Medicare Supplement Insurance: Medigap Options for Colorado Consumers



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP

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SHIP

Colorado Department of Regulatory Agencies D. Rico Munn, Executive Director Division of Insurance Marcy Morrison, Commissioner Peg Brown Deputy Commissioner of Consumer Affairs Liz Tredennick, SHIP Program Administrator

The SHIP (Colorado Senior Health Insurance Assistance Program) is a counseling program for Medicare beneficiaries and their families who wish assistance in understanding Medicare benefits, coverage gaps, billing concerns, Medigap, Medicare Health Plans, long-term care insurance and other health insurance options.

Services are provided through a statewide network of organizations that recruit counselors, publicize services, and operate the local programs. Many counselors donate their time and expertise.

Counselors will not recommend or endorse specific insurance policies, but will assist consumers with information to make informed insurance choices.

All services are provided without charge.

Colorado Senior Health Insurance Assistance Program (SHIP) volunteers can help you:

- Understand Medicare Part A, Part B, and Part D
- Understand Medicare Health Plans (Medicare Part C) Options
- Enroll in Medicare benefits
- Organize, understand and process medical bills
- Assist with private health insurance claims
- Understand your hospital and Medicare rights
- File Medicare appeals
- Identify gaps in Medicare coverage and options to fill them
- Evaluate Medicare supplement insurance options
- Understand long-term care options
- Provide you with reference information and referral sources

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Introduction

Medicare is the national health insurance system for those aged 65 and older and those under age 65 with disabilities. Medicare consists of Medicare Part A (hospital insurance), Medicare Part B (medical insurance) and Medicare Part D (prescription drug insurance)¹. Medicare Parts A and B are known as Original Medicare². Individuals with Medicare may opt to get their health care through Original Medicare, administered by the federal government, or through a private company offering Medicare Health Plans (Medicare Part C). Individuals receiving their health care coverage through Original Medicare or a Medicare "Cost" Plan (Rocky Mountain Health Plans or San Luis Valley HMO) have the option of purchasing Medicare Supplement Insurance to help pay the cost of their health care. Those covered through a Medicare Health Plan are not allowed to purchase Medicare Supplement insurance unless they drop the Medicare Health Plan.

What is Medigap?

Medicare Supplemental Insurance (more commonly known as Medigap insurance) is a health insurance policy sold by private insurance companies to fill "gaps" in Original Medicare coverage. (See Exhibit A and B for the current year's Medicare deductibles and co-payments.) Medigap policies must follow federal and state laws that protect the beneficiary. The front of the Medigap policy must clearly identify it as "Medicare Supplemental Insurance". In all states except Massachusetts, Minnesota, and Wisconsin (Medigap "waiver" states), a Medigap policy must be one of 12 standardized policies that can be compared easily. Each policy has a different set of benefits that are defined by Congress.

Medicare supplemental insurance is offered in standardized packages of benefits labeled A – L, with K and L plans being much different than plans A - J^3 . In Colorado, every company marketing a Medicare supplement must adhere exactly to the standardized benefit packages. Plan A is the most basic and all Medigap insurers must offer Plan A benefits. Plan F and J are offered with a high deductible option. (See *Exhibit C* for an overview of Medigap packages and their benefits.) Some people have plans that were purchased before 1992. These policies may have benefits that are no longer offered in standardized policies.

Any standardized policy may be sold as a Medicare SELECT policy. Medicare SELECT is a Medigap plan that requires the beneficiary to use a network of providers. All of the standardized Medicare Plans may be offered as Medicare

²Original Medicare is also known as "traditional Medicare" and "fee-for-service Medicare".

¹If consumers are covered through Original Medicare, they may purchase a stand-alone prescription drug plan. Many Medicare Health Plans include drug coverage or consumers may choose a Medicare Health Plan without drug coverage and enroll in a stand-alone Medicare prescription drug plan.

