



# 2011 MEDICARE SUPPLEMENT COMPARISON GUIDE



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LOCAL HELP FOR PEOPLE WITH MEDICARE



*A program of the Louisiana Department of Insurance | James J. Donelon, Commissioner*

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**LOUISIANA DEPARTMENT OF INSURANCE**  
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## **Introduction**

**Medicare** is a federal health insurance program for people over 65 and certain disabled people. It consists of Part A - Hospital Coverage and Part B - Medical Coverage.

**Medigap** is another name for Medicare Supplement Insurance. It 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 this 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 senior citizens, important buyers' tips and more. It will also provide you with information on cost and the benefits offered by some of the Medicare supplement insurers in Louisiana.

Only the approved companies responding to the SHIP survey are included in this alphabetized guide. There are other companies authorized to write Medicare Supplement policies in Louisiana. You may verify their authority through a search by name of the company at [http://www.lti.la.gov/search\\_forms/company/Default.aspx](http://www.lti.la.gov/search_forms/company/Default.aspx) or by calling the Louisiana Department of Insurance at 1-800-259-5301.

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 toll-free at 1-800-259-5301.

THIS GUIDE IS BASED ON 2011 MEDICARE  
BENEFITS AND PREMIUMS  
WHICH ARE SUBJECT TO CHANGE.

ONLY THOSE COMPANIES RESPONDING TO OUR SURVEY ARE SHOWN.  
RATES SHOWN ARE NEW APPLICANT RATES THAT WERE IN EFFECT JANUARY 1, 2011.



## Medicare Part A

### Hospital Insurance-Covered Services for 2011

Services	Benefit	Medicare Pays	You Pay
<b>In-Patient Hospitalization</b> per benefit period*  Semiprivate room and board, general nursing and miscellaneous hospital services and supplies	1-60 days	All covered services except for a deductible	\$1,132 per benefit period for up to 60 days of Medicare-covered services
	61-90 days	Covered services except for the daily coinsurance amount	\$283 per day
	91-150 days** (60 reserve days)	Covered services except for the daily coinsurance amount	\$566 per day
	Beyond 150 days	Nothing	All costs
<b>Skilled Nursing Facility Care</b> per benefit period* You must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after medical discharge***	1-20 days	100% of approved amount	Nothing
	21-100 days	Covered services except for a daily coinsurance amount	\$141.50 per day
	Beyond 100 days	Nothing	Everything
<b>Home Health Care</b> 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
<b>Hospice Care</b> Pain and symptom relief, 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
<b>Blood:</b> 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

\* 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.

\*\* Each of the 60 reserve days may be used only once during a lifetime.

\*\*\* Medicare and private insurance will not pay for most nursing home care.

## **Medicare Part B**

### Medical Insurance-covered Services per Calendar 2011

Services	Benefit	Medicare Pays	You Pay
<b>Medical Expense</b> - 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 \$162 deductible)	\$162 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.
<b>Home Health Care</b> (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
<b>Outpatient Hospital Treatment</b>	Unlimited if medically necessary at hospitals and community mental health centers	A Medicare-approved amount for covered services after \$162 deductible	A coinsurance or fixed co-payment amount that may vary according to the service.
<b>Blood</b> ***	Blood	80% of approved amount (after \$162 deductible and starting with fourth pint)	First three pints plus 20% of approved amount (after \$162 deductible)

\* Once you have incurred \$162 of Medicare approved charges for covered services in 2011, 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."

\*\*\* To the extent the blood deductible is met under one part (either Part A or Part B) of Medicare during the calendar year, it does not have to be met under the other part.

## The 10 Standard Medicare Supplement Plans

The following is a list of the 10 standard plans and benefits provided by each.

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

- ✓ Coverage for the Part A coinsurance amount (\$283 per day in 2011) for the 61<sup>st</sup> through the 90<sup>th</sup> day of hospitalization in each Medicare period.
- ✓ Coverage for the Part A lifetime reserve days coinsurance amount (\$566 per day in 2011) for the 91<sup>st</sup> through the 150<sup>th</sup> day of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used.
- ✓ After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another appropriate standard of payment for hospitals not subject to the PPS. Beneficiaries may be responsible for payment when Medigap hospital benefits are exhausted.
- ✓ 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 as defined under federal regulations) unless replaced in accordance with federal regulations.
- ✓ Coverage for the coinsurance amount for Part B services (generally 20% of approved amount) after the \$162 annual deductible; coverage of a percentage of the approved charges for outpatient mental health services after Part B deductible is met.

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

- ✓ Coverage for the Medicare Part A inpatient hospital deductible

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

- ✓ Coverage for the Medicare Part A deductible
- ✓ Coverage for the skilled nursing facility coinsurance
- ✓ Coverage for the Medicare Part B deductible
- ✓ Coverage for medically necessary emergency care in a foreign country at 80% after \$250 deductible.

**PLAN D** - 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 at 80% after \$250 deductible.

**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 at 80% after \$250 deductible.
- ✓ 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 100% of Medicare Part B excess charges.

- ✓ Coverage for medically necessary emergency care in a foreign country 80% after \$250 deductible.

**PLAN K** - includes the core benefits in Plan A with the following differences:

- ✓ Coverage of the Part A deductible paid at 50%.
- ✓ Coverage of the skilled nursing facility daily coinsurance paid at 50%.
- ✓ Annual blood deductible (first 3 pints of non-replaced blood in a calendar year) paid at 50%.
- ✓ 50% Part B coinsurance, except for preventive care services, which are covered at 100%

**NOTE:** Plan K limits your annual out-of-pocket payments for Medicare-approved amounts to \$4,620 per year in 2011. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$162 in 2011), the Medigap plan pays 100% of covered services for the remainder of the calendar 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:

- ✓ Coverage of the Part A deductible paid at 75%.
- ✓ Coverage of the skilled nursing facility daily coinsurance paid at 75%.
- ✓ Annual blood deductible (first 3 pints of non-replaced blood in a calendar year) paid at 75%.
- ✓ 75% Part B coinsurance, except for preventive care services, which are covered at 100%

- ✓ Coinsurance for certain benefits under Medicare Hospice benefit paid at 100%.

**NOTE:** Plan L limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,310 per year in 2011. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$162 in 2011), the Medigap plan pays 100% of covered services for the remainder of the calendar 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 M** - includes the core benefits in Plan A with the following differences:

- ✓ Coverage of the Part A deductible paid at 50%.

**PLAN N** - includes the core benefits in Plan A with the following differences:

- ✓ Part B coinsurance paid at 100%, except up to \$20 office visit; up to \$50 ER



**QUESTIONS ON MEDIGAP INSURANCE?**

**CALL SHIIP.  
WE CAN HELP.**



The following page demonstrates the ten standard Medicare Supplement plans (Medigap) in table form. Please notice that Plans B through M contain the Core Benefits in Plan A.

## 2011 Medicare Supplement Outline of Coverage

A	B	C	D	F	F <sup>HD</sup>	G	K	L	M	N
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits, including 100% Pt B coinsurance (except up to \$20 office visit copayment; up to \$50 ER)
		Skilled Nursing Facility Co-ins	Skilled Nursing Facility Co-ins	Skilled Nursing Facility Co-ins	Skilled Nursing Facility Co-ins	Skilled Nursing Facility Co-ins	50% Skilled Nursing Facility Co-ins	75% Skilled Nursing Facility Co-ins	Skilled Nursing Facility Co-ins	Skilled Nursing Facility Co-ins
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess 100%	Part B Excess 100%					
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

### BASIC PART A COINSURANCE BENEFITS

#### In-patient Hospitalization:

1. Coinsurance of **\$283/day** for days 61-90
2. Coinsurance of **\$566/day** for days 91-150
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 **\$4,620** out-of-pocket annual limit in **2011**. All services covered at 100% after meeting out-of-pocket limit and Pt B deductible for remainder of calendar year
- Plan L has a **\$2,310** out-of-pocket annual limit in **2011**. All services covered at 100% after meeting out-of-pocket limit and Pt B deductible for remainder of calendar year
- Plans C – N separate Foreign Travel emergency deductible is **\$250** per year.

### Medical Expenses:

#### 1. Part B coinsurance:

- Plans A – M: **100%** of Medicare approved expenses.
- Plan N: **100%** (except up to \$20 office visit; up to \$50 ER)
- Plan K: **50%** of Medicare approved expenses\*
- Plan L: **75%** of Medicare approved expenses\*

#### 2. Blood (First 3 pints each year) (Plan K-50%, Plan L-75%)\*

Plan F also has an option called a high deductible(F<sup>HD</sup>) (**\$2000 in 2011**)

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

## Medigap Insurance Policy Comparison Checklist

	POLICY#1		POLICY#2		POLICY#3	
	YES	NO	YES	NO	YES	NO
Does the policy cover:						
Medicare Part A hospital deductible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part A hospital daily coinsurance?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital care beyond Medicare's 150-day limit? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled nursing facility (SNF) daily coinsurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNF care beyond Medicare's limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B annual deductible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B coinsurance?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician & supplier charges in excess of Medicare's approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare blood deductibles?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Other Policy Considerations

Can the company cancel or nonrenew the policy?  YES  NO

Does the policy have a waiting period before any benefits will be paid? If so, how long?  YES  NO

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? \_\_\_\_\_

\*Louisiana requires these benefits be included in all newly issued Medigap policies.

## **Glossary**

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

**ASSIGNMENT** is the means 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 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 \$162 annual Part B 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 Louisiana, the Medicare "carrier" is Blue Cross & Blue Shield of Arkansas. For questions about your Part B claims payments, telephone 1-800-MEDICARE.

**CONTESTABLE CLAUSE** is a policy provision that gives an insurer the right to rescind your insurance policy in the event there are any 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.

**COPAYMENT** 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 2011, you will have a \$283 per day co-payment for days 61-90 and a \$566 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of \$141.50 for skilled nursing days 21-100 and, for all Part B services, a co-payment of 20% after your annual Part B deductible of \$162.

**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 \$1,132 per benefit period for 2011. Your Medicare Part B deductible is \$162 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.

**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 indemnities or medical-surgical expense plans may have 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.

**INTERMEDIARY** is the Medicare Part A claims processor. In Louisiana, the Medicare Part A "intermediary" is Blue Cross/Blue Shield of Mississippi. For questions about Part A claims payments, call 1-800-MEDICARE.

**LIMITING CHARGE** Effective January 1, 1991, physicians who do not accept assignment are limited as to what they can charge a Medicare beneficiary. In 2011, 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 and blind individuals and families. There are strict income eligibility guidelines, and applications must be made at the local enrollment centers of the Department of Health & Hospitals.

**MEDICARE CROSSOVER** 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 insured's balance bills directly to the Medicare supplement insurance company.

**MEDICARE HEALTH PLANS** is the new name for Medicare Advantage. It is a section of the Budget Balancing Act (BBA) of 1997 that authorizes the Centers for Medicare & Medicaid Services (CMS) 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.

**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.

**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.

**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 Louisiana says that 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 another Medicare supplement policy, the replacing issuer must waive any time period applicable to pre-existing conditions.

**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.

**QUALITY IMPROVEMENT ORGANIZATION**

**(QIO)** is a group 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. QIOs have the authority to deny hospital payments if care is not medically necessary. QIOs also handle any appeals and complaints the patient makes regarding non-payment of service or quality of care. If you have any questions, you can contact the QIO in Louisiana: eQHealth Solutions, 8591 United Plaza Blvd., Baton Rouge, LA 70809. Visit the website at <http://louisianaqio.eqhs.org/> or call 1-800-433-4958.

**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.

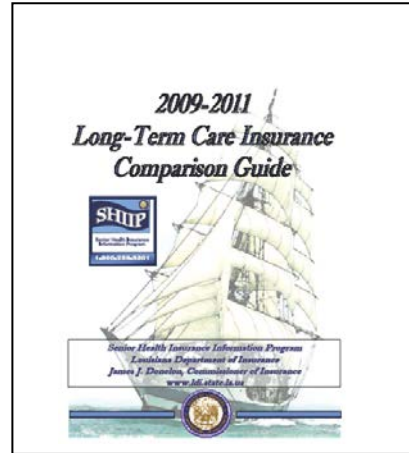
**UNDERWRITING** is the method insurance companies use to evaluate risks and determine insurability.

**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.

**Looking into Long-Term Care Insurance?**

Check out our “Long-Term Care Insurance Comparison Guide”



Available from SHIIP at the Department of Insurance. Call for a copy today at 1-800-259-5301 or (225) 342-5301 or see it on-line at [www.lidi.state.la.us](http://www.lidi.state.la.us)

## ***Other Types of Health Insurance***

**ACCIDENT POLICIES** - These are specific benefit 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. Be careful 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 is pathologically diagnosed before benefits become payable and benefits are not payable for related illnesses. Remember that Medicare and Medicare supplement policies pay benefits regardless of your illness or diagnosis.

### **HEALTH MAINTENANCE**

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

### **LONG-TERM CARE INSURANCE POLICIES**

- A long-term care policy is designed to pay a specific amount per day while one is 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 costs 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 operations. 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 operations is usually based on a surgical schedule included in the policy, which lists the maximum amount paid for each procedure.



