

# West Virginia 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

MEDICARE SUPPLEMENT RATE Updated July 14, 2012	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 \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached			
COMPANY NAME										
AETNA LIFE INSURANCE COMPANY	\$ 129.52	\$ 143.20	\$ -	\$ -	\$ 165.28	\$ 149.87	\$ -	\$ -	\$ -	\$ 119.46
ASSURED LIFE ASSOCIATION	\$ 131.93	\$ 144.54	\$ 179.39	\$ 148.28	\$ 180.06	\$ 149.57	\$ -	\$ -	\$ -	\$ 121.54
BANKERS FIDELITY (STD)	\$ 132.00	\$ -	\$ -	\$ -	\$ 181.00	\$ 129.00	\$ 75.00	\$ -	\$ -	\$ -
BANKERS FIDELITY (PREF)	\$ 110.00	\$ -	\$ -	\$ -	\$ 151.00	\$ 106.00	\$ 62.00	\$ -	\$ -	\$ -
BLUE CROSS/BLUE SHIELD	\$ 108.98	\$ -	\$ 160.00	\$ -	\$ 162.41	\$ -	\$ -	\$ -	\$ -	\$ -
CENTRAL STATES INDEMNITY CO. OF OMAHA	\$ 98.72	\$ 115.20	\$ 138.00	\$ -	\$ -	\$ 143.44	\$ -	\$ -	\$ -	\$ 100.48
COLONIAL PENN LIFE INSURANCE COMPANY	\$ 120.64	\$ 149.67	\$ -	\$ -	\$ 168.32	\$ 152.10	\$ 65.05	\$ 105.70	\$ 131.11	\$ 95.72
COMBINED INSURANCE	\$ 187.83	\$ -	\$ -	\$ -	\$ 246.96	\$ -	\$ -	\$ -	\$ -	\$ 172.87
CONTINENTAL GENERAL	\$ 110.79	\$ -	\$ -	\$ -	\$ 136.41	\$ 118.31	\$ -	\$ -	\$ -	\$ 110.38
CONTINENTAL LIFE INS. CO. of BRENT	\$ 92.22	\$ 116.14	\$ -	\$ -	\$ 134.93	\$ 118.16	\$ -	\$ -	\$ -	\$ 93.87
EQUITABLE LIFE & CASUALTY INS CO	\$ 150.88	\$ -	\$ -	\$ -	\$ 213.72	\$ -	\$ -	\$ -	\$ -	\$ 150.42

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	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 \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached		
COMPANY NAME										
FAMILY LIFE INSURANCE COMPANY	\$ 125.03	\$ 152.10	\$ 172.73	\$ 159.38	\$ 180.08	\$ 160.28	\$ -	\$ -	\$ 143.48	\$ 126.08
FORETHOUGHT LIFE INSURANCE COMPANY	\$ 132.83	\$ -	\$ 175.06	\$ -	\$ 179.27	\$ 135.01	\$ -	\$ -	\$ -	\$ 117.00
GERBER LIFE INSURANCE CO.	\$ 113.90	\$ -	\$ -	\$ -	\$ 158.47	\$ 134.16	\$ -	\$ -	\$ -	\$ -
GLOBE LIFE AND ACCIDENT	\$ 70.00	\$ 108.50	\$ 125.00	\$ -	\$ 126.00	\$ -	\$ -	\$ -	\$ -	\$ -
GOVERNMENT PERSONNEL MUTUAL LIFE	\$ 121.14	\$ -	\$ 164.16	\$ -	\$ 168.12	\$ 128.65	\$ -	\$ -	\$ -	\$ 112.38
GREAT AMERICAN LIFE INS CO	\$ 125.23	\$ -	\$ -	\$ -	\$ 151.70	\$ 133.11	\$ -	\$ -	\$ -	\$ 120.03
HUMANA INSURANCE CO (Standard)	\$ 153.66	\$ 183.57	\$ 211.33	\$ -	\$ 215.61	\$ -	\$ 99.83	\$ 141.06	\$ -	\$ -
LIBERTY NATIONAL LIFE INS CO	\$ 146.00	\$ 168.00	\$ -	\$ -	\$ 191.00	\$ -	\$ -	\$ -	\$ -	\$ 146.00
LOYAL AMERICAN LIFE INS CO	\$ 116.95	\$ 136.56	\$ 163.33	\$ 143.20	\$ 169.35	\$ 146.83	\$ -	\$ -	\$ -	\$ 118.50
MADISON NATIONAL LIFE INS CO	\$ 123.00	\$ 147.45	\$ -	\$ -	\$ 170.72	\$ 157.64	\$ 84.20	\$ -	\$ -	\$ 138.54
MARQUETTE NATIONAL LIFE INS CO	\$ 131.48	\$ -	\$ -	\$ 147.83	\$ 173.49	\$ 156.40	\$ -	\$ -	\$ -	\$ 117.51
MEDICO INSURANCE COMPANY	\$ 110.09	\$ -	\$ -	\$ 144.86	\$ -	\$ 158.35	\$ -	\$ -	\$ -	\$ -