³Some Colorado consumers still carry Medicare Supplement Policies H, I or J with drug coverage; however, with the passage of the Medicare Modernization Act that provided for Medicare-sponsored prescription drug coverage, Congress no longer allows those policies <u>with drug coverage</u> to be sold. Medigap plans H, I, J provided prescription drug coverage that is not "creditable coverage" – equal to or better than that provided through Medicare – although some of the older J policies may have "creditable" rug age.

SELECT policies, however not all plans are available in all states. (*At present, Medicare SELECT policies are not available to all Medicare consumers in Colorado.*) A Medicare SELECT plan may lower the cost of a Medigap policy through the use of a network of providers. If a beneficiary is enrolled in a Medicare SELECT plan, he or she must use a provider in the network to get full insurance benefits (except in an emergency).

Disabled Coloradans Have Same Rights as Other With Medicare!

Any Colorado consumer with Medicare, whether receiving Medicare benefits because of age or disability, is provided a Medigap guaranteed issue period; after first enrolling in Medicare Part B consumers have six (6) months to enroll in a Medigap plan (Open Enrollment Period). During that six-month period, under Colorado law, insurers cannot deny coverage to any Colorado Medicare beneficiary, regardless of health status.

Consumers may have guaranteed rights to purchase a Medigap policy upon the involuntary loss of creditable coverage. Check with your SHIP counselor for more information.

While Medigap insurance premiums may be more expensive than Medicare Health Plan⁴ premiums, purchasing a Medigap plan permits you to have free choice of Medicare-approved doctors and hospitals without referrals or prior authorizations. Medigap insurers are certified by the state and must conform to state law. (See *Exhibit D for plans with contact information and rates for Medigap Plans offered in the State of Colorado. Rates provided in Exhibit D1-D5 were accurate at the time of the company survey and are provided as a service to Colorado consumers. Rates often change; the consumer should verify rates through the company marketing the plan.)*

Should I purchase a Medigap insurance plan?

Although most Medicare beneficiaries benefit from a supplemental policy, some do not. This includes individuals who are:

- Eligible for Medicaid because they have low income and few resources;
- Eligible for a Medicare Savings Program, referred to as Qualified Medicare Beneficiary (QMB), because they have low income and few resources;
- Covered by credible insurance through their own, or their spouse's current employer (either you or your spouse <u>must be currently</u> employed and have insurance from that employer);

⁴ Medicare Health Plans are private plans for persons with Medicare and include HMOs (Health Maintenance Organizations), PPOs (Preferred Provider Organizations), PFFS (Private Fee-for-Service Plans), Medicare Cost Plans, MSAs (Medicare Medical Savings Accounts), PACE, and SNPs (Special Needs Plans). These plans offer, often, a viable alternative for consumers and are generally less expensive than Original Medicare (Part A and Part B) and a Medicare Supplement (Medigap) policy for individuals that are relatively healthy.

- Covered by a employer group health plan for retirees;
- Enrolled in a Medicare Health Plan;
- Receiving services from a VA facility or are enrolled in TRICARE for Life for military retirees.

Can a Medigap plan refuse me coverage?

Individuals of any age newly enrolled in Medicare Part B have an "Open Enrollment" period during the first six months after enrolling in Part B. Individuals who are already on Medicare Part B before age 65 due to a disability have two open enrollments, the first when they originally enroll in Medicare Part B and the second beginning during their 65th birth month. During open enrollment you can purchase any Medigap plan from any insurer in the market and cannot be refused. However, insurers may impose up to a six (6) month exclusion period for preexisting health problems during which they won't pay for a preexisting condition, <u>unless</u> you have had continuous medical coverage from a previous health plan and not more than 63 days have passed since you applied for a Medigap policy. For individuals in poor health, open enrollment may be the only opportunity to purchase a policy at the lowest premium, if at all.