## **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 producer.
- ◆ If the Medicare Beneficiary is 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 producer in Louisiana 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.
- ◆ Insurer may not deny an applicant a policy during the six months period after first enrolled in Part B of Medicare regardless of a person's health status. This also applies to Medicare beneficiaries under age 65 by reason of disability or End Stage Renal Disease (ESRD). These individuals are also entitled to another 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 legislation, which made uniform requirements to govern Medicare supplement insurance in each state. Ten standard benefit plans were developed and became effective in Louisiana in July of 1992 as described in this comparison guidebook. It should be noted that policyholders are not required to change from their old supplements to the newer standardized supplements unless they choose.
- ◆ Medicare Supplement Plans (K and L) have been approved for sale as a result of the federal passage of the Medicare Modernization Act of 2003.
- ◆ The Medicare Improvements for Patients and Providers Act of 2008 created plans and approved for sale M and N.



## **Things to Remember When Choosing Health Insurance**

◆ **SHOP WITH CAUTION.** Don't just buy the cheapest policy you can find without weighing other factors which include 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 enrollment periods or "last chance to enroll." Be wary of producers 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 in television, radio, newspaper or other advertisements. If you have questions, make sure you know the answers before you buy the policy.

◆ **LOOK OUT FOR PRE-EXISTING CONDITION LIMITATIONS AND REMEMBER THE FREE LOOK PROVISION** (see page14).

◆ **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, not the producer. If you must pay in cash, be sure to get a company-authorized receipt signed by the producer.

◆ **KEEP RECORDS.** Make sure that you write down and keep the correct name, telephone number and permanent address of the producer 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.



## Variables

Although policies are "standardized," there are still a surprising number of variables that distinguish companies and policies. Variables include:

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

**UNDERWRITING:** Most companies underwrite using a health and age criteria.

**ZIP CODE:** Several companies have zip code rating. Because each has its own zip code cluster, it is not practical for this guide to show the premiums for each zip code.

**GENDER:** A few companies differentiate between men and women when calculating premium rates.

**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 approaches that companies use are described below.

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 be initially 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/PRODUCER:** Premiums are basically the same when comparing a direct response sale to a producer-marketed sale.

**NON-SMOKER:** A 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.



## ***Change in Medicare Supplement Regulations for New Medicare Beneficiaries Under 65***

This change in the Medicare Supplement regulation means that Louisiana citizens who acquire Medicare due to disability, End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS) will have an easier time getting approved for Medicare Supplement (Medigap) insurance. Formerly, only those Medicare beneficiaries who have reached the age of 65 and had Medicare Part B for six months or less or had reached 65 and already had Medicare by reason of disability, were granted an "open enrollment" for Medicare Supplement insurance. This means that by applying in this time period the beneficiary is guaranteed accepted for any Medigap plan that any company sells. The company cannot deny the coverage due to any health condition.

This change allows an open enrollment for Medigap insurance to anyone acquiring Medicare Part B, regardless of age. The open enrollment period is the first six months that Medicare Part B is effective. This is particularly important to those individuals acquiring Medicare under the age of 65. With this regulation change, these Medicare beneficiaries have the same right to Medigap open enrollment as those who acquire Medicare by reason of turning 65.



## ***Medicare Select***

Medicare SELECT is now available in most areas of the state. Medicare SELECT is another alternative to Medicare beneficiaries in covering the gaps that Medicare does not pay. 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 (see page 5). **In Louisiana, the only difference between Medicare SELECT and standard Medigap insurance is that each insurer has specific hospitals (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 go to 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 Louisiana. If you are interested in purchasing a Medicare SELECT policy to replace your existing Medicare supplement policy, begin your search by asking your producer (agent) if your current insurer offers Medicare SELECT policies.

## **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. In addition, no insurer may impose a pre-existing waiting period.

### **CATEGORY 1:**

**If** a Medicare beneficiary is enrolled in an employer-sponsored plan, whether primary or secondary to Medicare, and the plan terminates or ceases to provide benefits, or the beneficiary voluntarily leaves the plan,

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

### **CATEGORY 2:**

**If** a Medicare beneficiary is enrolled in a Medicare Health Plan (e.g., a Medicare HMO, PPO or PFFS) and

- The plan's 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 the HHS Secretary,

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

### **CATEGORY 3:**

**If** a Medicare beneficiary is enrolled in a Medicare Health Plan (e.g., a Medicare HMO, PPO or PFFS), Demonstration, HCPP, or Select plan, and

- The plan's 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 the HHS Secretary,

**then** the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L 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
- Material misrepresentation during marketing,

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

### **CATEGORY 5:**

**If** a Medicare beneficiary is enrolled in a Medigap policy and terminates it and enrolls for the first time in a Medicare Health Plan (e.g., a Medicare HMO), 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 his/her prior Medigap plan if it is still available or, if it is not available, Medigap plans A, B, C, F, K or L with any company selling these plans.

### **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 Health 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 Louisiana Department of Insurance is committed to seeing that your rights are upheld in all circumstances pertaining to guaranteed acceptance into Medicare HMOs, Medicare Supplement or Medicare Select insurance. If you believe you fall into one of these categories and have been denied a policy, contact SHIIP at 1-800-259-5301.

## ***Temporary Suspension of Premiums/Reinstitution of Coverage***

A Medicare beneficiary may request temporary suspension of premium under the following conditions.

### **CATEGORY 1:**

**Suspension of Premiums (not to exceed 24 months)** can occur if a Medicare beneficiary has applied for and is determined to be entitled for medical assistance (Medicaid) under Title XIX of the Social Security Act and **notifies the company within 90 days** after the date the individual becomes entitled to assistance.

**Reinstitution** of coverage can occur if a Medicare beneficiary loses entitlement to medical assistance, the Medicare beneficiary shall be automatically reinstated effective as of the date of termination of such entitlement **if the policyholder or certificate holder provides notice of loss of entitlement**

**within 90 days** after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

### **CATEGORY 2:**

**Suspension of Premium (for any period that may be provided by federal regulation)** can occur if a Medicare beneficiary is entitled to benefits under Section 226 (b) of the Social Security Act and is covered under a group health plan [as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act].

**Reinstitution** of coverage can occur if a Medicare beneficiary loses coverage under the group health plan. The policy shall be automatically reinstated effective as of the date of loss of coverage **if the policyholder provides notice of loss of coverage within 90 days** after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.

### **Reinstitution of coverage shall . . .**

- (1) not provide for any waiting period with respect to treatment of preexisting conditions; and
- (2) provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of suspension; and
- (3) provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder had the coverage not been suspended.

## ***Factors to Consider When Comparing Medicare Supplement Policies***

When describing the benefits of their Medicare supplemental 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 supplemental policy.
- ◆ **Customer Services** – You should ask about the insurer's customer services. For example, some companies link their computers to the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover (see pages 11 and 16). 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.

## ***Insurance Companies' Approved Policy Specifics***

- ◆ This section attempts to summarize the benefits of the Medicare supplement policies that have been approved by the Louisiana Department of Insurance. The Senior Health Insurance Information Program obtained the information herein from insurers licensed to do business in Louisiana through responses to a survey. The staff of the Senior Health Insurance Information Program compiled the information.
- ◆ 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 publication. If you bought a policy before June 1, 2010, it is no longer available to first time buyers. However, you may choose to keep your old policy 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 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 producer prior to purchase.
- ◆ Only annual premiums are listed. If another mode of payment is selected (e.g., monthly, quarterly, etc.), the premium will usually be higher.
- ◆ Inclusion of information in this guide regarding a policy does not in any way constitute an endorsement of the policy or company by the Louisiana Department of Insurance.
- ◆ Definitions of the ratings of A. M. Best, a nationally known service that grades companies according to their financial stability, are explained.

Please remember ALL companies MUST offer ALL available plans to Medicare beneficiaries the first 6 months Medicare Part B is effective **REGARDLESS OF AGE**. This includes Medicare beneficiaries due to disability, ALS and End Stage Renal Disease (e.g. kidney failure). See page 17 for more information about benefits for Beneficiaries under age 65.

***NOTE: Where annual premiums are shown, determine approximate monthly premium by locating your zip code and dividing listed figure by 12.***

Superscripts in the following charts mean the following:

<b>F</b>	Female
<b>M</b>	Male
<b>NT</b>	Non tobacco user
<b>T</b>	Tobacco user
<b>HD</b>	High Deductible Plan
<b>SEL</b>	Select Plan

**ASSURED LIFE ASSOCIATION**  
**P O BOX 2397**  
**OMAHA, NE 68103-2397**  
**1-877-223-3666**

Standard Plans marketed by PRODUCERS & DIRECT RESPONSE in 2011: A, B, C, D, F, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.denverwoodmen.com](http://www.denverwoodmen.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B

**ANNUAL PREMIUMS – NT – Attained Age**

**STANDARD RATES**

Zip Code Areas: 703, 705-706, 710, 713-714

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	2536	2206	2779	2417	3448	3000	2959	2574	3461	3011
65	1079	939	1182	1029	1467	1277	1259	1095	1473	1281
70	1277	1111	1397	1215	1738	1512	1491	1297	1744	1517
75	1416	1232	1567	1363	1955	1700	1683	1465	1962	1707
80	1504	1309	1690	1470	2111	1837	1829	1591	2118	1843
85+	1568	1364	1789	1557	2245	1953	1955	1701	2253	1960

(Continued)

AGE	G		N	
	M	F	M	F
Under 65	2985	2597	2464	2143
65	1270	1105	1048	912
70	1504	1309	1242	1081
75	1698	1477	1404	1221
80	1845	1605	1525	1326
85+	1971	1715	1632	1420

**ASSURED LIFE ASSOCIATION  
(Continued)**

**STANDARD RATES**

Zip Code Areas: 700-701, 704, 707-708, 711-712

AGE	A		B		C		D		F	
	M	F	M	F	M	F	M	F	M	F
Under 65	2815	2449	3084	2683	3827	3330	3284	2857	3842	3342
65	1198	1042	1312	1142	1629	1417	1398	1216	1635	1422
70	1417	1233	1550	1349	1929	1678	1655	1440	1936	1684
75	1571	1367	1739	1513	2170	1888	1869	1626	2177	1894
80	1669	1452	1875	1632	2343	2039	2030	1766	2351	2046
85+	1741	1514	1986	1728	2492	2168	2170	1888	2501	2176

(Continued)

AGE	G		N	
	M	F	M	F
Under 65	3313	2882	2735	2379
65	1410	1226	1164	1012
70	1669	1452	1379	1200
75	1885	1640	1558	1355
80	2048	1781	1692	1472
85+	2188	1903	1811	1576

**SELECT RATES**

Zip Code Areas: 703, 705-706, 710, 713-714

AGE	B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F
Under 65	2306	2006	2862	2490	2456	2137	2873	2499	2477	2155
65	981	854	1218	1059	1045	909	1222	1063	1054	917
70	1159	1009	1442	1255	1238	1077	1448	1259	1248	1086
75	1301	1132	1622	1411	1397	1216	1628	1417	1409	1226
80	1402	1220	1752	1524	1518	1321	1758	1530	1531	1332
85+	1485	1292	1864	1621	1622	1411	1870	1627	1636	1423

**ASSURED LIFE ASSOCIATION  
(Continued)**

**SELECT RATES**

Zip Code Areas: 700-701, 704, 707-708, 711-712

AGE	B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F
Under 65	2560	2227	3177	2764	2726	2372	3189	2774	2750	2392
65	1089	948	1352	1176	1160	1009	1357	1180	1170	1018
70	1287	1119	1601	1393	1374	1195	1607	1398	1386	1206
75	1444	1256	1801	1567	1551	1349	1807	1572	1564	1361
80	1557	1354	1945	1692	1685	1466	1952	1698	1700	1479
85+	1648	1434	2069	1800	1801	1567	2076	1806	1816	1580

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
**4370 PEACHTREE ROAD, NORTHEAST**  
**ATLANTA, GA 30319-3000**  
**1-800-241-1439**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, F, F<sup>HD</sup>, G & K

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.bflic.com](http://www.bflic.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

ANNUAL PREMIUMS - **NT**– Issue Age for both Male and Female for A, F, & F<sup>HD</sup>  
Attained Age for both Male and Female for G & K

**STANDARD AND PREFERRED (NT) PREMIUMS**

Zip Code Areas: 700-704

PLAN	A		F		F <sup>HD</sup>		G		K	
	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.
Under 65	N/A	4356	N/A	5376	N/A	5376	N/A	5376	N/A	5376
65	1728	1440	2400	1992	840	696	1680	1392	984	816
70	1920	1596	2664	2220	936	780	1968	1632	1152	960
75	2160	1800	3012	2508	1056	876	2352	1956	1392	1152
80	2340	1944	3264	2712	1140	948	2652	2208	1560	1296
85	2472	2052	3432	2856	1200	996	2880	2400	1692	1404

All Other Zip Code Areas

PLAN	A		F		F <sup>HD</sup>		G		K	
	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.	Stan.	Pref.
Under 65	N/A	3600	N/A	4440	N/A	4440	N/A	4440	N/A	4440
65	1428	1188	1980	1644	696	576	1392	1152	816	672
70	1584	1320	2208	1836	780	648	1632	1356	960	792
75	1788	1488	2496	2076	864	720	1944	1620	1140	948
80	1932	1608	2688	2232	936	780	2196	1824	1296	1080
85	2040	1692	2844	2364	996	828	2376	1980	1404	1164

