41	167.25	**89**	144.09	198.46	203.41	163.92	145.51
90*	166.04	228.70	234.38	188.88	167.68	**90***	144.45	198.97	203.91	164.33	145.88

*Rates continue to increase after age 90 up to age 99
Add $25 one-time enrollment fee.

HPHC (Harvard Pilgrim HealthCare) Insurance Company, Inc.
93 Worcester St, Ste 100
Wellesley, MA 02481
Sales: (800) 848-9995

Pre-Existing Condition Limitations: None

Issue Age	Plan A	Plan F	Plan M	Plan N
Under 65	160.00	230.00	167.00	163.00
65	118.00	165.00	123.00	113.00
66	119.00	167.00	124.00	115.00
67	122.00	172.00	127.00	118.00
68	125.00	176.00	131.00	122.00
69	128.00	181.00	134.00	125.00
70	132.00	187.00	138.00	129.00
71	135.00	192.00	141.00	133.00
72	139.00	197.00	145.00	137.00
73	142.00	201.00	148.00	140.00
74	144.00	205.00	151.00	144.00
75	147.00	210.00	154.00	147.00
76	150.00	214.00	157.00	150.00
77	153.00	219.00	160.00	154.00
78	155.00	222.00	162.00	157.00
79	158.00	226.00	164.00	160.00
80+	160.00	230.00	167.00	163.00

Rates continue to increase after age 80

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
1-800-310-8482 (TTY/TDD 1-877-833-4486)

Pre-Existing conditions limitations provision is three (3) months (n/a for policies issued under guaranteed issue status)

Issue Age	Plan A		Plan B		Plan C		Plan F		Plan F +		Plan K		Plan L	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 65	212.17	180.38	230.74	196.14	265.72	225.84	271.11	230.40	102.91	87.65	155.39	132.19	198.45	168.74
65	140.83	135.49	153.10	147.28	176.21	169.50	179.76	172.92	68.66	66.10	103.32	99.43	131.77	126.77
66	143.00	136.78	155.46	148.68	178.93	171.12	182.54	174.57	69.70	66.71	104.91	100.36	133.79	127.97
67	147.25	139.91	160.08	152.10	184.26	175.05	187.98	178.58	71.74	68.22	108.01	102.65	137.76	130.91
68	151.38	143.02	164.58	155.48	189.44	178.96	193.27	182.57	73.73	69.71	111.02	104.92	141.63	133.82
69	155.65	146.03	169.23	158.75	194.81	182.73	198.74	186.42	75.78	71.16	114.14	107.12	145.62	136.62
70	160.02	148.98	173.98	161.96	200.29	186.43	204.33	190.19	77.88	72.57	117.33	109.27	149.70	139.38
71	164.35	151.91	178.69	165.15	205.71	190.11	209.87	193.94	79.95	73.98	120.49	111.41	153.75	142.12
72	168.76	154.87	183.50	168.38	211.25	193.83	215.52	197.74	82.07	75.40	123.71	113.57	157.87	144.89
73	173.13	157.83	188.25	171.60	216.74	197.53	221.12	201.52	84.17	76.82	126.90	115.73	161.96	147.65
74	177.52	160.67	193.03	174.68	222.24	201.09	226.74	205.16	86.28	78.18	130.10	117.80	166.06	150.30
75	181.74	163.37	197.62	177.63	227.54	204.49	232.15	208.62	88.30	79.48	133.18	119.77	170.01	152.83
76	185.92	166.03	202.17	180.52	232.78	207.83	237.49	212.03	90.31	80.76	136.23	121.72	173.91	155.32
77	189.88	168.50	206.48	183.21	237.75	210.92	242.56	215.19	92.21	81.95	139.12	123.52	177.61	157.63
78	193.62	170.77	210.55	185.68	242.45	213.77	247.35	218.09	94.01	83.03	141.85	125.17	181.11	159.75
79	197.17	172.74	214.42	187.83	246.91	216.25	251.90	220.62	95.71	83.98	144.44	126.61	184.43	161.59
80	200.65	174.61	218.20	189.86	251.27	218.59	256.35	223.01	97.38	84.88	146.98	127.97	187.68	163.34
81	203.90	176.32	221.74	191.72	255.35	220.74	260.52	225.20	98.94	85.70	149.35	129.22	190.72	164.94
82	206.84	177.82	224.94	193.35	259.03	222.62	264.28	227.12	100.35	86.42	151.50	130.32	193.46	166.34
83	209.33	179.08	227.65	194.73	262.16	224.21	267.47	228.74	101.55	87.03	153.32	131.24	195.79	167.52
84	211.19	179.97	229.67	195.70	264.49	225.32	269.85	229.88	102.44	87.45	154.67	131.89	197.53	168.35
85+	212.17	180.38	230.74	196.14	265.72	225.84	271.11	230.40	102.91	87.65	155.39	132.19	198.45	168.74

F + = F High Deductible Plan

Rates are statewide but vary by age, gender and tobacco use.

A discount is available for automatic bank withdrawal

Rates shown are non-tobacco (preferred)

Policies not issued under guaranteed issue status are subject to medical underwriting

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington IL 61710-0001
For more information please contact your local State Farm Agent.