Some individuals may qualify for guaranteed issue outside their Medigap open enrollment period. An insurance company cannot refuse to sell you a Medigap policy under the following situations:

	NTEED RIGHT TO BUY A ME	
Guaranteed Issue Right	Medigap Purchase Rights	Timelines
Situation		
1. You are in a Medicare	You have the right to buy	You can apply up to 60
Health plan; your plan is	Medigap Plans A, B, C, F, K or L that is sold in	calendar days before the
leaving the Medicare program, stops providing	Colorado by any	date your health care coverage will end. You
care in your area or you	insurance company.	must apply no later than
move out of the plan's		63 calendar days after
service area.		your health care coverage
		ends.
	join another Medicare Health	
plan for up to 1 year an	d maintain your "trial rights"	
	You have a right to buy	You must apply no later than
2. You are in Original	Medigap Plan A, B, C, F, K	63 calendar days after the
Medicare and have an	or L that is sold in	latest of these 3 dates:
employer group health	Colorado by any	1. Date coverage ends
plan, including retiree or	insurance company.	2. Date on the notice you
COBRA coverage, or		receive notifying you that your coverage is ending
union coverage that pays	If you have COBRA	3. Date on a claim denial, if
after Medicare pays.	coverage, you can either	this is the only way you
That coverage is ending.	buy a Medigap policy	know that your coverage
	right away or wait until	has ended.
	COBRA coverage ends.	

3. You are in Original Medicare and have a Medicare SELECT policy. You move out of the Medicare SELECT plan's service area.	You have the right to buy Medigap Plans A, B, C, F, K or L that is sold in Colorado or the state to which you are moving.	You may apply up to 60 calendar days before the date your health care coverage will end. You must apply no later than 63 calendar days after your health care coverage ends.
Note: You may keep you	ir Medigap policy or switch t	o another Medigap policy.
4. (Trial Right): You joined a Medicare Health Plan, including PACE, when you were first eligible for Medicare Part A at age 65 and within the first year, you decide you want to switch to Original Medicare.	You have the right to buy any policy sold in the State of Colorado by any insurance company.	You may apply up to 60 calendar days before the date your coverage ends. You must apply no later than 63 calendar months after your coverage ends.
	st for an extra 12 months un	der certain circumstances.
5. (Trial Right): You dropped a Medigap policy to join a Medicare Health Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan for less than a year and want to switch back.	You have the right to buy the Medigap policy you had before you joined the Medicare Health Plan or Medicare SELECT policy, if the same insurance company you had before still sells it. If it included drug coverage, you can still get the same policy, but without the drug coverage.	You may apply up to 60 calendar days before the date your coverage will end. You must apply no later than 63 calendar days after your coverage ends.
6. Your Medigap insurance company goes bankrupt and you lose your coverage or your Medigap policy coverage otherwise ends through no fault of your own.	You have the right to buy Medigap Plan A, B, C, F, K or L that is sold in the State of Colorado.	You must apply no later than 63 calendar days from the date your coverage ends.
7. You leave a Medicare Health Plan or drop a Medigap policy because the company hasn't followed the rules or it misled you.	You have the right to buy Medigap Plan A, B, C, F, K or L that is sold in the State of Colorado.	You must apply no later than 63 calendar days from the date your coverage ends.
	esented in Medicare publication: 0 Definition Health Insurance For People With	

What if I continue to work after becoming eligible for Medicare?

Your employer group health plan is your primary coverage if you or your spouse continues to work beyond age 65 for a company that employs twenty or more workers and you are covered under that employer's health care plan. For those who are disabled and continue to work, your employer health plan is primary if you are enrolled in your (or your working spouse's) company sponsored health plan and your company employs more that 100 workers. You have the option of delaying enrollment in Medicare Part B in order to preserve your open enrollment period and to avoid paying the monthly premium for Part B.