**BLUE CROSS/BLUE SHIELD OF LOUISIANA**  
**P. O. BOX 98029**  
**BATON ROUGE, LA 70809-9029**  
**(225) 295-3307**  
**1-800-258-3365**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, B<sup>SEL</sup>, F, F<sup>SEL</sup>, N & N<sup>SEL</sup>

MEDICAL UNDERWRITING: Yes, available for some plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.bcbsla.com](http://www.bcbsla.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: NR-5

**MONTHLY PREMIUMS - NT – Attained Age**

AREA 1: Monthly Premiums for all parishes except those in Area 2  
and *only Grand Isle* in Jefferson Parish

AGE	A	B	B <sup>SEL</sup>	F	F <sup>SEL</sup>	N	N <sup>SEL</sup>
Under 65	196.00	261.70	162.70	288.00	210.60	230.20	156.00
65	107.20	139.50	87.10	152.50	113.40	121.90	84.00
66-68	116.10	151.80	94.60	165.70	123.40	132.40	91.40
69-71	125.80	165.50	103.10	180.80	134.70	144.50	99.80
72-74	133.10	175.60	109.40	192.00	143.20	153.40	106.10
75-77	141.50	187.90	117.20	206.50	153.90	165.00	114.00
78-80	147.50	196.60	122.40	216.20	160.80	172.80	119.10
81+	153.60	205.00	127.70	225.30	165.40	180.10	122.50

AREA 2: Monthly Premiums for Jefferson (except Grand Isle), Orleans, Plaquemines,  
St. Bernard, St. Charles, St. Tammany, and Washington

AGE	A	B	B <sup>SEL</sup>	F	F <sup>SEL</sup>	N	N <sup>SEL</sup>
Under 65	226.40	302.40	187.90	332.90	243.30	266.10	180.20
65	124.00	161.40	100.60	176.20	131.20	140.80	97.20
66-68	134.00	175.30	109.30	191.60	142.50	153.10	105.60
69-71	145.20	190.90	119.00	209.00	155.70	167.00	115.30
72-74	153.70	202.50	126.40	221.70	165.40	177.20	122.50
75-77	163.20	217.30	135.50	238.40	177.80	190.50	131.70
78-80	170.40	226.80	141.50	249.50	185.60	199.40	137.50
81+	177.20	236.80	147.50	260.60	191.00	208.30	141.50

**COLONIAL PENN LIFE INSURANCE COMPANY**  
**600 WEST CHICAGO AVENUE**  
**CHICAGO, IL 60654**  
**1-800-800-2254**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, F, F<sup>HD</sup>, G, K, L, M & N

MEDICAL UNDERWRITING: **Unavailable**

PRE-EXISTING CONDITION WAITING PERIOD: **None**

POLICY FEE: **None**

[www.colonialpenn.com](http://www.colonialpenn.com)

MEDICARE CROSSOVER: **No**

A. M. BEST RATING: **B+G**

ANNUAL PREMIUMS – **Attained Age** for both Male and Female

Zip Code Areas: 700-704

AGE	A	B	F	F <sup>HD</sup>	G	K	L	M	N
Under 65	4068	5046	5668	2650	5476	2192	3498	4535	3504
65	1289	1612	1820	437	1639	695	1138	1410	1026
70	1578	1963	2205	529	2022	842	1360	1748	1330
75	1921	2374	2676	642	2494	1057	1658	2169	1709
80	2238	2770	3192	766	3012	1293	1985	2596	2123
85+	2238	2770	3192	766	3012	1293	1985	2596	2123

All Other Zip Code Areas

AGE	A	B	F	F <sup>HD</sup>	G	K	L	M	N
Under 65	3697	4585	5150	2409	4978	1992	3178	4121	3184
65	1172	1464	1654	397	1489	631	1034	1281	932
70	1434	1784	2004	481	1837	765	1235	1588	1209
75	1746	2157	2432	584	2266	960	1507	1971	1553
80	2034	2517	2901	696	2737	1175	1804	2359	1929
85+	2034	2517	2901	696	2737	1175	1804	2359	1929

**COMBINED INSURANCE COMPANY OF AMERICA**  
**111 EAST WACKER DRIVE, SUITE 700**  
**CHICAGO, IL 60601**  
**1-800-544-5531**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, F, & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.combinedinsurance.com](http://www.combinedinsurance.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: AG

\*\*ANNUAL PREMIUMS- Attained Age

**PREFERRED RATES – NT**

Zip Code Areas: 700 - 704

AGE	A		F		N	
	M	F	M	F	M	F
Under 65	4303	3893	5861	5302	4102	3712
65	1711	1548	2331	2108	1632	1476
70	2237	2024	3046	2756	2132	1929
75	2721	2462	3706	3353	2595	2347
80	3079	2785	4194	3794	2935	2656
85+	3233	2925	4403	3984	3082	2789

**PREFERRED RATES – NT**

Zip Code Areas: All Other Zip Code Areas

AGE	A		F		N	
	M	F	M	F	M	F
Under 65	3741	3385	5096	4611	3567	3228
65	1488	1346	2027	1834	1419	1284
70	1945	1760	2649	2397	1854	1678
75	2366	2141	3223	2916	2256	2041
80	2677	2422	3646	3299	2553	2309
85+	2811	2543	3829	3465	2680	2425

**COMBINED INSURANCE COMPANY OF AMERICA  
(Continued)**

**STANDARD RATES – NT**

Zip Code Areas: 700 - 704

AGE	A		F		N	
	M	F	M	F	M	F
Under 65	N/A	N/A	N/A	N/A	N/A	N/A
65	1985	1796	2703	2446	1892	1712
70	2594	2346	3533	3197	2473	2238
75	3156	2855	4299	3889	3009	2723
80	3571	3231	4864	4401	3405	3080
85+	3749	3392	5107	4621	3575	3234

**STANDARD RATES – NT**

Zip Code Areas: All Other Zip Code Areas

AGE	A		F		N	
	M	F	M	F	M	F
Under 65	N/A	N/A	N/A	N/A	N/A	N/A
65	1726	1562	2351	2127	1646	1489
70	2256	2041	3072	2780	2151	1946
75	2744	2483	3738	3382	2617	2367
80	3105	2809	4229	3827	2961	2679
85+	3260	2949	4441	4018	3109	2813

**CONTINENTAL GENERAL INSURANCE COMPANY**  
**11200 LAKELINE BOULEVARD, SUITE 100**  
**AUSTIN, TX 78717**  
**1-800-880-8824**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, F, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$25.00

[www.continentalgeneral.com](http://www.continentalgeneral.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

**ANNUAL PREMIUMS – Attained Age**

**PREFERRED PLUS ANNUAL RATES - NT**

Zip Code Areas: 700-704

AGE	A		F		G		N	
	M	F	M	F	M	F	M	F
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1743	1614	2146	1986	1861	1722	1736	1608
70	1794	1631	2295	2086	2024	1839	1853	1684
75	2065	1795	2710	2356	2416	2102	2203	1916
80	2280	1900	3170	2642	2856	2380	2616	2180
85	2280	1900	3416	2847	3090	2575	2888	2407

**PREFERRED PLUS ANNUAL RATES - NT**

Zip Code Areas: 705-714

AGE	A		F		G		N	
	M	F	M	F	M	F	M	F
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1341	1242	1651	1528	1432	1325	1336	1237
70	1380	1255	1766	1605	1557	1415	1426	1296
75	1589	1381	2085	1813	1859	1617	1695	1474
80	1754	1462	2439	2033	2197	1831	2013	1677
85	1754	1462	2628	2190	2377	1981	2222	1852

**PREFERRED ANNUAL RATES - NT**

Zip Code Areas: 700-704

AGE	A		F		G		N	
	M	F	M	F	M	F	M	F
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1743	1614	2146	1986	1861	1722	1736	1608
70	1994	1812	2550	2319	2249	2043	2059	1872
75	2294	1995	3010	2618	2685	2336	2449	2129
80	2533	2111	3523	2935	3174	2645	2906	2423
85	2533	2111	3796	3162	3433	2861	3209	2675

**PREFERRED ANNUAL RATES - NT**

Zip Code Areas: 705-714

AGE	A		F		G		N	
	M	F	M	F	M	F	M	F
Under 65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1341	1242	1651	1528	1432	1325	1336	1237
70	1534	1394	1962	1784	1730	1572	1584	1440
75	1765	1535	2316	2014	2066	1797	1884	1638
80	1949	1624	2710	2258	2442	2035	2236	1864
85	1949	1624	2920	2433	2641	2201	2469	2058

**CONTINENTAL GENERAL INSURANCE COMPANY**  
(Continued)

**STANDARD ANNUAL RATES - T**

Zip Code Areas: 700-704

AGE	A		F		G		N	
	M	F	M	F	M	F	M	F
Under 65	3168	2640	5216	4344	4719	3933	4409	3679
65	2180	2017	2681	2483	2325	2154	2171	2011
70	2492	2265	3188	2899	2810	2554	2574	2340
75	2867	2494	3763	3273	3357	2919	3060	2661
80	3168	2640	4404	3669	3967	3305	3633	3029
85	3168	2640	4745	3953	4292	3576	4011	3343

**STANDARD ANNUAL RATES - T**

Zip Code Areas: 705-714

AGE	A		F		G		N	
	M	F	M	F	M	F	M	F
Under 65	2437	2031	4013	3342	3630	3026	3392	2830
65	1677	1552	2063	1910	1789	1657	1670	1546
70	1917	1743	2453	2230	2162	1965	1980	1800
75	2206	1919	2895	2518	2583	2246	2354	2047
80	2437	2031	3388	2823	3052	2543	2795	2330
85	2437	2031	3650	3041	3302	2751	3086	2572

**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD TENNESSEE**  
**101 CONTINENTAL PLACE**  
**BRENTWOOD, TENNESSEE 37027**  
**1-800-264-4000**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, F, F<sup>SEL</sup>, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 3 Months

POLICY FEE: \$20.00

[www.cont-life.com](http://www.cont-life.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

ANNUAL PREMIUMS— Attained Age

**PREFERRED - NT**

AGE	A		B		F		F <sup>SEL</sup>		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	1818	2090	2290	2633	2507	2884	986	1134	2329	2678	1850	2128
65	1049	1207	1323	1520	1536	1767	604	695	1345	1546	1068	1228
70	1188	1366	1498	1721	1723	1982	678	780	1522	1751	1209	1391
75	1389	1597	1750	2011	1981	2279	779	896	1779	2046	1414	1625
80	1530	1759	1926	2215	2142	2464	843	969	1959	2253	1557	1790
85	1630	1875	2055	2362	2275	2616	895	1029	2090	2403	1660	1909

ANNUAL PREMIUMS – Attained Age

**STANDARD - T**

AGE	A		B		F		F <sup>SEL</sup>		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	2020	2322	2545	2926	2787	3204	1096	1260	2588	2976	2056	2364
65	1166	1341	1470	1689	1707	1963	671	772	1494	1718	1187	1365
70	1319	1518	1663	1913	1915	2202	753	866	1691	1945	1344	1546
75	1542	1774	1944	2235	2202	2532	866	996	1977	2273	1570	1806
80	1699	1953	2141	2461	2380	2737	936	1077	2177	2503	1730	1989
85	1811	2084	2283	2625	2528	2907	994	1143	2322	2670	1844	2120

F<sup>SEL</sup> plans are high deductible (HD) plans.

