

WV Insurance Commission Consumer Services 1-888-879-9842

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.
 Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	A	B	C	D	F	G	K	L	M	N
MEDICARE SUPPLEMENT RATE Updated September 1, 2014	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit and up to \$50 co-payment for ER					
			Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
		Part A Deductible	Part A Deductible Part B Deductible	Part A Deductible	Part A Deductible Part B Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A 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
							Out-of-Pocket limit \$[4800]; paid at 100% after limit reached	Out-of-Pocket limit \$[2400]; paid at 100% after limit reached		
COMPANY NAME										
AETNA LIFE INSURANCE COMPANY	\$ 129.52	\$ 143.20	\$ -	\$ -	\$ 165.28	\$ 149.87	\$ -	\$ -	\$ -	\$ 119.46
AMERICAN FAMILY LIFE ASSURANCE CO.	\$ 142.18	\$ -	\$ 169.87	\$ 152.81	\$ 174.25	\$ 156.14	\$ -	\$ -	\$ -	\$ 120.41
AMERICAN RETIREMENT LIFE INS CO.	\$ 119.29	\$ -	\$ -	\$ -	\$ 147.00	\$ 126.49	\$ -	\$ -	\$ -	\$ 100.73
ASSURED LIFE ASSOCIATION	\$ 141.17	\$ 144.54	\$ 191.95	\$ 155.69	\$ 192.66	\$ 157.05	\$ -	\$ -	\$ -	\$ 127.62
BANKERS FIDELITY (STD)	\$ 143.00	\$ -	\$ -	\$ -	\$ 211.00	\$ 150.00	\$ 81.00	\$ -	\$ -	\$ -
BANKERS FIDELITY (PREF)	\$ 119.00	\$ -	\$ -	\$ -	\$ 176.00	\$ 123.00	\$ 67.00	\$ -	\$ -	\$ -
CENTRAL STATES INDEMNITY CO. OF OMAHA	\$ 103.68	\$ 121.03	\$ 144.98	\$ -	\$ 150.70	\$ -	\$ -	\$ -	\$ -	\$ 105.56
COLONIAL PENN LIFE INSURANCE COMPANY	\$ 176.35	\$ 211.13	\$ -	\$ -	\$ 244.14	\$ 196.88	\$ 80.08	\$ 148.98	\$ 184.90	\$ 130.54
COMBINED INSURANCE	\$ 117.04	\$ -	\$ -	\$ -	\$ 148.86	\$ -	\$ -	\$ -	\$ -	\$ 127.15
CONTINENTAL GENERAL	\$ 120.52	\$ -	\$ -	\$ -	\$ 148.38	\$ 128.70	\$ -	\$ -	\$ -	\$ 120.07
CONTINENTAL LIFE INS. CO. of BRENT	\$ 92.22	\$ 116.14	\$ -	\$ -	\$ 134.93	\$ 118.16	\$ -	\$ -	\$ -	\$ 93.87