Medicare beneficiaries who lose their employer plan may be entitled to a guaranteed issue of Medigap plans A, B, C, F, K or L if they apply for Medigap insurance within 63 days of losing the employer plan. Medicare's free publication, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare,* describes your rights in detail. You may call Medicare at 1-800-633-4227 to obtain a free copy or, to view on the web, visit www.medicare.gov and look under publications. A listing of companies marketing Medigap policies in the State of Colorado, by zip code, is available at www.medicare.gov/MPPF. Comparisons of Medigap premiums for Colorado may be found on the Colorado Division of Insurance website:

www.dora.state.co.us/insurance/senior/senior.htm (Also see Exhibit D.)

Suspending a Medigap Policy

Any person with Medicare who has a Medigap policy sold on or after November 5, 1990 and who qualifies for Medicaid may request that the Medigap policy be suspended for up to 24 months. The policy holder must request the suspension within 90 days of the date (s)he was determined to be eligible for Medicaid. The policy will be reinstated if the policy holder notifies the Medigap insurance company within 90 days of the loss of Medicaid eligibility.

Additionally, Section 1882 of the Social Security Act authorizes certain disabled individuals who return to work to suspend a Medigap policy while participating in employer-sponsored group health coverage.

Benefits in Standardized Supplemental Plans

Standardized plans, labeled A through L (See Exhibit C.) vary in cost depending on the company selling the plan, zip code, gender, age and smoking status. Each plan offers a unique and fixed set of benefits as defined by Congress. Premiums among insurers vary greatly for the exact same coverage. Plan F is the package many insurers prefer to sell since it covers Part A and Part B deductibles, skilled nursing facility coinsurance, as well as payment of doctor charges that exceed Medicare's payment level. Insurers will not sell these policies to people with poor health histories, except during the open enrollment period. None of the standardized Medigap policies cover benefits for dental care, dentures, hearing aids, eyeglasses, acupuncture, or cosmetic surgery. No Medigap plan covers prescription drugs.

All certified Medigap policies A through J must include specific Basic Benefits. (Benefits under Medigap Plans K and L vary.) These Basic Benefits include:

- Beneficiary's co-payment for long hospital stays beyond 60 days during a spell of illness (also known as a "benefit period");
- → 365 extra hospital days if the beneficiary runs out of Medicare inpatient hospital days (more than 150 days in a benefit period);
- ♦ Part B 20% co-payment after the annual deductible has been met; and
- ✤ First three pints of blood.

Depending on the benefit package selected, beneficiaries may also buy additional coverage for the following benefits:

- Benefit for Part A Hospital Deductible
 For each inpatient admission to a hospital, you pay a first-day deductible if
 60 days have elapsed since you were last in the hospital. Having this benefit
 in your policy means you will be covered as many times as you have to pay
 it. Coverage for the Part A deductible is included in Plans B, C, D, E, F, G, H,
 I, J and K and L.
- ♦ Medicare Part A Coinsurance

For each benefit period, after your first 60 days of hospitalization, you must pay an additional co-payment for days 61 - 90. A larger amount per day is required for days 91-150 while using your lifetime reserve days. Medigap plans A, B, C, D, E, F, G, H, I, J, K and L help pay all or some of these costs

- Benefit for Skilled Nursing Facility Co-payment for days 21 through 100 If you qualify medically, Medicare pays for a limited number of days in a Medicare-certified skilled nursing facility. Medicare pays in full for the first 20 days of the stay. However, if you continue to qualify for the Medicare benefit after 20 days, you must pay a daily coinsurance for the 21st through the 100th day (the maximum number of days in the benefit). The skilled nursing facility benefit renews if you have not been institutionalized within the prior 60 days and you are first admitted to a hospital for at least three days. Having this benefit in your policy means it will pay the daily coinsurance amount. Coverage for the Part A skilled nursing facility co-pay is included in Plans C, D, E, F, G, H, I, J. Benefits vary under Medigap policies K and L.
- Benefit for the Part B Calendar Year Deductible
 Every calendar year the Medicare beneficiary is responsible for a modest deductible based on eligible Part B expenses. Medicare automatically applies this amount toward your deductible before making payment. Having this benefit in your policy means it will pay your annual deductible. Coverage for the Part B deductible is included in Plans C, F, and J.
- Benefit for Excess Charges
 "Excess" charges refer to Part B charges that are over and above the amount that Medicare approves for a medical service or supply. "Excess"