**Louisiana Area Factors:**

**Zip Codes -**

700-702 & 706-709 = Rate x 1.2

Rest of State = Rate x 1.1

**EQUITABLE LIFE & CASUALTY INSURANCE COMPANY**  
**3 TRIAD CENTER**  
**SALT LAKE CITY, UT 84180-1200**  
**1-800-352-5170**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, F & N

MEDICAL UNDERWRITING: Yes, all available plans out of the open enrollment period

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

[www.equilife.com](http://www.equilife.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B+

**ANNUAL PREMIUMS – Attained Age**

**ULTIMATE**  
ZIP CODE AREAS: 700,701,704

AGE	A				F				N			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	2275	2618	2721	3131	3223	3708	3854	4434	2269	2610	2713	3122
65	1344	1546	1607	1849	1904	2190	2277	2619	1340	1542	1603	1844
70	1442	1659	1725	1984	2052	2361	2454	2823	1446	1664	1730	1990
75	1576	1813	1885	2168	2256	2596	2698	3104	1589	1828	1900	2186
80	1670	1922	1998	2298	2403	2765	2874	3306	1694	1949	2026	2331
85	1726	1985	2064	2374	2501	2881	2994	3445	1765	2030	2110	2428

**ANNUAL PREMIUMS – Attained Age**

**ULTIMATE**  
ZIP CODE AREAS: 703,706-708

AGE	A				F				N			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	1882	2166	2251	2590	2666	3067	3188	3668	1870	2159	2245	2582
65	1112	1279	1330	1530	1575	1812	1883	2167	1109	1276	1326	1525
70	1193	1373	1427	1642	1698	1953	2030	2336	1197	1377	1431	1646
75	1304	1500	1559	1794	1866	2147	2232	2568	1314	1512	1572	1808
80	1382	1590	1652	1901	1988	2287	2378	2735	1402	1613	1676	1928
85	1428	1642	1707	1964	2071	2383	2477	2850	1460	1680	1746	2011

**EQUITABLE LIFE & CASUALTY INSURANCE COMPANY**  
**(Continued)**

ANNUAL PREMIUMS – *Attained Age*

**ULTIMATE**

ZIP CODE AREAS: All Other Zip Code Areas

AGE	A				F				N			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	1717	1975	2053	2362	2432	2798	2908	3346	1712	1970	2047	355
65	1014	1167	1213	1395	1436	1653	1718	1976	1011	1163	1209	1391
70	1088	1252	1301	1497	1548	1781	1852	2130	1091	1256	1305	1502
75	1189	1368	1422	1636	1702	1958	2036	2342	1199	1379	1433	1649
80	1260	1450	1507	1734	1813	2086	2169	2495	1278	1471	1529	1759
85	1302	1498	1557	1791	1889	2174	2259	2599	1332	1532	1592	1832

**FAMILY LIFE INSURANCE COMPANY**  
**2727 ALLEN PARKWAY, WORTHAM TOWER, SUITE 500**  
**HOUSTON, TX 77019**  
**1-800-669-9030**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, E, F, G, M & N

MEDICAL UNDERWRITING: *Unavailable*

PRE-EXISTING CONDITION WAITING PERIOD: *None*

POLICY FEE: *\$25.00*

[www.familylifeins.com](http://www.familylifeins.com)

MEDICARE CROSSOVER: *Yes*

A. M. BEST RATING: *B+*

ANNUAL PREMIUMS – *Attained Age*

**PREFERRED PREMIUMS - NT**

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	1848	1607	2249	1955	2603	2263	2357	2050	2623	2282	2370	2061
65	1059	921	1288	1120	1464	1273	1351	1175	1526	1326	1358	1180
70	1260	1095	1533	1333	1746	1518	1607	1398	1792	1558	1616	1405
75	1496	1301	1820	1582	2102	1827	1908	1659	2145	1865	1918	1668
80	1700	1479	2068	1798	2389	2077	2169	1886	2421	2106	2181	1895
85+	1848	1607	2249	1955	2603	2263	2357	2050	2623	2282	2370	2061

**PREFERRED PREMIUMS (CONTINUED)**

AGE	M		N	
	M	F	M	F
Under 65	2121	1845	1836	1597
65	1216	1058	1068	928
70	1446	1258	1254	1091
75	1717	1493	1502	1306
80	1952	1697	1695	1474
85+	2121	1845	1836	1597

**FAMILY LIFE INSURANCE COMPANY  
(Continued)**

**STANDARD PREMIUMS - T**

AGE	A		B		C		D		F		G	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2054	1786	2498	2172	2891	2514	2619	2278	2915	2535	2633	2290
65	1177	1024	1432	1245	1626	1415	1501	1305	1696	1474	1509	1312
70	1400	1217	1703	1481	1941	1688	1785	1553	1992	1731	1795	1561
75	1662	1445	2022	1758	2335	2030	2120	1844	2384	2073	2131	1853
80	1889	1643	2298	1998	2654	2308	2409	2095	2691	2340	2422	2106
85+	2054	1786	2498	2172	2891	2514	2619	2278	2915	2535	2633	2290

**STANDARD PREMIUMS (CONTINUED)**

AGE	M		N	
	M	F	M	F
Under 65	2357	2050	2041	1775
65	1351	1175	1187	1032
70	1607	1398	1394	1212
75	1908	1660	1669	1451
80	2168	1886	1884	1638
85+	2357	2050	2041	1775

**Louisiana Area Factors:**

**Zip Codes –**

- 700-704.....1.15
- Rest Of State.....0.95

**FORETHOUGHT LIFE INSURANCE COMPANY**  
**300 NORTH MERIDIAN STREET, SUITE 1800**  
**INDIANAPOLIS, IL 46204**  
**1-800-331-8853**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, C, F, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$25.00

[WWW.FORETHOUGHT.COM](http://WWW.FORETHOUGHT.COM)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

\*ANNUAL PREMIUMS – **M, T** – Attained Age

All Zip Codes

AGE	A	C	F	G	N
Under 65	3017	3991	4092	3311	2925
65	1284	1698	1741	1409	1245
70	1519	2013	2064	1670	1476
75	1701	2291	2349	1904	1687
80	1860	2558	2622	2131	1895
85+	1977	2780	2850	2322	2072

**Rating Factors**

**Non-tobacco premiums are 13% lower than tobacco premiums.**

**Female premiums are 13% lower than male premiums.**

**Louisiana Area Factors:**

**Zip Codes –**

- 703, 705-714.....1.00
- 700-702, 704.....1.19

**GERBER LIFE INSURANCE COMPANY**  
**P O BOX 2271**  
**OMAHA, NE 68103-2271**  
**1-877-778-0839**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, F, F<sup>SEL</sup>, G & G<sup>SEL</sup>

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$25.00

[www.gerberlife.com](http://www.gerberlife.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS – M, T– Attained Age**

Zip Code Areas: 703, 705-708, 710-714

AGE	A		F		F <sup>SEL</sup>		G		G <sup>SEL</sup>	
	M	F	M	F	M	F	M	F	M	F
Under 65	2673	2325	3719	3235	3087	2685	3148	2739	2613	2273
65	1137	989	1583	1377	1313	1143	1340	1166	1112	967
70	1345	1171	1875	1632	1557	1354	1588	1381	1318	1147
75	1492	1298	2115	1840	1756	1527	1794	1561	1489	1296
80	1585	1379	2296	1997	1905	1658	1952	1698	1620	1410
85+	1653	1438	2451	2132	2034	1770	2090	1818	1734	1509

Zip Code Areas: 700-702, 704

AGE	A		F		F <sup>SEL</sup>		G		G <sup>SEL</sup>	
	M	F	M	F	M	F	M	F	M	F
Under 65	3181	2767	4425	3850	3673	3196	3746	3259	3109	2705
65	1353	1177	1883	1638	1563	1360	1594	1387	1323	1151
70	1601	1393	2232	1942	1852	1611	1890	1644	1568	1364
75	1776	1545	2517	2190	2089	1818	2135	1858	1772	1542
80	1887	1641	2732	2377	2267	1973	2323	2021	1928	1678
85+	1968	1712	2916	2537	2420	2106	2487	2163	2064	1796

**Rating Factors**

**Non-Tobacco premiums are 13% lower than tobacco premiums.**

**Female premiums are 13% lower than male premiums.**

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY**  
**P. O. BOX 2440**  
**MCKINNEY, TX 75070**  
**1-800-801-6831**

STANDARD PLANS MARKETED BY DIRECT RESPONSE IN 2011: A, B, C, & F

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 60 Days

POLICY FEE: None

[www.globeontheweb.com](http://www.globeontheweb.com)

MEDICARE CROSSOVER: Yes

A. M. Best Rating: A+

ANNUAL PREMIUMS - **NT**– Attained Age for both Male and Female

All Zip Code Areas

AGE	A	B	C	F
Under 65	2612	3319	3530	3543
65	1043	1621	1797	1811
70	1381	1958	2133	2149
75	1479	2295	2470	2485
80+	1486	2358	2712	2734

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**  
**P O BOX 2679**  
**OMAHA, NE 68103-2679**  
**1-866-865-7631**

STANDARD PLANS MARKETED BY DIRECT RESPONSE & PRODUCERS IN 2011:  
A, C, F, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$25.00

[www.gpmlife.com/](http://www.gpmlife.com/)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

**ANNUAL PREMIUMS - NT – Attained Age**

Zip Code Areas: 703, 705-714

AGE	A		C		F		G		N	
	M	F	M	F	M	F	M	F	M	F
Under 65	2782	2420	3770	3280	3861	3359	3146	2737	2748	2391
65	1184	1030	1604	1396	1643	1429	1339	1165	1169	1017
70	1296	1128	1765	1535	1807	1572	1474	1282	1288	1121
75	1452	1263	2011	1749	2059	1791	1682	1463	1475	1283
80	1588	1382	2247	1955	2301	2002	1884	1639	1659	1444
85+	1688	1469	2445	2127	2504	2178	2056	1788	1818	1581

Zip Code Areas: 700-702, 704

AGE	A		C		F		G		N	
	M	F	M	F	M	F	M	F	M	F
Under 65	3310	2880	4486	3903	4594	3997	3744	3257	3270	2845
65	1409	1225	1909	1661	1955	1701	1593	1386	1391	1211
70	1542	1342	2100	1827	2151	1871	1753	1526	1533	1334
75	1728	1503	2393	2082	2450	2132	2001	1741	1755	1527
80	1890	1644	2674	2326	2738	2382	2242	1951	1975	1718
85+	2011	1748	2910	2532	2979	2592	2446	2128	2163	1882

**HUMANA HEALTH BENEFIT PLAN OF LOUISIANA**  
**500 W. MAIN ST.**  
**LOUISVILLE, KY 40202**  
**1-808-310-8482**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, C, F, F<sup>HD</sup>, F<sup>SEL</sup>, K & L

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 3 months

POLICY FEE: No

[www.humana.com](http://www.humana.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-G

**MONTHLY PREMIUMS – Attained Age**

Plan	A				C			
	Preferred - NT		Standard - T		Preferred - NT		Standard - T	
Age	M	F	M	F	M	F	M	F
Under 65 (3)	314.81	314.81	470.53	470.53	395.03	395.03	590.42	590.42
65	125.92	125.60	188.20	187.72	158.01	157.60	236.16	235.56
70	153.19	148.46	228.96	221.89	192.22	186.29	287.30	278.43
75	186.39	172.10	278.58	257.23	233.88	215.96	349.57	322.77
80	220.29	195.64	329.24	292.41	276.42	245.49	413.14	366.92
85+	255.38	216.02	381.69	322.87	320.45	271.06	478.95	405.13

**MONTHLY PREMIUMS – Attained Age**

Plan	F				F <sup>HD</sup>			
	Preferred - NT		Standard - T		Preferred - NT		Standard - T	
Age	M	F	M	F	M	F	M	F
Under 65 (3)	403.09	403.09	602.47	602.47	151.16	151.16	225.92	225.92
65	161.23	160.82	240.98	240.36	60.46	60.31	90.37	90.14
70	196.15	190.09	293.17	284.11	73.56	71.28	109.94	106.54
75	238.66	220.36	356.70	329.36	89.50	82.64	133.76	123.51
80	282.06	250.50	421.57	374.40	105.77	93.94	158.09	140.40
85+	326.99	276.59	488.73	413.40	122.62	103.72	183.27	155.03

**HUMANA HEALTH BENEFIT PLAN OF LOUISIANA  
(Continued)**

**MONTHLY PREMIUMS – Attained Age**

Plan	K				L			
	Preferred - NT		Standard - T		Preferred - NT		Standard - T	
Age	M	F	M	F	M	F	M	F
Under 65 (3)	229.76	229.76	343.41	343.41	294.25	294.25	439.80	439.80
65	91.90	91.67	137.36	137.01	117.40	117.40	175.91	175.47
70	111.80	108.35	167.11	161.94	143.19	138.76	214.01	207.40
75	136.03	125.61	203.32	187.74	174.22	160.87	260.39	240.43
80	160.77	142.79	240.29	213.41	205.90	182.87	307.74	273.32
85+	186.38	157.66	278.57	235.64	238.70	201.91	356.77	301.78

Plan	Plan F <sup>SEL</sup>			
	Preferred - NT		Standard - T	
Age	M	F	M	F
Under 65 (3)	335.77	335.77	501.85	501.85
65	134.31	133.96	200.74	200.22
70	163.39	158.34	244.21	236.66
75	198.80	183.56	297.13	274.36
80	234.95	208.67	351.17	311.88
85+	272.38	230.40	407.11	344.36

Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates will apply.

Standard Rates applies to tobacco users and beneficiaries originally eligible due to disability.

Base Rates presented are based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month. Other fees or discounts may apply in the future, including non-monthly modes and policy issue.

Geographic area factors are also applied.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**P O BOX 8080**  
**MCKINNEY, TX 78217**  
**1-800-331-2512**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, F<sup>HD</sup>, F & N

MEDICAL UNDERWRITING: Yes, all available plans, except during Open Enrollment/Guarantee Issue Periods.