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.
 Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	A	B	C	D	F	G	K	L	M	N
	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit and up to \$50 co-payment for ER					
			Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
		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
							Out-of-Pocket limit \$(4800); paid at 100% after limit reached	Out-of-Pocket limit \$(2400); paid at 100% after limit reached		
COMPANY NAME										
EQUITABLE LIFE & CASUALTY INS CO	\$ 148.67	\$ -	\$ -	\$ -	\$ 210.50	\$ -	\$ -	\$ -	\$ -	\$ 148.30
FAMILY LIFE INSURANCE COMPANY	\$ 161.10	\$ 196.13	\$ 222.68	\$ 205.43	\$ 232.20	\$ 206.55	\$ -	\$ -	\$ 184.95	\$ 141.30
FORETHOUGHT LIFE INSURANCE COMPANY	\$ 132.83	\$ -	\$ 175.06	\$ -	\$ 179.27	\$ 135.01	\$ -	\$ -	\$ -	\$ 117.00
GERBER LIFE INSURANCE CO.	\$ 132.84	\$ -	\$ -	\$ -	\$ 184.82	\$ 153.54	\$ -	\$ -	\$ -	\$ -
GLOBE LIFE AND ACCIDENT	\$ 73.00	\$ 110.50	\$ 127.50	\$ -	\$ 128.00	\$ -	\$ -	\$ -	\$ -	\$ -
GOVERNMENT PERSONNEL MUTUAL LIFE	\$ 127.20	\$ -	\$ 172.37	\$ -	\$ 176.53	\$ 135.08	\$ -	\$ -	\$ -	\$ 109.74
GREAT AMERICAN LIFE INS CO	\$ 125.23	\$ -	\$ -	\$ -	\$ 151.70	\$ 133.11	\$ -	\$ -	\$ -	\$ 120.03
HIGHMARK, INC. <i>Blue Cross Blue Shield</i>	\$ 102.90	\$ -	\$ 151.10	\$ -	\$ 153.35	\$ -	\$ -	\$ -	\$ -	\$ 136.95
HUMANA INSURANCE CO (Standard)	\$ 167.62	\$ 200.28	\$ 234.97	\$ -	\$ 239.73	\$ -	\$ 106.79	\$ 153.86	\$ -	\$ -
LIBERTY NATIONAL LIFE INS CO	\$ 150.00	\$ 173.00	\$ -	\$ -	\$ 197.00	\$ -	\$ -	\$ -	\$ -	\$ 151.00
LOYAL AMERICAN LIFE INS CO	\$ 133.92	\$ 156.26	\$ 186.93	\$ 163.74	\$ 193.78	\$ 168.02	\$ -	\$ -	\$ -	\$ 135.63

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.
 Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	A	B	C	D	F	G	K	L	M	N
	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit and up to \$50 co-payment for ER					
			Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
		Part A Deductible	Part A Deductible Part B Deductible	Part A Deductible	Part A Deductible Part B Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A 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
							Out-of-Pocket limit \$[4800]; paid at 100% after limit reached	Out-of-Pocket limit \$[2400]; paid at 100% after limit reached		
COMPANY NAME										
MADISON NATIONAL LIFE INS CO	\$ 123.00	\$ 147.45	\$ -	\$ -	\$ 170.72	\$ 157.64	\$ 84.20	\$ -	\$ -	\$ 138.54
MANHATTAN LIFE INSURANCE CO	\$ 95.63	\$ -	\$ 128.18	\$ -	\$ 127.59	\$ -	\$ -	\$ -	\$ -	\$ 86.62
MARQUETTE NATIONAL LIFE INS CO	\$ 169.94	\$ -	\$ -	\$ 191.01	\$ 224.22	\$ 202.11	\$ -	\$ -	\$ -	\$ 151.89
MEDICO INSURANCE COMPANY	\$ 131.99	\$ -	\$ -	\$ 173.69	\$ 189.86	\$ -	\$ -	\$ -	\$ -	\$ -
MUTUAL OF OMAHA	\$ 103.76	\$ -	\$ 145.78	\$ 127.35	\$ 149.47	\$ -	\$ -	\$ -	\$ -	\$ -
ORDER OF UNITED COMM TRAVLERS OF AMER	\$ 149.83	\$ -	\$ -	\$ -	\$ 230.43	\$ 182.86	\$ -	\$ -	\$ -	\$ 161.30
PHILADELPHIA AMERICAN LIFE INS. CO.	\$ 106.06	\$ -	\$ -	\$ -	\$ 136.75	\$ 120.73	\$ -	\$ -	\$ -	\$ 95.73
RESERVE NATIONAL INS.CO	\$ 170.30	\$ -	\$ 252.85	\$ -	\$ -	\$ 166.15	\$ -	\$ -	\$ -	\$ 160.10
ROYAL NEIGHBORS OF AMERICA	\$ 110.52	\$ 138.93	\$ 161.90	\$ 129.72	\$ 162.48	\$ 130.23	\$ -	\$ -	\$ -	\$ -
STANDARD LIFE & ACCIDENT	\$ 197.66	\$ 225.05	\$ 255.86	\$ 154.17	\$ 210.41	\$ 155.35	\$ -	\$ -	\$ -	\$ 101.48
STATE FARM MUTUAL AUTOMOBILE INS CO	\$ 90.02	\$ -	\$ 135.75	\$ -	\$ 137.11	\$ -	\$ -	\$ -	\$ -	\$ -