charges only apply to services by doctors and suppliers who DO NOT ACCEPT Medicare ASSIGNMENT. In addition to the 20% coinsurance that you have to pay, if a doctor or supplier doesn't accept assignment, you also have to pay an additional "excess" charge. The excess charge (also known as the limiting charge) for physician services is capped at 15% higher than what Medicare approves. (*Example*: Dr. Clark does not accept assignment. Her charge is \$115. Medicare approves \$100. Medicare pays 80% or \$80. The patient owes \$35.) If your policy has a benefit to pay 100% of excess charges, you are covered in full for the remainder of any non-assigned claim. This includes certain supplies that do not have a price cap. Coverage for 100% of the excess charge is included in Plans F, I, and J. Coverage for 80% of excess charges is included in Plan G.

Benefit for Foreign Travel Emergencies

Medicare does not cover care in a foreign country (there are a few exceptions in Canada or Mexico). This benefit only minimally increases your policy premium and pays 80% of emergency care in a foreign country after you pay a \$250 deductible. The benefit is good for the first 60 days of your trip and the lifetime maximum is \$50,000. This benefit is included in Plans C, D, E, F, G, H, I, and J.

♦ Benefit for At-Home Recovery.

Medicare only covers home health care when you require skilled nursing or rehabilitation; not when you merely need help with the activities of daily living such as bathing, eating, toileting, etc. The "at-home recovery" benefit in Medigap policies is linked to individuals who qualify for and receive home health care from Medicare. It covers short-term, physician-certified, at-home assistance with activities of daily living (ADLs). ADL care must be certified for the same condition for which home care was approved by Medicare and must be received during the same period as Medicare home care or no more than 8 weeks after the last approved Medicare visit. Total Medigap-paid visits cannot exceed the number of Medicare-approved visits. The Medigap benefit is limited and is included in Plans D, G, I, and J.

- Benefit for Preventive Health Care Not Covered by Medicare Although Medicare covers some preventive benefits, Medicare does not routinely cover preventive health care, such as an annual physical. The Medigap preventive health benefit covers up to \$120 annually towards services such as preventive annual exams, hearing tests, and thyroid function tests not covered by Original Medicare. The benefit is included in Plans E and J.
- ♦ Benefit for Prescription Drugs

As of January 1, 2006 no new issues of plans H, I and J with drug benefits are allowed. As of January 1, 2006, Congress authorized Medicaresponsored prescription drug coverage. Medigap policy drug benefits do not meet Medicare's definition of "creditable coverage"— coverage that is as good as or better than that provided by Medicare. Even though consumers may choose to keep drug coverage under their Medigap policy, we recommend strongly that consumers drop drug coverage under their Medigap plan and enroll in drug coverage provided through Medicare. An individual may not use both. Those eligible for Medicare prescription benefits who do not enroll in a prescription drug plan will pay a penalty of one (1%) per month for each month that they were eligible and did not enroll. (You may request a free copy of *Medicare Rx Options for Colorado* from a SHIP affiliate toll free at 1-888-696-7213).

Switching Medigap Insurance

If you decide to switch to a new Medigap policy (*and can pass the health questionnaire*) because benefits and premiums are more attractive, and if you've had your old policy for at least 6 months, the new Medigap policy generally must cover you for all preexisting conditions with no waiting period. If you've had the policy for less than 6 months, the new policy must give you credit for the time the older policy covered you. If your new policy has a benefit that wasn't in your old policy the company can make you wait up to 6 months before covering that benefit. If you are enrolled in one of Colorado's Medicare Health Plans and plan to switch to Medigap insurance, make sure you apply and are accepted by a Medigap Plan before you drop your Medicare Health Plan. Then, you must disenroll from your Medicare Health Plan by notifying your plan in writing. You <u>cannot</u> disenroll by simply stopping payment of your monthly premiums. You must either make your request in writing to the Medicare Health Plan or call Medicare's toll-free line at 1-800-633-4227 (1-800-MEDICARe).