Pre-Existing Condition Limitations: None

Issue Age	Plan A	Plan C	Plan F
Under 65	180.62	272.51	275.23
65	131.49	198.39	200.34
66	136.34	205.70	207.74
67	140.76	212.33	214.45
68	144.84	218.45	220.66
69	148.58	224.14	226.35
70	152.23	229.67	231.96
71	155.89	235.11	237.49
72	159.29	240.29	242.67
73	162.60	245.22	247.69
74	165.66	249.90	252.36
75	168.47	254.15	256.70
76	171.10	258.14	260.69
77	173.48	261.63	264.26
78	175.35	264.52	267.15
79	176.97	266.90	269.53
80	178.16	268.77	271.40
81	179.09	270.13	272.85
82	179.77	271.15	273.87
83	180.20	271.74	274.46
84	180.45	272.25	274.97
85+	180.62	272.51	275.23

Rates are applicable during open enrollment

Availability restrictions: 1. Applicants covered by Medicaid are not eligible except in the following situations: a.) persons covered for medicdal assistance through the state Medicaid program as a Specified Low-Income Medicare Beneficiary (SLMB), OR b.) Persons receiving premium paying assistance only from the state Medicaid program. In either of these exceptions situations, written documentation from the government office administering the program is required and should be submitted with the application. 2. Applicants not enrolled in both Part A and B of medicare are not eligible.

State Farm does not offer a monthly premium mode. However, each policyholder has the option to participate in the State Farm Payment Plan (SFPP), which allows policyholders to combine all their insurance coverage payments into one monthly payment. Under this plan, the policyholder has a semi-annual mode but makes a monthly payment equal to 1/6 of the semiannual payment. Certain SFPP fees apply in certain situations. Following are the rates that are 1/6 of the seminallual payment

United Healthcare Insurance Company
Ovations Insurance Solutions
PO Box 130
Montgomeryville PA 18936
1-800-523-5800

Pre-Existing conditions limitation provision is 3 months/3 months.

Issue Age	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
Under 65	120.50	181.50	226.00	226.75	87.00	122.75	134.00
65	83.50	125.50	156.25	156.75	60.25	84.75	92.75
66-69	90.50	136.25	169.50	170.00	65.25	92.00	100.50
70-74	100.50	151.25	188.25	189.00	72.50	102.25	111.75
75-29	110.50	166.50	207.00	208.00	79.75	112.50	123.00
80+	120.50	181.50	226.00	226.75	87.00	122.75	134.00

Rates Applicable during Open Enrollment (Non-Tobacco Rates)

Plans are available to all New Hampshire Medicare recipients who are members of AARP

United of Omaha Life Insurance Company
3316 Farnam Street
Omaha, NE 68175
1-877-845-0892

Pre-Existing Condition Limitations: None

Issue Age	FEMALE RATES				Issue Age	MALE RATES			
	Plan A	Plan F	Plan G	Plan M		Plan A	Plan F	Plan G	Plan M
Under 65	180.19	261.14	221.98	207.61	Under 65	189.67	274.88	233.65	218.53
65	118.29	171.43	145.72	136.29	65	128.65	186.43	158.48	148.21
66	122.10	176.96	150.42	140.68	66	134.23	194.54	165.35	154.66
67	125.93	182.49	155.12	145.08	67	139.85	202.67	172.27	161.12
68	129.73	188.03	159.83	149.48	68	145.38	210.72	179.10	167.52
69	133.52	193.51	164.48	153.84	69	150.78	218.53	185.75	173.73
70	137.22	198.87	169.04	158.09	70	155.97	226.03	192.13	179.69
71	140.84	204.12	173.51	162.28	71	160.88	233.17	198.19	185.37
72	144.32	209.17	177.80	166.28	72	165.53	239.89	203.89	190.71
73	147.63	213.95	181.86	170.09	73	169.77	246.03	209.14	195.60
74	150.69	218.38	185.63	173.61	74	173.51	251.47	213.75	199.92
75	153.50	222.46	189.10	176.86	75	176.64	256.02	217.61	203.53
76	156.11	226.24	192.31	179.86	76	179.10	259.56	220.64	206.36
77	158.61	229.87	195.39	182.74	77	181.09	262.44	223.08	208.64
78	161.12	233.50	198.48	185.63	78	182.88	265.04	225.28	210.71
79	163.61	237.13	201.55	188.53	79	184.41	267.26	227.17	212.47
80	166.07	240.67	204.58	191.33	80	185.62	269.00	228.65	213.86
81	168.45	244.13	207.51	194.09	81	186.56	270.37	229.81	214.95
82	170.66	247.33	210.23	196.63	82	187.36	271.53	230.80	215.86
83	172.68	250.27	212.72	198.96	83	188.03	272.50	231.62	216.63
84	174.51	252.91	214.97	201.06	84	188.57	273.28	232.29	217.26
85	176.12	255.24	216.96	202.92	85	188.99	273.89	232.82	217.75
86	177.50	257.24	218.66	204.51	86	189.28	274.33	233.18	218.09
87	178.63	258.86	220.04	205.80	87	189.49	274.62	233.42	218.32
88	179.46	260.07	221.06	206.75	88	189.62	274.80	233.59	218.47
89	180.00	260.87	221.73	207.39	89	189.66	274.87	233.64	218.53
90	180.19	261.14	221.98	207.61	90	189.67	274.88	233.65	218.53

USAA Insurance Company
9800 Fredericksburg Road
San Antonio TX 78288
1-800-531-8000

Pre-Existing Condition Limitations: None

Issue Age	Plan A	Plan F
Under 65	155.21	224.06
65	127.84	184.45
66	127.84	184.45
67	127.84	184.45
68	127.84	184.45
69	127.84	184.45
70	137.87	199.24
71	137.87	199.24
72	137.87	199.24
73	137.87	199.24
74	137.87	199.24
75	146.20	211.14
76	146.20	211.14
77	146.20	211.14
78	146.20	211.14
79	146.20	211.14
80	152.15	219.64
81	152.15	219.64
82	152.15	219.64
83	152.15	219.64
84	152.15	219.64
85+	155.21	224.06

Only rates available during open enrollment are displayed on this sheet.

Do not underwrite applicants or charge smoker rates during open enrollment period.