PRE-EXISTING CONDITION WAITING PERIOD: 60 days-age; 6 months-disability

POLICY FEE: None

[www.LibNat.com](http://www.LibNat.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+G

ANNUAL PREMIUMS – Attained Age (Age) and Issue Age (Disability) for Female  
 Nonsmoking

All Zip Code Areas

AGE	A	B	F <sup>HD</sup>	F	N
Under 65	4438	5106	2532	5469	4746
65	1436	2015	517	2264	1794
70	1766	2528	688	2863	2317
75	1850	2744	918	3201	2627
80+	1850	2749	1089	3436	2866

**MARQUETTE NATIONAL LIFE INSURANCE COMPANY**  
**1001 HEATHROW PARK LANE**  
**LAKE MARY, FL 32746**  
**1-800-934-8203**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, D, F, G, N, D<sup>SEL</sup>, G<sup>SEL</sup>, N<sup>SEL</sup>

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$25.00

[www.marquettenationallife.com](http://www.marquettenationallife.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B+U

**ANNUAL PREMIUMS – Attained Age**

**Louisiana – PREFERRED - NT**

PLAN	A		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M
Under 65	1642	1888	2389	2747	2662	3061	2527	2907	2094	2408
65	1169	1345	1315	1512	1543	1775	1391	1600	1045	1201
70	1469	1689	1684	1937	1928	2217	1781	2049	1363	1567
75	1619	1862	1983	2281	2238	2574	2096	2411	1643	1889
80	1642	1888	2224	2558	2491	2865	2353	2707	1897	2182
85+	1642	1888	2389	2747	2662	3061	2527	2907	2094	2408

**Louisiana – STANDARD - T**

PLAN	A		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M
Under 65	1888	2172	2747	3159	3061	3520	2907	3343	2408	2769
65	1345	1547	1512	1739	1775	2041	1600	1840	1201	1382
70	1689	1942	1937	2228	2217	2549	2049	2356	1567	1803
75	1862	2141	2281	2623	2574	2960	2411	2773	1889	2173
80	1888	2172	2558	2942	2865	3294	2707	3112	2182	2509
85+	1888	2172	2747	3159	3061	3520	2907	3343	2408	2769

**Louisiana - SELECT**

PLAN	D				G				N			
	Preferred - NT		Standard - T		Preferred - NT		Standard - T		Preferred - NT		Standard - T	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	2099	2414	2414	2776	2225	2559	2259	2943	1882	2165	2165	2489
65	1201	1381	1381	1588	1273	1464	1464	1684	961	1105	1105	1207
70	1533	1763	1763	2027	1623	1867	1867	2147	1251	1439	1439	1655
75	1789	2058	2058	2366	1894	2179	2124	2442	1501	1726	1726	1985
80	1985	2283	2283	2625	2104	2419	2419	2782	1722	1980	1980	2277
85+	2099	2414	2414	2776	2220	2553	2559	2943	1882	2165	2165	2489

**Non-Smoker discount of 5% (1st year only) offered when both spouses are issued a policy at the same time.**

**PHYSICIANS MUTUAL INSURANCE COMPANY**  
**2600 DODGE STREET**  
**OMAHA, NE 68131**  
**1-800-228-9100**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, F,  
HIGH DEDUCTIBLE PLAN F<sup>HD</sup>, F<sup>HD\*</sup> WITH INNOVATIVE RIDER, & G

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.physiciansmutual.com](http://www.physiciansmutual.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS – Attained Age/Issue Age**

Zip Code Areas: 712-713

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
<b>Under 65</b>	4117	4117	5554	5554	3185	3185	3870	3870	4738	4738
65	826	951	1397	1638	415	545	960	1143	1133	1330
70	990	1071	1645	1914	546	687	1134	1358	1335	1556
75	1111	1170	1984	2194	709	858	1371	1532	1614	1786
80	1218	1268	2310	2490	902	1049	1599	1725	1881	2028
85+	1313	1355	2621	2791	1128	1261	1817	1936	2135	2273

Zip Code Areas: 705-706, 710

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
<b>Under 65</b>	4326	4326	5835	5835	3347	3347	4066	4066	4977	4977
65	871	1002	1470	1723	439	575	960	1143	1192	1400
70	1042	1127	1730	2013	576	725	1134	1358	1405	1636
75	1170	1232	2087	2307	748	904	1371	1532	1697	1878
80	1282	1334	2428	2617	950	1105	1599	1725	1977	2132
85+	1382	1426	2755	2933	1187	1327	1817	1936	2244	2390

Zip Code Areas: 707-708

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
<b>Under 65</b>	4744	4744	6396	6396	3672	3672	4459	4459	5217	5217
65	959	1103	1616	1893	486	636	1113	1323	1252	1469
70	1147	1241	1901	2210	637	800	1313	1571	1475	1717
75	1287	1355	2291	2532	825	996	1586	1770	1781	1970
80	1410	1467	2665	2872	1047	1216	1848	1993	2075	2237
85+	1519	1568	3024	3218	1306	1460	2098	2235	2354	2507

**PHYSICIANS MUTUAL INSURANCE COMPANY  
(Continued)**

Zip Code Areas: 711-714

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
Under 65	4744	4744	6396	6396	3672	3672	4459	4459	5457	5457
65	959	1103	1616	1893	486	636	1113	1323	1311	1539
70	1147	1241	1901	2210	637	800	1313	1571	1545	1798
75	1287	1355	2291	2532	825	996	1586	1770	1865	2062
80	1410	1467	2665	2872	1047	1216	1848	1993	2172	2341
85+	1519	1568	3024	3218	1306	1460	2098	2235	2464	2623

Zip Code Areas: 703-704

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
Under 65	4953	4953	6677	6677	3834	3834	4656	4656	5457	5457
65	1004	1153	1688	1978	510	666	1113	1323	1311	1539
70	1200	1297	1986	2309	667	837	1313	1571	1545	1798
75	1346	1416	2393	2645	863	1041	1586	1770	1865	2062
80	1474	1533	2784	3000	1095	1271	1848	1993	2172	2341
85+	1588	1638	3158	3361	1365	1526	2098	2235	2464	2623

Zip Code Areas: 700

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
Under 65	5997	5997	8080	8080	4645	4645	5638	5638	6657	6657
65	1225	1406	2053	2403	629	817	1113	1323	1610	1886
70	1462	1580	2412	2803	819	1024	1313	1571	1894	2202
75	1638	1724	2904	3209	1055	1271	1586	1770	2283	2524
80	1794	1865	3376	3637	1335	1548	1848	1993	2657	2863
85+	1931	1992	3828	4074	1662	1856	2098	2235	3012	3207

Zip Code Areas: 701

AGE	A		F		F <sup>HD</sup>		F <sup>HD*</sup>		G	
	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued	Attained	Issued
Under 65	6206	6206	8361	8361	4807	4807	5834	5834	6897	6897
65	1269	1457	2126	2488	652	847	1470	1744	1669	1956
70	1515	1636	2498	2901	849	1061	1730	2067	1963	2283
75	1697	1785	3006	3321	1094	1317	2087	2328	2367	2616
80	1858	1932	3495	3765	1383	1604	2428	2618	2754	2967
85+	2000	2063	3962	4216	1721	1922	2755	2933	3122	3324

All rates include Non-Tobacco, LTC, Annuity and Household Discounts.

F<sup>HD\*</sup> - Plan F with High Deductible Discount Rider (High Deductible applies for 3-4 years, Premium Discount applies for life unless the rider is terminated by policy owner.)

**RESERVE NATIONAL INSURANCE COMPANY**  
**601 EAST BRITTON**  
**OKLAHOMA CITY, OK 73114**  
**1-800-654-9106**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, C, & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 6 months

POLICY FEE: \$15.00

[www.reservenational.com](http://www.reservenational.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

**ANNUAL PREMIUMS – Attained Age for both Male and Female**

PLAN AGE	A				C				N			
	Preferred		Standard		Preferred		Standard		Preferred		Standard	
	NT	T	NT	T	NT	T	NT	T	NT	T	NT	T
Under 65	2694	3098	3098	3563	4000	4600	4600	5290	2759	3173	3173	3649
65	1404	1615	1615	1858	2086	2399	2399	2758	1439	1654	1654	1903
70	1668	1919	1919	2206	2477	2849	2849	3277	1709	1965	1965	2260
75	1962	2257	2257	2596	2914	3351	3351	3854	2011	2312	2312	2659
80	2275	2617	2617	3009	3378	3885	3885	4468	2331	2680	2680	3082
85	2512	2889	2889	3322	3730	4290	4290	4933	2573	2959	2959	3403

**Louisiana Area Factors:**

**Monthly Bank Draft = Monthly Rate X .92**

**Quarterly Rate = Monthly Rate X 2.94**

**Semi-Annual Rate = Monthly Rate X 5.82**

**Annual Rate = Monthly Rate X 11.04**

**SECUREHORIZONS BY UNITED HEALTHCARE**  
**3120 WEST LAKE CENTER DRIVE**  
**P O BOX 25032**  
**SANTA ANA, CA 92799**  
**1-800-768-1479**

STANDARD PLANS MARKETED BY PRODUCERS & DIRECT RESPONSE IN 2011:  
 A, F, F<sup>HD</sup>, G, K, L & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.securehorizons.com](http://www.securehorizons.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS – Attained Age**

Area 1 – See list of Parishes below.

AGE	A	F	F <sup>HD</sup>	G	K	L	N
Under 65	1935	3518	1380	3277	1541	3228	2627
65	1401	1884	607	1698	893	1227	1263
70	1638	2269	773	2074	1054	1480	1590
75	1831	2732	982	2519	1223	1789	1974
80	1853	3127	1184	2903	1278	2060	2308
85+	1935	3518	1380	3277	1541	2328	2627

Area 2 – All other Parishes except those listed in Area 1

AGE	A	F	F <sup>HD</sup>	G	K	L	N
Under 65	1845	3355	1316	3125	1470	2220	2505
65	1336	1797	579	1619	851	1170	1204
70	1562	2164	737	1978	1005	1411	1516
75	1746	2605	936	2402	1166	1706	1882
80	1767	2982	1129	2768	1219	1965	2201
85+	1845	3355	1316	3125	1470	2220	2505

Area 1 Parishes: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany

Zip Codes: 70001-70006, 70009-70011, 70030-70033, 70036-70044, 70046-70047, 70049-70060, 70062-70073, 70075-70076, 70078-70087, 70090-70094, 70096-70097, 70100, 70112-70119, 70121-70131, 70139-70143, 70145-70146, 70148-70154, 70156-70167, 70170, 70172, 70174-70179, 70181-70187, 70189-70190, 70195, 70358, 70420, 70431, 70433-70435, 70437, 70445, 70447-70448, 70452, 70457-70461, 70463-70464, 70469-70471, 70723, 70743, 70763, 70792

**Non-Tobacco Premiums listed.**

**SENTINEL SECURITY LIFE INSURANCE COMPANY**  
**2121 SOUTH STATE STREET**  
**SALT LAKE CITY, UT 84115**  
**1-800-247-1423**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, C<sup>SEL</sup>, D, D<sup>SEL</sup>, F, F<sup>SEL</sup>, N & N<sup>SEL</sup>

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: Unavailable

POLICY FEE: \$25.00

[www.sslco.com](http://www.sslco.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B++

**Monthly PREMIUMS – Attained Age**

**STANDARD PLANS - All Other Zip Code Areas (Area 1)**

Plan	A				B				C			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2321	2018	2669	2321	2573	2237	2960	2573	3153	2742	3626	3153
65	988	859	1136	988	1095	952	1259	1095	1342	1167	1543	1342
70	1168	1016	1343	1168	1293	1125	1487	1293	1590	1383	1829	1590
75	1308	1138	1505	1308	1466	1275	1686	1466	1812	1576	2084	1812
80	1431	1244	1646	1431	1629	1416	1873	1629	2027	1762	2331	2027
85+	1521	1322	1749	1521	1760	1530	2023	1760	2207	1919	2538	2207

**STANDARD PLANS - All Other Zip Code Areas (Area 1)**

Plan	C <sup>SEL</sup>				D				D <sup>SEL</sup>			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2523	2194	2901	2523	2783	2420	3201	2783	2227	1936	2561	2227
65	1073	933	1234	1073	1184	1030	1362	1184	947	824	1090	947
70	1272	1106	1463	1272	1404	1221	1614	1404	1123	977	1291	1123
75	1450	1261	1667	1450	1604	1395	1844	1604	1283	1116	1476	1283
80	1621	1410	1865	1621	1799	1564	2069	1799	1439	1252	1655	1439
85+	1765	1535	2030	1765	1965	1709	2260	1965	1572	1367	1808	1572

**SENTINEL SECURITY LIFE INSURANCE COMPANY  
(Continued)**

**STANDARD PLANS - All Other Zip Code Areas (Area 1)**

Plan	F				F <sup>SEL</sup>				N			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3229	2808	3714	3229	2583	2246	2971	2583	2260	1966	2599	2260
65	1374	1194	1580	1374	1099	956	1264	1099	962	836	1106	962
70	1629	1416	1873	1629	1303	1133	1498	1303	1140	992	1311	1140
75	1856	1614	2134	1856	1485	1291	1707	1485	1306	1135	1502	1306
80	2075	1805	2387	2075	1660	1444	1909	1660	1469	1277	1689	1469
85+	2259	1965	2598	2259	1807	1572	2078	1807	1609	1399	1850	1609

**STANDARD PLANS - All Other Zip Code Areas (Area 1)**

Plan	N <sup>SEL</sup>			
	NT		T	
	M	F	M	F
Under 65	1808	1572	2080	1808
65	770	669	885	770
70	912	793	1049	912
75	1045	908	1201	1045
80	1175	1022	1351	1175
85+	1287	1119	1480	1287

**STANDARD PLANS – Zip Code Areas: 707-708 (Area 2)**

Plan	A				B				C			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2483	2160	2856	2483	2753	2394	2960	2573	3374	2934	3880	3374
65	1057	919	1215	1057	1172	1019	1259	1095	1436	1248	1651	1436
70	1250	1087	1438	1250	1384	1203	1487	1293	1702	1480	1957	1702
75	1400	1217	1610	1400	1569	1364	1686	1466	1939	1686	2230	1939
80	1531	1331	1761	1531	1743	1516	1873	1629	2169	1886	2494	2169
85+	1627	1415	1871	1627	1883	1637	2023	1760	2361	2053	2715	2361