You may also have guaranteed rights to change policies. (See "Your Guaranteed Right to Buy A Medigap Policy" above).

Factors to Consider in Choosing an Insurance Company

Price

Since Medicare supplemental insurance is sold according to standardized benefit packages, price is a very important consideration. Although there are other factors to consider, consumers are wise to choose a less expensive insurer for their coverage. Depending on the insurer, you could end up paying twice as much for the exact same benefits. Remember, too, the older you are when you buy a policy, usually, the higher the premiums.

Some companies sell Medigap Plan F and Plan J with a high deductible option. If you buy one of these plans, your premiums will be greatly reduced, but you will have to pay more before the plan kicks in. (See **Exhibit C** for high deductible amount for current year.)

Plans K and L generally include less coverage that some other Medigap plans; however, premiums are routinely much lower than those for other policies. However, both Plans K and L provide protection for high out of pocket costs. Once you reach the out of pocket limit for the year and have paid the Part B deductible, the plan will pay 100% of covered services for the remainder of the year.

Non-smokers and those who have premiums automatically withdrawn from their checking account usually pay lower premiums.

Premium Increases

Most insurers use issue age or attained age rating systems to establish their prices. Attained age systems automatically increase rates on certain anniversaries. Premiums tend to be cheaper at younger ages, but increase as the policyholder ages. Issue age-rated policies do not automatically increase each year because of age, but will usually increase in cost to reflect inflation rates and the company's claims payment experience. A very few companies charge the same rates at all ages (community rating). A 65-year old pays the same premium as an 85-year old. These policies tend to be more expensive at younger ages, but are best buys for people of advanced age shopping for a new insurer.

Premium Refunds

Colorado law obligates Medigap insurance companies to refund pre-paid premiums if the policyholder chooses to end coverage. The consumer should notify the Medigap plan at least 30 days before dropping the plan.

Disability

In Colorado, Medigap insurers must market to disabled Medicare beneficiaries under age 65. All beneficiaries have a 6-month open enrollment beginning with the month they purchase Part B of Medicare and during which a company cannot refuse to sell them a policy of their choice. Rates for this group may be higher than at age 65. Depending on availability and eligibility, disabled individuals, instead, may supplement Medicare benefits with employer-based group health plans, Medicare Health plans, or Medicaid.

Medical Underwriting

Almost all companies medically underwrite their policies by having applicants complete a health questionnaire, although some companies have less restrictive underwriting standards. Unless you are in your open enrollment period or some other guaranteed issue situation, insurance companies can refuse to sell you a policy based on your poor health. Or, if you have not been covered previously by another policy, the company may sell you the policy but impose preexisting condition exclusion. This means they will not pay for treatment of a specified health problem for up to six months, although some companies have a shorter exclusion period.

Automatic Crossover from Medicare to your Supplemental Insurer

Doctors and hospitals must send their bills to Medicare, but do not have to bill your supplemental insurer. Many supplemental insurers pay to have Medicare send bills (electronic crossover) to them automatically, eliminating the need for beneficiaries to deal with claim forms. Another way you can ensure that your bills are forwarded to your Medicare supplemental insurer is to use doctors who "accept Medicare assignment."

Financial Ratings

Most consumer experts recommend doing business with companies that have high ratings from two or more rating services. You may call the rating company for current financial ratings. (You should check with the company to find out if the company charges for ratings information.) Additionally, you may visit the company's web site or your local library for information. Be sure to ask for an explanation of what each company's ratings mean. An "A" rating from one company will not mean the same thing as an "A" rating from another company.