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	A	B	C	D	F	G	K	L	M	N
<b>MEDICARE SUPPLEMENT            RATE            Updated            July 14, 2012</b>	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 \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached		
<b>COMPANY NAME</b>										
MUTUAL OF OMAHA INSURANCE COMPANY	\$ 121.14	\$ -	\$ 171.17	\$ 149.23	\$ 175.56	\$ -	\$ -	\$ -	\$ -	\$ -
RESERVE NATIONAL INS.CO	\$ 152.90	\$ -	\$ 227.00	\$ -	\$ -	\$ 143.25	\$ -	\$ -	\$ -	\$ 143.70
ROYAL NEIGHBORS OF AMERICA	\$ 121.24	\$ 152.33	\$ 177.48	\$ 142.26	\$ 178.13	\$ 142.84	\$ -	\$ -	\$ -	\$ -
STANDARD LIFE & ACCIDENT	\$ 197.66	\$ 225.05	\$ 255.86	\$ 154.17	\$ 210.41	\$ 155.35	\$ -	\$ -	\$ -	\$ 101.48
STATE MUTUAL INS CO (Standard)	\$ 92.93	\$ 108.46	\$ 129.98	\$ 113.77	\$ 135.13	\$ 114.44	\$ -	\$ -	\$ 102.41	\$ 94.57
STERLING LIFE (Area 1)	\$ 159.37	\$ 192.37	\$ 222.94	\$ -	\$ 223.11	\$ 219.67	\$ 62.21	\$ -	\$ -	\$ 120.28
STERLING LIFE (Area 2)	\$ 160.95	\$ 196.90	\$ 227.84	\$ -	\$ 228.00	\$ 224.79	\$ 65.60	\$ -	\$ -	\$ 126.55
STERLING INVESTORS LIFE	\$ 106.58	\$ 124.43	\$ 149.06	\$ 130.38	\$ 154.92	\$ 131.21	\$ -	\$ -	\$ 117.38	\$ 108.41
TRANSAMERICA LIFE INSURANCE CO.	\$ 83.00	\$ 107.00	\$ 127.00	\$ 116.00	\$ 128.00	\$ 116.00	\$ 59.00	\$ 87.00	\$ 107.00	\$ 101.00
UNITED AMERICAN (A)	\$ 113.00	\$ 156.00	\$ 185.00	\$ 176.00	\$ 179.00	\$ 166.00	\$ 104.00	\$ -	\$ -	\$ 146.00
UNITED COMMERCIAL TRAVELERS OF AM.	\$ 156.11	\$ -	\$ -	\$ -	\$ 239.90	\$ 190.30	\$ -	\$ -	\$ -	\$ 167.93
UNITED HEALTHCARE(AARP)	\$ 109.45	\$ 159.50	\$ 192.22	\$ -	\$ 193.32	\$ -	\$ 72.87	\$ 111.65	\$ -	\$ 127.87

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		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 \$[4620]; paid at 100% after limit reached	Out-of-Pocket limit \$[2310]; paid at 100% after limit reached		
<b>COMPANY NAME</b>										
UNITED NATIONAL LIFE INSURANCE	\$ 125.53	\$ -	\$ -	\$ 152.20	\$ 177.80	\$ 155.35	\$ -	\$ -	\$ -	\$ -
UNITED OF OMAHA LIFE INS CO	\$ 124.60	\$ -	\$ -	\$ -	\$ 179.69	\$ 142.59	\$ -	\$ -	\$ 140.79	\$ 142.31
UNITED WORLD LIFE INSURANCE COMPANY	\$ 126.14	\$ 151.30	\$ 177.41	\$ 154.92	\$ 181.92	\$ 158.53	\$ -	\$ -	\$ -	\$ -
WORLD CORP INSURANCE CO	\$ 133.41	\$ -	\$ -	\$ -	\$ 173.94	\$ -	\$ -	\$ -	\$ -	\$ -
USAA LIFE	\$ 100.13	\$ -	\$ -	\$ 130.56	\$ 135.32	\$ 128.35	\$ -	\$ -	\$ -	\$ -

\* 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
Assured Life Association	800-777-9777
Bankers Fidelity (Std.)	800-241-1439
Bankers Fidelity (Pref.)	800-241-1439
Bankers Life & Casualty	800-621-3724
Blue Cross/Blue Shield	800-344-5514
Colonial Life Insurance Company	803-798-7000
Combined Insurance	800-225-4500
Continental General	800-247-2190
Continental Life Ins. Co. Of Brentwood TN	615-377-1300
Equitable Life & Casualty Insurance Co.	801-579-3400
Family Life Insurance Company	512-404-5000
Gerber Life Insurance Company	914-272-4000
Government Personnel Mutual Life	210-357-2222
Great American Life Insurance Company	800-854-3649
Humana Insurance Company (Standard)	800-542-9594
Liberty National Life Insurance Company	205-325-2722
Loyal American Life Insurance Company	800-633-6752
Madison National Life Insurance Company	608-238-2691
Marquette National Life Insurance Co.	800-275-6667
Medico Insurance Company	402-391-6900
Pacificare Life And Health Insurance Co.	866-744-4543
Reserve National Insurance Company	405-843-7931
Royal Neighbors of America	309-788-4561
Standard Life & Accident	888-350-1488
State Farm Mutual	888-237-3999
State Mutual Insurance Co. (Standard)	800-241-7598
Sterling Life (Area 1)	847-953-2025
Sterling Life (Area 2)	847-953-2025
Sterling Investors Life	877-896-6434
**United American (A)	800-331-2512
United Healthcare (AARP)	800-523-5800
United National Life Insurance	847-803-5252
United Of Omaha Life Insurance Company	800-775-6000
USSA Life	800-531-8722
World Corporation Insurance Company	800-247-2190

• \*\*\*\*\*Is also licensed for coverage for persons under age 65