**SENTINEL SECURITY LIFE INSURANCE COMPANY**  
(Continued)

**STANDARD PLANS – Zip Code Areas: 707-708 (Area 2)**

Plan	C <sup>SEL</sup>				D				D <sup>SEL</sup>			
	NT		T		NT		T		NT		T	
Age	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2699	2347	3104	2699	2978	2590	3425	2978	2382	2072	2740	2382
65	1149	999	1321	1149	1267	1102	1457	1267	1014	882	1166	1014
70	1361	1184	1566	1361	1502	1306	1727	1502	1202	1045	1382	1202
75	1551	1349	1784	1551	1716	1492	1974	1716	1373	1194	1579	1373
80	1735	1509	1995	1735	1925	1674	2214	1925	1540	1339	1771	1540
85+	1889	1642	2172	1889	2103	1829	2418	2103	1682	1463	1935	1682

**STANDARD PLANS – Zip Code Areas: 707-708 (Area 2)**

Plan	F				F <sup>SEL</sup>				N			
	NT		T		NT		T		NT		T	
Age	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3455	3005	3974	3455	2764	2404	3179	2764	2419	2103	2781	2419
65	1470	1279	1691	1470	1176	1023	1353	1176	1029	895	1184	1029
70	1743	1515	2004	1743	1394	1212	1603	1394	1220	1061	1403	1220
75	1986	1727	2284	1986	1589	1381	1827	1589	1397	1215	1607	1397
80	2221	1931	2554	2221	1776	1545	2043	1776	1572	1367	1807	1572
85+	2417	2102	2780	2417	1934	1682	2224	1934	1722	1497	1980	1722

**STANDARD PLANS – Zip Code Areas: 707-708 (Area 2)**

Plan	N <sup>SEL</sup>			
	NT		T	
Age	M	F	M	F
Under 65	1935	1683	2225	1935
65	823	716	947	823
70	976	849	1123	976
75	1118	972	1285	1118
80	1257	1093	1446	1257
85+	1377	1198	1584	1377

**SENTINEL SECURITY LIFE INSURANCE COMPANY  
(Continued)**

**STANDARD PLANS – Zip Code Areas: 700-701, 704 (Area 3)**

Plan	A				B				C			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65 (5)	2785	2422	3203	2785	3088	2685	3551	3088	3784	3290	4351	3784
65	1185	1031	1363	1185	1314	1143	1511	1314	1610	1400	1852	1610
70	1402	1219	1612	1402	1552	1350	1785	1552	1908	1659	2195	1908
75	1570	1365	1806	1570	1760	1530	2024	1760	2175	1891	2501	2175
80	1717	1493	1975	1717	1955	1700	2248	1955	2432	2115	2797	2432
85+	1825	1587	2098	1825	2111	1836	2428	2111	2647	2303	3045	2648

**STANDARD PLANS – Zip Code Areas: 700-701, 704 (Area 3)**

Plan	C <sup>SEL</sup>				D				D <sup>SEL</sup>			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65 (5)	3027	2632	3481	3027	3340	2904	3841	3340	2672	2323	3073	2672
65	1288	1120	1481	1228	1421	1236	1634	1421	1137	989	1308	1137
70	1527	1328	1756	1527	1684	1465	1937	1684	1348	1172	1550	1348
75	1740	1513	2001	1740	1925	1674	2213	1925	1540	1339	1771	1540
80	1946	1692	2237	1946	2159	1877	2483	2159	1727	1502	1986	1727
85+	2118	1842	2436	2118	2358	2051	2712	2358	1887	1641	2170	1887

**STANDARD PLANS – Zip Code Areas: 700-701, 704 (Area 3)**

Plan	F				F <sup>SEL</sup>				N			
	NT		T		NT		T		NT		T	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 65 (5)	3875	3370	4456	3875	3100	2696	3565	3100	2712	2359	3119	2712
65	1649	1434	1896	1649	1319	1147	1517	1319	1154	1004	1327	1154
70	1954	1699	2248	1954	1564	1360	1798	1564	1368	1190	1574	1368
75	2227	1937	2561	2227	1782	1549	2049	1782	1567	1363	1802	1567
80	2490	2165	2864	2490	1992	1732	2291	1992	1762	1533	2027	1762
85+	2711	2357	3118	2711	2169	1886	2494	2169	1931	1679	2220	1931

**STANDARD PLANS – Zip Code Areas: 700-701, 704 (Area 3)**

Plan	N <sup>SEL</sup>			
	NT		T	
	M	F	M	F
Under 65 (5)	2170	1887	2495	2170
65	923	803	1062	923
70	1095	952	1259	1095
75	1254	1090	1442	1254
80	1410	1226	1621	1410
85+	1545	1343	1776	1545

**STANDARD LIFE & ACCIDENT INSURANCE COMPANY  
ONE MOODY PLAZA  
GALVESTON, TX 77550  
1-888-350-1488**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, F, F<sup>HD</sup>, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 90 days for Medicare SELECT plans only

POLICY FEE: \$20.00

[www.slaico.com](http://www.slaico.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS - T – Attained Age**

Louisiana – Annual Rates Listed

AGE	A		B		C		D		F		F <sup>HD</sup>		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	10139	10139	11544	11544	13125	13125	7909	7909	10793	10793	1569	1569	7969	7969	5206	5206
65	2345	2345	2670	2670	3036	3036	1829	1829	2497	2497	363	363	1843	1843	1204	1204
70	2404	2713	2737	3089	3112	3512	1875	2116	2559	2888	372	420	1889	2132	1234	1393
75	2575	3119	2932	3551	3334	4037	2008	2432	2741	3320	398	482	2024	2451	1322	1601
80	3055	3745	3479	4264	3955	4848	2383	2921	3252	3987	473	579	2401	2944	1568	1923
85+	3895	4712	4435	5365	5042	6100	3038	3676	4146	5016	603	729	3061	3704	2000	2419

**Louisiana Area Factors:**

**Zip Codes -**

- 700-701, 704 = Rate x 1.20
- 703, 706, 712-713 = Rate x 1.05
- 705, 707-711, 714 = Rate x 1.15

**Rates for Non-Tobacco Users are 90% of the rates shown.**

**STATE FARM AUTOMOBILE INSURANCE COMPANY**  
**ONE STATE FARM PLAZA – B1**  
**BLOOMINGTON, IL 61710-0001**  
**1-866-855-1212**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, C, & F

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.statefarm.com](http://www.statefarm.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A++

**ANNUAL PREMIUMS – Attained Age**  
 Both Male and Female

Area 1

AGE	A	C	F
Under 65	3457	5214	5266
65	1536	2317	2341
70	1936	2920	2949
75	2243	3384	3417
80	2520	3801	3839
85+	2627	3963	4003

Area 2

AGE	A	C	F
Under 65	3595	5423	5477
65	1598	2410	2434
70	2013	3037	3067
75	2333	3519	3554
80	2621	3953	3992
85+	2732	4121	4163

Area 2 – Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Tammany, Tangipahoa and Washington.

**STATE MUTUAL INSURANCE COMPANY**  
**ONE STATE MUTUAL DRIVE**  
**ROME, GEORGIA 30161**  
**1-888-764-1936**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, F, F<sup>HD</sup>, G, M & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

[www.statemutualinsurance.com](http://www.statemutualinsurance.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

ANNUAL PREMIUMS – Attained Age

**Standard Rates – NT**  
 Zip Code Areas: 700-704

AGE	A		B		C		D		F		F <sup>HD</sup>	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	2183	2509	2545	2928	3062	3524	2669	3071	3083	3545	1212	1395
65	1130	1300	1319	1517	1579	1817	1382	1590	1641	1889	645	743
70	1343	1544	1567	1803	1878	2161	1645	1891	1929	2217	759	873
75	1595	1834	1862	2141	2260	2600	1952	2245	2308	2654	909	1044
80	1812	2085	2116	2433	2568	2953	2218	2552	2607	2998	1026	1179
85	1971	2268	2301	2646	2799	3219	2412	2774	2823	3246	1110	1277

(Continue)

AGE	G		M		N	
	F	M	F	M	F	M
Under 65	2684	3087	2402	2765	2159	2483
65	1390	1599	1243	1432	1149	1323
70	1653	1901	1481	1701	1350	1551
75	1964	2257	1757	2021	1616	1858
80	2231	2566	1998	2298	1825	2099
85+	2425	2788	2170	2496	1976	2274

**STATE MUTUAL INSURANCE COMPANY  
(Continued)**

**Standard Rates – NT**  
Zip Code Areas: All Other Zip Code Area

AGE	A		B		C		D		F		F <sup>HD</sup>	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	1803	2073	2102	2419	2530	2911	2205	2537	2547	2929	1001	1152
65	934	1074	1090	1253	1304	1501	1142	131	1356	1561	533	614
70	1110	1276	1295	1490	1551	1785	1359	1562	1593	1832	627	721
75	1318	1515	1538	1769	1867	2148	1612	1854	1907	2193	751	863
80	1497	1722	1748	2010	2121	2440	1833	2108	2154	2477	847	974
85	1628	1873	1901	2186	2312	2659	1992	2291	2332	2682	917	1055

(Continued)

AGE	G		M		N	
	F	M	F	M	F	M
Under 65	2217	2550	1985	2284	1783	2051
65	1149	1321	1027	1183	949	1093
70	1365	1570	1224	1405	1115	1282
75	1623	1865	1452	1669	1335	1535
80	1843	2119	1650	1898	1508	1734
85	2004	2303	1793	2062	1632	1878

**Standard Rates – T**  
Zip Code Areas: 700-704

AGE	A		B		C		D		F		F <sup>HD</sup>	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	2424	2788	2829	3253	3403	3912	2967	3411	3426	3939	1348	1550
65	1256	1443	1465	1685	1754	2018	1535	1766	1824	2099	718	826
70	1494	1717	1743	2003	2087	2400	1827	2101	2142	2464	843	969
75	1773	2038	2069	2379	2512	2888	2169	2494	2566	2950	1009	1160
80	2015	2317	2352	2704	2854	3283	2467	2835	2896	3332	1140	1310
85	2191	2519	2558	2941	3111	3577	2680	3083	3137	3608	1234	1419

**STATE MUTUAL INSURANCE COMPANY  
(Continued)**

**Standard Rates – T**  
Zip Code Areas 700-704

AGE	G		M		N	
	F	M	F	M	F	M
Under 65	2982	3429	2670	3069	2758	2399
65	1544	1777	1382	1590	1469	1277
70	1837	2111	1645	1892	1725	1500
75	2182	2508	1952	2245	2065	1795
80	2478	2851	2220	2552	2332	2027
85	2694	3099	2412	2775	2525	2195

**Standard Rates – T**  
Zip Code Areas: All Other Zip Code Area

AGE	A		B		C		D		F		F <sup>HD</sup>	
	F	M	F	M	F	M	F	M	F	M	F	M
Under 65	2003	2303	2337	2688	2811	3232	2451	2818	2830	3254	1113	1281
65	1037	1192	1210	1392	1449	1667	1268	1459	1507	1734	593	682
70	1234	1418	1440	1655	1724	1983	1510	1736	1770	2036	696	801
75	1465	1683	1709	1966	2075	2385	1792	2061	2119	2437	833	959
80	1664	1914	1943	2233	2358	2712	2038	2342	2392	2752	941	1082
85	1810	2081	2113	2429	2570	2955	2214	2547	2592	2980	1019	1172

(Continued)

AGE	G		M		N	
	F	M	F	M	F	M
Under 65	2463	2833	2206	2536	1982	2278
65	1276	1468	1142	1314	1055	1213
70	1517	1744	1359	1563	1239	1425
75	1802	2072	1612	1854	1483	1706
80	2047	2355	1834	2108	1675	1927
85	2226	2560	1992	2292	1814	2086

**Select plans available upon request.**

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
**210 E. SECOND AVENUE, SUITE 105**  
**ROME, GA 30161**  
**1-877-896-6434**

STANDARD AND SELECT PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, F, F<sup>HD</sup>, G, M & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: \$20.00

[www.sterlinginvestors.com](http://www.sterlinginvestors.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: B

**ANNUAL PREMIUMS – Attained Age**

**Standard Rates – NT**  
 Zip Code Area: 700-704

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
Under 65	2206	2537	2573	2960	3096	3562	2698	3104	3117	3585
65	1142	1313	1334	1533	1596	1837	1397	1608	1658	1909
70	1358	1562	1585	1823	1899	2185	1663	1911	1950	2241
75	1612	1854	1883	2164	2284	2628	1973	2270	2333	2683
80	1833	2108	2139	2460	2596	2985	2243	2579	2635	3030
85	1993	2292	2326	2636	2829	3255	2438	2804	2853	3282

(Continued)

AGE	F <sup>HD</sup>		G		M		N	
	F	M	F	M	F	M	F	M
Under 65	1226	1411	2713	3120	2429	2795	2182	2509
65	653	751	1405	1616	1257	1447	1162	1336
70	767	882	1671	1922	1497	1719	1365	1569
75	919	1056	1985	2282	1776	2044	1633	1878
80	1037	1193	2255	2593	2018	2322	1845	2122
85+	1122	1290	2452	2819	2194	2523	1998	2298

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
(Continued)