- ♦ A.M. Best 908-439-2200 www.ambest.com
- ♦ Moody's 212-553-0377 www.moodys.com
- Standard & Poor's 212-438-2400 www.standardandpoors.com
- Weiss Research 800-289-9222 www.weissratings.com

Coordination of Benefits Coverage for Colorado Individuals with Disabilities

The CoverColorado Coordination of Benefits (COB) Plan allows individuals who are receiving Medicare benefits because of a disability or ESRD (end-stage renal disease requiring dialysis or a kidney transplant to purchase a plan that works with their Medicare benefits. The CoverColorado COB plan allows individuals with a disability who missed their Medigap guaranteed issue enrollment opportunity when they first became eligible for Medicare to enroll in a plan (CoverColorado COB) to assist in paying medical costs not paid by Medicare. Eligibility requirements for the CoverColorado COB plan are presented in the following chart.

Note: Consumers should verify type of policies offered, benefits, rates, etc. with the company marketing the plan before enrolling to make sure policies fit their needs.

Exhibit A	
2008 Medicare Part A & B Premiums, Deductibles and Co-	insurance (Copays)
Note: Most Americans receive Medicare Part A at no cost; howe	
work long enough to qualify for free Part A may buy Part A and	
	Amount Consumer
Medicare Part A	Pays
Premiums	.
40+ quarters worked	\$0.00
30-39 quarters worked	\$233.00
Less than 30 quarters worked	\$423.00
Deductibles	
Each Benefit Period	\$1024.00
Hospital Daily Co-insurance	
Hospital Co-insurance: Day 1 - Day 60	\$0.00
Hospital Co-insurance: Day 61 - Day 90	\$256.00
Hospital Co-insurance: Day 91 - Day 150 (Lifetime Reserve Days)	\$512.00
Hospital Day 151 and over	100%
Skilled Nursing Facility Daily (SNF) Co-insurance	
SNF Co-insurance: Day 1 - Day 20	\$0
SNF Co-insurance Day 21-100	\$128
SNF Day 101 and each day thereafter	100%
Medicare Part B	
Premiums (Base Premium) (See chart below.)	\$96.40
Deductibles	\$135.00
Excess Charges	100%
Co-insurance*	
Co-insurance: Doctor Services	20%
Co-insurance: Outpatient Therapy	20%
2008 Limit on physical & speech therapy = \$1,810/occupation	
\$1,810 for services received outside a hospital outpatie	ent department.
Co-insurance: Preventive Services	20%
Co-insurance: Durable Medical Equipment	20%
Co-insurance: Home Health Services	0%
Co-insurance: Clinical Laboratory	0%
Co-insurance: Outpatient Mental Health Services	50%
Blood	
First 3 pints	100%
Pints 4 and over	20%

Exhibit B: Mea	ns-tested Medicare Part B Pr	emiums - 2008	3
Classification	Classification	Income- Related Monthly Adjustment Amount (MAGI)	Total Monthly Premium** Amount Each Person (MAGI)
Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:		
\$ 82,000 or below	\$164,000 or below	\$0.00	\$96.40
\$ 82,001 - \$102,000	\$164,001 - \$204,000	\$25.80	\$122.20
\$100,001 - \$153,000	\$204,001 - \$306,000	\$64.50	\$160.90
\$153,001 - \$205,000	\$306,001 - \$410,000	\$103.30	\$199.70
\$205,001 and above	\$410,001 and above	\$142.00	\$238.40
Beneficiaries who are marri income:	ed but file a separate return f	rom their spo	use with
≤\$82,000		\$0.00	\$96.40
>\$82,001 but ≤\$123,000		\$103.30	\$199.70
> \$123,000		\$142.00	\$238.40
$\leq = Equal$ to or less than		· ·	
> = Less than			
	in Part B when first eligible m for each 12 month period eligiums will be higher.	• •	