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.
 Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	A	B	C	D	F	G	K	L	M	N
MEDICARE SUPPLEMENT RATE Updated September 1, 2014	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit and up to \$50 co-payment for ER					
			Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
		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
							Out-of-Pocket limit \$[4800]; paid at 100% after limit reached	Out-of-Pocket limit \$[2400]; paid at 100% after limit reached		
COMPANY NAME										
STATE MUTUAL INS CO (Standard)	\$ 101.29	\$ 118.25	\$ 141.71	\$ 124.00	\$ 147.31	\$ 124.75	\$ -	\$ -	\$ 111.60	\$ 103.09
STERLING LIFE (Area 1)	\$ 168.93	\$ 203.92	\$ 236.32	\$ -	\$ 236.50	\$ 232.85	\$ 62.21	\$ -	\$ -	\$ 120.28
STERLING LIFE (Area 2)	\$ 170.61	\$ 208.72	\$ 241.51	\$ -	\$ 241.68	\$ 238.28	\$ 65.60	\$ -	\$ -	\$ 126.55
STERLING INVESTORS LIFE	\$ 106.58	\$ 124.43	\$ 149.06	\$ 130.38	\$ 154.92	\$ 131.21	\$ -	\$ -	\$ 117.38	\$ 108.41
THP INSURANCE COMPANY <i>The Health Plan</i>	\$ 100.34	\$ -	\$ 140.27	\$ -	\$ 140.36	\$ -	\$ -	\$ -	\$ -	\$ 112.93
TRANSAMERICA LIFE INSURANCE CO.	\$ 115.13	\$ 152.01	\$ 179.85	\$ 166.26	\$ 180.90	\$ 166.18	\$ 82.84	\$ 122.96	\$ 151.41	\$ 142.38
UNITED AMERICAN (A)	\$ 116.00	\$ 161.00	\$ 190.00	\$ 181.00	\$ 179.00	\$ 171.00	\$ 104.00	\$ -	\$ -	\$ 150.00
UNITED COMMERCIAL TRAVELERS OF AM.	\$ 156.11	\$ -	\$ -	\$ -	\$ 239.90	\$ 190.30	\$ -	\$ -	\$ -	\$ 167.93
UNITED HEALTHCARE	\$ 127.33	\$ -	\$ -	\$ -	\$ 171.25	\$ 154.33	\$ 81.13	\$ 111.50	\$ -	\$ 114.77
UNITED HEALTHCARE(AARP)	\$ 120.17	\$ 174.35	\$ 209.82	\$ -	\$ 211.20	\$ -	\$ 76.72	\$ 119.35	\$ -	\$ 146.02
UNITED NATIONAL LIFE INSURANCE	\$ 134.32	\$ -	\$ -	\$ 162.85	\$ 190.25	\$ 166.25	\$ -	\$ -	\$ -	\$ -

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.
 Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

	A	B	C	D	F	G	K	L	M	N
MEDICARE SUPPLEMENT RATE Updated September 1, 2014	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit and up to \$50 co-payment for ER					
			Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
		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
						Out-of-Pocket limit \$[4800]; paid at 100% after limit reached	Out-of-Pocket limit \$[2400]; paid at 100% after limit reached			
COMPANY NAME										
UNITED OF OMAHA LIFE INS CO	\$ 140.84	\$ -	\$ -	\$ -	\$ 213.45	\$ 167.00	\$ -	\$ -	\$ 150.51	\$ 211.76
UNITED WORLD LIFE INSURANCE COMPANY	\$ 126.14	\$ 151.30	\$ 177.41	\$ 154.92	\$ 181.92	\$ 158.53	\$ -	\$ -	\$ -	\$ -
USAA LIFE	\$ 145.69	\$ -	\$ -	\$ 130.56	\$ 140.25	\$ 128.35	\$ -	\$ -	\$ -	\$ 290.16
WORLD CORP INSURANCE CO	\$ 142.75	\$ -	\$ -	\$ -	\$ 185.25	\$ -	\$ -	\$ -	\$ -	\$ -