**STANDARD - NT**

Zip Code Area: All Other Zip Code Area

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
Under 65	1822	2096	2125	2445	2557	2942	2229	2564	2575	2961
65	943	1085	1102	1266	1319	1517	1154	1328	1370	1577
70	1122	1290	1309	1506	1568	1805	1374	1579	1611	1852
75	1332	1531	1555	1788	1887	2171	1630	1875	1928	2216
80	1514	1741	1767	2032	2144	2466	1859	2131	2176	2503
85	1646	1893	1922	2210	2337	2689	2014	2316	2357	2711

**STANDARD - NT**

(Continued)

AGE	F <sup>HD</sup>		G		M		N	
	F	M	F	M	F	M	F	M
Under 65	1013	1166	2241	2577	2006	2309	1802	2073
65	540	620	1161	1335	1038	1195	960	1104
70	634	729	1380	1587	1237	1420	1128	1296
75	759	872	1640	1885	1467	1688	1349	1551
80	857	985	1863	2142	1667	1918	1524	1753
85+	927	1066	2025	2328	1813	2084	1650	1898

**Standard Rates - T**

Zip Code Areas: 700-704

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
Under 65	2451	2819	2860	3289	3440	3955	2999	3448	3463	3982
65	1268	1459	1481	1703	1773	2040	1553	1786	1843	2122
70	1510	1735	1763	2025	2110	2427	1847	2124	2165	2491
75	1792	2061	2092	2331	2539	2920	2193	2522	2593	2982
80	2037	2343	2377	2734	2885	3319	2493	2866	2928	3367
85	2214	2546	2585	2972	3145	3616	2709	3117	3172	3647

**STERLING INVESTORS LIFE INSURANCE COMPANY  
(Continued)**

**STANDARD - T**

Zip Code Area: 700-704

AGE	F <sup>HD</sup>		G		M		N	
	F	M	F	M	F	M	F	M
Under 65	1362	1567	3014	3467	2700	3103	2424	2788
65	726	835	1562	1796	1397	1608	1290	1485
70	852	980	1857	2134	1663	1912	1516	1743
75	1019	1173	2205	2536	1973	2270	1815	2087
80	1151	1325	2506	2882	2244	2579	2049	2358
85+	1248	1435	2724	3133	2438	2805	2220	2553

**Standard Rates –T**

Zip Code Areas: All Other Zip Code Area

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
Under 65	2024	2328	2363	2171	2841	3261	2478	2848	2860	3290
65	1048	1206	1224	1407	1465	1685	1283	1475	1523	1753
70	1247	1434	1456	1673	1743	2005	1526	1755	1789	2058
75	1480	1702	1728	1987	2098	2412	1812	2083	2142	2463
80	1682	1935	1964	2258	2384	2742	2060	2367	2419	2782
85	1829	2103	2136	2455	2598	2987	2238	2575	2620	3012

(Continued)

AGE	F <sup>HD</sup>		G		M		N	
	F	M	F	M	F	M	F	M
Under 65	1125	1295	2490	2864	2231	2563	2003	2303
65	599	690	1290	1484	1154	1328	1066	1226
70	704	809	1534	1763	1374	1580	1252	1440
75	842	969	1821	2095	1630	1875	1499	1724
80	951	1094	2070	2381	1853	2131	1693	1948
85+	1031	1186	2251	2588	2014	2317	1834	2109

**Select Plans Available Upon Request**

**STERLING LIFE INSURANCE COMPANY**  
**P. O. BOX 5348**  
**BELLINGHAM, WA 98227-5348**  
**1-800-688-0100**

STANDARD AND SELECT PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, F, G, K & N  
 SELECT PLANS ALSO OFFERED IN CERTAIN PARISHES

MEDICAL UNDERWRITING: Yes, unless in open enrollment period or guarantee issue

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.Sterlinghealth.com](http://www.Sterlinghealth.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-

**ANNUAL PREMIUMS - NT – Attained Age**

Area 1: Parishes: Acadia, Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Lafayette, Lafourche, Livingston, Ouachita, Rapides, St. James, St. Landry, St. Martin, Terrebonne, Webster and West Baton Rouge

AGE	A		B		C		F		G		K		N	
	M/F	M/F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2531	3139	3399	3138	3241	2992	2941	2715	1790	1652	2488	2297		
65	1591	1915	2095	1933	1997	1844	1822	1681	895	826	1533	1415		
70	1821	2247	2483	2246	2367	2142	2166	1960	1068	967	1828	1654		
75	1988	2530	2812	2519	2681	2401	2463	2206	1220	1093	2085	1867		
80	2105	2828	3164	2806	3017	2675	2789	2474	1393	1235	2373	2105		

Area 2: Parishes: Allen, Assumption, Avoyelles, Beauregard, Bienville, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Pointe Coupee, Red River, Richland, Sabine, St. Helena, St. Mary, Tangipahoa, Tensas, Union, Vermillion, Vernon, Washington, West Carroll, West Feliciana and Winn

AGE	A		B		C		F		G		K		N	
	M/F	M/F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	2548	3217	3509	3239	3348	3091	3061	2825	1881	1736	2590	2391		
65	1615	1978	2181	2013	2080	1920	1904	1758	940	868	1609	1485		
70	1851	2329	2597	2349	2476	2240	2275	2058	1128	1021	1927	1744		
75	2026	2633	2956	2648	2818	2524	2600	2329	1296	1161	2210	1979		
80	2153	2964	3356	2976	3199	2837	2972	2635	1494	1325	2539	2252		

**STERLING LIFE INSURANCE COMPANY**  
**(Continued)**

Area 3: Parishes: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist and St. Tammany

AGE	A	B	C		F		G		K		N	
	M/F	M/F	M	F	M	F	M	F	M	F	M	F
Under 65	2676	3189	3401	3139	3243	2994	2978	2749	2083	1923	2528	2333
65	1873	2192	2381	2198	2270	2096	2095	1933	1041	961	1769	1633
70	2149	2569	2822	2553	2691	2435	2490	2252	1244	1126	2108	1907
75	2355	2889	3196	2862	3047	2729	2829	2534	1423	1274	2402	2151
80	2509	3223	3595	3188	3428	3040	3201	2838	1627	1443	2731	2422

**Select policies available in the following Parishes:**

Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson Davis, La Salle, Lafayette, Livingston, Natchitoches, Pointe Coupee, Rapides, Red River, Sabine, St. Helena, St. Landry, St. Martin, St. Mary, Tangipahoa, Vermilion, Washington, Webster, West Baton Rouge, West Feliciana and Winn.

Tobacco rates available for Plan C, F, G, K and N  
Innovative Plan F also available

**THRIVENT FINANCIAL FOR LUTHERANS**  
**625 FOURTH AVENUE SOUTH**  
**MINNEAPOLIS, MN 55415-1665**  
**1-800-847-4836**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, F, F<sup>HD</sup>, G, L & M

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: Unavailable

POLICY FEE: None

[www.thrivent.com](http://www.thrivent.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A++G

\*ANNUAL PREMIUMS - Attained Age

**Standard Rates - NT**

Zip Code Areas: 700-701

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3724	4402	5700	4900	5722	1872	5044	3520	4456
65	1489	1760	2280	1960	2288	749	2017	1408	1782
70	1703	2015	2609	2243	2617	856	2306	1609	2038
75	1942	2297	2974	2556	2983	976	2628	1835	2322
80	2154	2548	3300	2837	3310	1082	2917	2034	2579
85+	2330- 2509	2756 - 2965	3571- 3840	3070- 3301	3583- 3854	1172- 1260	3157- 3396	2203- 2370	2790- 3001

**Standard Rates - T**

Zip Code Areas: 700-701

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	4096	4842	6270	5389	6294	2059	5548	3871	4901
65	1638	1937	2508	2155	2518	823	2219	1548	1961
70	1873	2216	2869	2467	2879	941	2537	1770	2242
75	2136	2526	3271	2812	3282	1073	2891	2018	2555
80	2370	2802	3630	3120	3641	1190	3209	2238	2837
85+	2563- 2760	3032- 3262	3929- 4224	3377- 3631	3942- 4240	1290- 1386	3473- 3736	2424- 2608	3070- 3301

**THRIVENT FINANCIAL FOR LUTHERANS  
(Continued)**

**Standard Rates - NT**

Zip Code Areas: 704

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3568	4218	5463	4695	5483	1794	4833	3373	4270
65	1427	1687	2185	1878	2193	717	1933	1349	1708
70	1632	1931	2500	2149	2508	820	2210	1542	1953
75	1861	2201	2850	2450	2859	935	2519	1758	2225
80	2064	2441	3163	2719	3172	1037	2796	1949	2471
85+	2233- 2405	2642- 2842	3422- 3680	2942- 3164	3434- 3694	1124- 1208	3026- 3255	2111- 2271	2674- 2876

**Standard Rates - T**

Zip Code Areas: 704

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3925	4640	6009	5165	6032	1973	5316	3710	4697
65	1570	1856	2404	2065	2413	789	2126	1484	1879
70	1795	2124	2750	2364	2759	902	2431	1696	2148
75	2047	2421	3135	2694	3145	1028	2770	1934	2448
80	2271	2685	3479	2990	3489	1141	3075	2145	2719
85+	2456- 2645	2906- 3126	3765- 4048	3236- 3480	3778- 4063	1236- 1328	3328- 3580	2323- 2499	2942- 3164

**Standard Rates - NT**

Zip Code Areas: 703

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3413	4035	5225	4491	5245	1716	4623	3226	4084
65	1365	1614	2090	1796	2098	686	1849	1290	1634
70	1561	1847	2391	2056	2399	784	2114	1475	1868
75	1780	2105	2726	2343	2735	894	2409	1682	2129
80	1975	2335	3025	2600	3034	992	2674	1865	2364
85+	2136- 2300	2527- 2718	3274- 3520	2814- 3026	3285- 3533	1075- 1155	2894- 3113	2020- 2173	2558- 2751

**Standard Rates - T**

Zip Code Areas: 703

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3754	4439	5748	4940	5770	1888	5085	3549	4492
65	1502	1775	2299	1976	2308	755	2034	1419	1797
70	1717	2032	2630	2262	2639	862	2325	1623	2055
75	1958	2316	2999	2577	3009	983	2650	1850	2342
80	2173	2569	3328	2860	3337	1091	2941	2052	2600
85+	2350- 2530	2780- 2990	3601- 3872	3095- 3329	3614- 3886	1183- 1271	3183- 3424	2222- 2390	2814- 3026

**THRIVENT FINANCIAL FOR LUTHERANS**  
(Continued)

**Standard Rates - NT**

Zip Code Areas: 705-708, 710-714

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3258	3851	4988	4287	5006	1638	4413	3080	3899
65	1303	1540	1995	1715	2002	655	1765	1232	1559
70	1490	1763	2283	1962	2290	749	2018	1408	1783
75	1699	2010	2602	2237	2610	854	2300	1605	2032
80	1885	2229	2888	2482	2896	947	2553	1780	2256
85+	2039- 2196	2412- 2595	3125- 3360	2686- 2889	3135- 3373	1026- 1103	2763- 2972	1928- 2074	2441- 2626

**Standard Rates - T**

Zip Code Areas: 705-708, 710-714

AGE	A	B	C	D	F	F <sup>HD</sup>	G	L	M
Under 65	3584	4267	5486	4716	5507	1802	4854	3387	4288
65	1433	1695	2195	1886	2203	720	1941	1355	1716
70	1639	1939	2511	2159	2519	823	2220	1549	1961
75	1869	2210	2862	2460	2872	939	2529	1766	2235
80	2074	2452	3176	2730	3186	1052	2808	1958	2482
85+	2243- 2415	2653- 2854	3438- 3696	2955- 3117	3449- 3710	1129- 1213	3039- 3269	2121- 2282	2686- 2889

Quarterly Premium = .255 x Annual Premium + \$.75

Monthly Pre-Authorized Check Premium = .0855 Annual Premium

**LOUISIANA AREA FACTORS:**

**Zip Codes -**

- 700-701 = Rate x 1.20
- 704 = Rate x 1.15
- 703 = Rate x 1.10
- 705-708, 710-714 = Rate x 1.05

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

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, F, F<sup>SEL</sup>, G, K, L & N

MEDICAL UNDERWRITING: Yes, all available plans, except during Open Enrollment/Guarantee Issue Periods

PRE-EXISTING CONDITION WAITING PERIOD: 60 days – age; 6 months - disability

POLICY FEE: None

[www.unitedamerican.com](http://www.unitedamerican.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+G

ANNUAL PREMIUMS – Attained Age (Age) & Issue Age (Disability) for Female Nonsmoking

All Zip Code Areas

AGE	A	B	C	D	F	F <sup>SEL</sup>	G	K	L	N
Under 65	4091	4705	5036	4887	5046	2417	4903	2192	3163	4372
65	1299	1829	2065	1923	2076	653	1933	1083	1521	1638
70	1594	2291	2609	2469	2620	869	2479	1442	2024	2114
75	1668	2483	2911	2773	2922	1068	2782	1597	2244	2392
80+	1668	2488	3118	2980	3129	1261	2990	1671	2346	2605

**Select Plans Indicate High Deductible**

**UNITED COMMERCIAL TRAVELERS OF AMERICA, ORDER OF THE  
1801 WATERMARK DRIVE, SUITE 100  
COLUMBUS, OH 43215  
1-800-848-0123**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A, B, C, D, F, G & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.uct.org](http://www.uct.org)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: C+

**ANNUAL PREMIUMS – Attained Age**

AGE	A		B		C		D		F		G		N	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 65	3118	2710	4037	3509	4242	3687	3927	3414	4271	3714	3799	3304	2990	2600
65	1815	1579	2350	2045	2579	2242	2288	1991	2658	2310	2213	1925	1861	1617
70	2271	1975	2938	2555	3213	2793	2861	2488	3236	2815	2768	2406	2265	1970
75	2654	2308	3436	2987	3695	3213	3343	2907	3720	3236	3236	2815	2604	2265
80	2923	2542	3784	3291	3997	3474	3681	3202	4024	3499	3563	3099	2817	2450
85+	3118	2710	4037	3509	4242	3687	3927	3414	4271	3714	3799	3304	2990	2600

**Non-Tobacco Premiums listed.**

**LOUISIANA AREA FACTORS:**

**Zip Codes -**

- 700-701, 704 =Rate x 1.15
- 703, 706-708 =Rate x 1.00
- Rest of State =Rate x 0.90

**UNITED HEALTHCARE INSURANCE (AARP)**  
**P. O. BOX 1017**  
**MONTGOMERYVILLE, PA 18936-0130**  
**1-800-523-5800**

STANDARD PLANS MARKETED BY DIRECT RESPONSE AND PRODUCERS IN 2011:  
A, B, C, C<sup>SEL</sup>, F, F<sup>SEL</sup>, K, L & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: 3 months/3 months

POLICY FEE: None

[www.aarphealthcare.com](http://www.aarphealthcare.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A

**ANNUAL PREMIUMS - NT – No Age Rating**

Area 1 Parishes

Ascension, Iberville, Jefferson, Livingston, Orleans, Plaquemines,  
St. Bernard, St. Charles, St. James, St. John the Baptist, and St.  
Tammany, Tangipahoa and Washington

AGE	A	B	C	C <sup>SEL</sup>	F	F <sup>SEL</sup>	K	L	N
Under 65	3027	3750	4614	3147	4641	3174	2013	2886	3141
65	1090	1351	1663	1333	1673	1142	723	1039	1131
70	1344	1665	2049	1397	2062	1409	893	1281	1394
75	1759	2179	2681	1828	2697	1844	1170	1678	1825
80	1759	2179	2681	1828	2697	1844	1170	1678	1825
85	1759	2179	2681	1828	2697	1844	1170	1678	1825

Area 2 Parishes

Rest of State – All other Parishes except those listed in Area 1

AGE	A	B	C	C <sup>SEL</sup>	F	F <sup>SEL</sup>	K	L	N
Under 65	2556	3168	3897	2661	3918	2676	1698	2439	2655
65	920	1140	1404	957	1411	963	610	877	955
70	1135	1406	1730	1181	1740	1188	753	1082	1178
75	1486	1841	2264	1546	2277	1555	988	1418	1543
80	1486	1841	2264	1546	2277	1555	988	1418	1543
85	1486	1841	2264	1546	2277	1555	988	1418	1543

**Tobacco rates also available.**

**UNITED OF OMAHA LIFE INSURANCE COMPANY**  
**MUTUAL OF OMAHA PLAZA**  
**OMAHA, NE 68175**  
**1-800-354-3289**

STANDARD PLANS MARKETED BY DIRECT RESPONSE AND PRODUCERS IN 2011: A, F, F<sup>SEL</sup>, G, G<sup>SEL</sup>, M & N

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.mutualofomaha.com](http://www.mutualofomaha.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A+G

ANNUAL PREMIUMS – Attained Age

**STANDARD RATES**

Zip Code Areas: 705-706, 710-714

AGE	A		F		G		M		N	
	M	F	M	F	M	F	M	F	M	F
Under 65	2562	2178	3714	3157	3046	2589	2901	2466	2767	2352
65	916	871	1328	1262	1089	1035	1037	985	990	940
70	1113	1013	1613	1468	1323	1204	1260	1147	1202	1094
75	1419	1221	2057	1769	1687	1451	1607	1382	1532	1318
80	1655	1407	2398	2039	1967	1672	1873	1592	1787	1519
85+	1828	1645	2649	2384	2173	1956	2069	1862	1974	1776

**SELECT RATES**

Zip Code Areas: 705-706, 710-714

AGE	F <sup>SEL</sup>		G <sup>SEL</sup>	
	M	F	M	F
Under 65	3157	2683	2589	2201
65	1129	1072	926	880
70	1371	1248	1125	1024
75	1748	1504	1434	1233
80	2039	1733	1672	1421
85+	2252	2027	1847	1662

**UNITED OF OMAHA LIFE INSURANCE COMPANY  
(Continued)**

**STANDARD RATES**

Zip Code Areas: – 700, 703, 707-708

AGE	A		F		G		M		N	
	M	F	M	F	M	F	M	F	M	F
Under 65	2750	2338	3986	3388	3269	2778	3113	2646	2969	2524
65	983	934	1425	1354	1169	1111	1113	1058	1062	1009
70	1195	1087	1731	1576	1420	1292	1352	1231	1290	1174
75	1523	1310	2207	1898	1811	1557	1724	1483	1645	1414
80	1776	1510	2574	2188	2111	1795	2011	1709	1918	1630
85+	1962	1766	2843	2559	2332	2099	2221	1999	2118	1906

**SELECT RATES**

Zip Code Areas: 700,703,707-708

AGE	F <sup>SEL</sup>		G <sup>SEL</sup>	
	M	F	M	F
Under 65	3388	2879	2779	2362
65	1212	1151	994	944
70	1472	1339	1207	1098
75	1876	1614	1539	1323
80	2188	1860	1794	1525
85+	2417	2175	1982	1784

**STANDARD RATES**

Zip Code Areas – 701, 704

AGE	A		F		G		M		N	
	M	F	M	F	M	F	M	F	M	F
Under 65	3187	2709	4620	3927	3789	3220	3608	3067	3442	2925
65	1140	1083	1652	1569	1355	1287	1290	1226	1231	1169
70	1385	1260	2007	1826	1646	1498	1567	1426	1495	1361
75	1765	1518	2559	2200	2099	1805	1998	1719	1906	1639
80	2059	1750	2983	2536	2447	2080	2330	1981	2223	1889
85+	2274	2046	3295	2966	2703	2432	2574	2316	2455	2210

**UNITED OF OMAHA LIFE INSURANCE COMPANY  
(Continued)**

**SELECT RATES**

Zip Code Areas: 701, 704

AGE	F <sup>SEL</sup>		G <sup>SEL</sup>	
	M	F	M	F
Under 65	3927	3338	3221	2737
65	1404	1334	1152	1094
70	1706	1552	1399	1273
75	2175	1870	1784	1534
80	2536	2156	2080	1768
85+	2801	2521	2297	2068

**Non-Tobacco Premiums Listed**

**USAA INSURANCE COMPANY  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO, TX 78288  
1-800-531-USAA (8722)**

STANDARD PLANS MARKETED BY PRODUCERS IN 2011: A & F

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: None

POLICY FEE: None

[www.usaa.com](http://www.usaa.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A++

ANNUAL PREMIUMS – Attained Age for both Male and Female

**Standard Rates**

Zip Code Areas: All Zip Code Areas

AGE	A	F
Under 65	2077	2852
65	1159	1595
70	1357	1865
75	1624	2228
80	1883	2579
81-85	2077	2852

**Non-Tobacco Premiums Listed**

**WORLD CORP INSURANCE COMPANY**  
**P.O. BOX 3160**  
**OMAHA, NE 68103**  
**1-402-496-8000**

STANDARD PLANS MARKETED BY PRODUCERS & DIRECT RESPONSE IN 2011: A, F & F<sup>SEL</sup>

MEDICAL UNDERWRITING: Yes, all available plans

PRE-EXISTING CONDITION WAITING PERIOD: Unavailable

POLICY FEE: Unavailable

[www.worldinsco.com](http://www.worldinsco.com)

MEDICARE CROSSOVER: Yes

A. M. BEST RATING: A-R

\*ANNUAL PREMIUMS – Attained Age

**STANDARD RATES - Single**  
 Zip Code Areas: All Zip Codes

AGE	A		F		F <sup>SEL</sup>	
	M	F	M	F	M	F
Under 65	2786	2506	3715	3342	1472	1324
65	1393	1253	1858	1671	736	662
70	1562	1403	2083	1872	825	741
75	1892	1672	2523	2230	1000	883
80	2180	1880	2907	2507	1152	993
85+	2467	2081	3290	2776	1303	1100

**STANDARD RATES - Couple**  
 Zip Code Areas: All Zip Codes

AGE	A		F		F <sup>SEL</sup>	
	M	F	M	F	M	F
Under 65	2459	2138	3280	2852	1299	1130
65	1230	1069	1640	1426	650	565
70	1366	1187	1735	1509	722	627
75	1626	1391	2169	1855	859	735
80	1865	1569	2487	2092	985	829
85+	2119	1775	2825	2367	1119	938

**WORLD CORP INSURANCE COMPANY**  
**(Continued)**

**\*Indicates High Deductible**

**A Factor of 0.85 is applied to all Preferred class policies**

- **Semi- Annual = .5 x Annual**
- **Quarterly = .25 x Annual**
- **Monthly Direct = .087 x Annual**
- **Monthly PAC = .08334 x Annual**

**Louisiana Area Factors:**

**Zip Codes -**

- **70000 – 70199 = 1.26**
- **70400 – 71199 = 1.20**
- **All Others = 1.14**

## **DEFINITIONS OF AM BEST'S RATINGS AND NOT RATED CATEGORIES (NR)**

### **Secure Best's Ratings**

#### **A++ and A+ (Superior)**

Assigned to companies which have, on balance, superior balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have a very strong ability to meet their ongoing obligations to policyholders.

#### **A and A- (Excellent)**

Assigned to companies which have, on balance, excellent balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have a strong ability to meet their ongoing obligations to policyholders.

#### **B++ and B+ (Very Good)**

Assigned to companies which have, on balance, very good balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have a good ability to meet their ongoing obligations to policyholders.

### **Vulnerable Best's Ratings**

#### **B and B- (Fair)**

Assigned to companies which have, on balance, fair balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have an ability to meet their current obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions.

#### **C++ and C+ (Marginal)**

Assigned to companies which have, on balance, marginal balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have an ability to meet their current obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions.

#### **C and C- (Weak)**

Assigned to companies which have, on balance, weak balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, have an ability to meet their current obligations to policyholders, but their financial strength is very vulnerable to adverse changes in underwriting and economic conditions.

**D (Poor)**

Assigned to companies which have, on balance, poor balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A. M. Best's opinion, may not have an ability to meet their current obligations to policyholders and their financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

**E (Under Regulatory Supervision)**

Assigned to companies and (possibly their subsidiaries/affiliates) that have been placed by an insurance regulatory authority under a significant form of supervision, control or restraint, whereby they are no longer allowed to conduct normal ongoing insurance operations. This would include conservatorship or rehabilitation, but does not include liquidation. It may also be assigned to companies issued cease and desist orders by regulators outside their home state or country.

**F (In Liquidation)**

Assigned to companies which have been placed under an order of liquidation by a court of law or whose owners have voluntarily agreed to liquidate the company.

**Not Rated Categories (NR)****NR-1 (Insufficient Data)**

Assigned predominantly to small companies for which A.M. Best does not have sufficient financial information required to assign a rating opinion. The information contained in these limited reports is obtained from several sources, which include the individual companies and the National Association of Insurance Commissioners (NAIC). The data received from the NAIC, in some cases, is prior to the completion of their cross checking and validation process.

**NR-2 (Insufficient Size and/or Operating Experience)**

Assigned to companies that do not meet A.M. Best's minimum size and/or operating experience requirements.

**NR-3 (Rating Procedure Inapplicable)**

Assigned to companies that are not rated by A.M. Best, because the normal rating procedures do not apply due to their unique or unusual business features.

**NR-4 (Company Request)**

Assigned to companies that request that their rating not be published.

**NR-5 (Not Formally Followed)**

Assigned to companies that are not formally evaluated for the purposes of assigning a rating opinion.

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## **RATING MODIFIERS AND AFFILIATION CODES**

Under Review (U) Rating Modifiers are assigned to Best's Ratings and Financial Performance Ratings to identify companies whose rating opinions are Under Review and may be subject to near-term change. Qualified (Q) Rating Modifiers may be assigned to Health Maintenance Organizations (HMO's) and Canadian insurers that do not subscribe to our interactive rating process. Best's Qualified Ratings are therefore based primarily on a quantitative analysis of a company's balance sheet strength and operating performance. Best's Public Data (PD) Rating Modifiers may be assigned to UK and other European insurers that do not subscribe to our interactive rating process. Best's Public Data Ratings reflect both qualitative and quantitative analysis using publicly available data and other public information. Syndicate (S) Rating Modifiers are assigned to syndicates operating at Lloyd's. Affiliation Codes are based on a Group (G), Pooling (P) or Reinsurance (R) affiliation with other insurers.

<b>RATING MODIFIERS</b>	<b>AFFILIATION CODES</b>
U - UNDER REVIEW	G - GROUP
Q - QUALIFIED	P - POOLED
S - SYNDICATE	R - REINSURED
PD - PUBLIC DATA	