* Plans K and L provide for different cost-sharing for items and services than Plans A-J

FOOTNOTES:

1. RATES SHOWN ARE MONTHLY DIRECT (PREMIUM NOTICES SENT TO INSURED)
2. RATES SHOWN ARE FOR MALE ONLY SOME COMPANIES MAY OFFER LOWER RATES FOR FEMALE
3. SOME COMPANIES MAY OFFER LOWER RATES FOR NON-SMOKERS
4. SOME COMPANIES MAY OFFER PLANS F AND J WITH HIGH DEDUCTIBLE OPTIONS. (THIS RESULTS IN HIGHER OUT OF POCKET COSTS, BUT SHOULD REFLECT LOWER PREMIUMS.)
5. RATES WERE PROVIDED TO THE INSURANCE DEPARTMENT BY THE COMPANIES AND MAY NOT REFLECT CURRENT ACCURATE RATES.

Medicare Supplement Plan Phone Numbers

Company Name	Telephone Number
Aetna Life Insurance Company	1-800-264-4000
American Family Life Assurance Co	1-800-992-3522
American Retirement Life Ins Co	1-866-459-4272
Assured Life Association	1-855-394-1850
Bankers Fidelity	1-800-241-1439
Central States Indemnity Co of Omaha	1-866-664-3988
Colonial Penn Life Insurance Company	1-800-800-2254
Combined Insurance	1-855-278-9329
Continental General	1-877-293-8499
Continental Life Ins Co of Brent	1-800-264-4000
Equitable Life & Casualty Ins Co	1-877-358-4060
Family Life Insurance Co	1-800-877-7703
Forethought Life Insurance Company	1-877-492-5870
Gerber Life Insurance Co	1-877-778-0839
Globe Life and Accident	1-888-678-3403
Government Personnel Mutual Life	1-866-865-7631
Great American Life Ins Co	1-800-854-3649 x 11745
Highmark (Blue Cross Blue Shield)*	1-866-856-6166
Humana Insurance Co (Standard)	1-888-204-4062
Liberty National Life Ins Co	1-205-325-4979
Loyal American Life Ins Co	1-877-295-4129
Madison National Life Ins Co	1-800-356-9601
Marquette National Life Ins Co	1-877-504-3918
Manhattan Life Insurance Co	1-800-877-7703
Medico Insurance Company	1-800-228-6080
Mutual of Omaha	1-877-230-9529
Order of United Comm Travlers of Amer	1-800-848-0123
Philadelphia American Life Ins Co	1-800-552-7879
Reserve National Ins Co	1-800-654-9106
Royal Neighbors of America	1-800-627-4762
Standard Life & Accident	1-888-350-1488
State Farm Mutual Automobile Ins Co	Contact local agent
State Mutual Ins Co (Standard)	1-888-764-1936
Sterling Life	1-877-906-0926
Sterling Investors Life	1-888-377-1966
THP Insurance Company (The Health Plan)	1-877-847-7915
Transamerica Life Insurance Co	1-800-752-9797
United American**	1-800-331-2512
United Commercial Travelers of Am	1-800-848-0123
United Healthcare	1-800-607-2877
United Healthcare AARP	1-877-502-5280
United National Life Insurance	1-800-207-8050
United of Omaha Life Ins Co	1-877-230-9529
United World Life Insurance Company	1-877-230-9529
USAA Life	1-800-515-8687
World Corp Insurance Co	1-866-705-9100

* Sells to those under 65 who lost other Blue Cross Blue Shield Insurance within 60 days

** Sells to those under 65