	Exhibit C:		Medigap B	enefits	p Benefits By Medicare Supplement Plan	dicare \$	Suppler	nent PI	an			
						Medigap Plans	p Plans					
Medigap Benefit	Α	В	ပ	D	ш	ш	G	н	_	ſ	×	٦
Medicare Part A Coinsurance	1	>	>	>	>	>	>	×	×	~	>	<
Medicare Part B Coinsurance	>	>	>	>	>	>	>	>	>	>	50%	75%
Blood (First Three Pints)	>	>	>	>	>	>	>	×	>	>	50%	75%
Hospice Care Coinsurance											50%	75%
Skilled Nursing Facility Care Coinsurance			>	>	~	>	>	<	1	^	20%	75%
Medicare Part A Deductible		1	~	>	>	~	>	×	×	~		
Medicare Part B Deductible			>			>				>		
Medicare Part B Excess Charge						>	80%		>	1		
Foreign Travel Emergency (Up to plan limit)			>	>	~	>	>	×	^	1		
At-home recovery (Up to plan limit)				>			>		^	>		
Preventive Care Coinsurance (Included in the Part B Coinsurance)	>	>	>	>	>	>	>	~	>	>	>	>
Preventive Care not Covered by Medicare (up to \$120)					>					1		
2008 Out-of-Pocket Limits*											\$4,440	\$2,220
2008 High Deductible Limits						\$1,900				\$1,900		
* Medigap plans K and L pay only limited benefits ; however, both have out-of-pocket limits. After the consumer has paid the out-of-pocket limits, the plan will then pay 100% of covered services. Out-of-pocket limits change each year	y only l , the pla	imited k an will t	benefits hen pay	; howe ¹	fits ; however, both have out-of pay 100% of covered services.	ר have o ed servi	ut-of-pc ces. Ou	ocket lin ut-of-po	nits. Aft cket lim	er the co lits chan	-pocket limits. After the consumer has Out-of-pocket limits change each year.	r has year.
**Medigap plans F and J are available with higl	<u>e availal</u>	ble with	high d€	h deductibles.		deduct	ibles an	ounts o	change	The deductibles amounts change each year.	ar.	

Exhibit		D: Medigap Plans Marketed in Colorado	n Colorado			
Company/Contact #	Plans Offered	How Premiums are Calculated	n [–]	Automatic Crossover from Medicare	Financia Janua	Financial Ratings January 2008
			Period		S&P	A. M. Best
AARP/United HealthCare Insurance Co. 800-523-5800	A, B, C, D, E, F, G. H. I, J, K. L	Community	Other	Yes	NF	A
American Continental Insurance Co. 800-264-4000	A, B, D, F, J	Attained	Other	Yes	NR	NR
American Family Mutual Insurance Co. 800-242-4100	A, C, F, K, L	Attained	Other	Yes	NR	A
American National Life Insurance Co of Texas 800-899-6503	A, B, C, D, E, F, G	Attained	Other	Yes	AA	A
American Pioneer Life Insurance Co. 800-538-1053	A, B, C, D, F	Attained	6 mo	Yes	BBB+	B++
American Republic Insurance Co. 888-755-3065	A, E, F, Fhi, J, K, L	Attained	Other	Yes	Api	A-
Bankers Life and Casualty Co. 800-621-3724	A, B, C, D, E, F, Fhi, G, J, K, L	Attained	Other	Yes	BB+	B+
Central Reserve Life Insurance Co. 877-291-5434	A, C, D, E, F, Fhi, G, H, I, J	Attained	6 mo	Yes	NR	B++
Combined Insurance Co. of America 800-544-5531	A, B, C, D, F, H	Other	Other	Yes	A-	A
Conseco Insurance Co. 800-888-4918	A, D, F, G	Other	Other	Yes	BB+	B+
Constitution Life Insurance Co. 800-789-6364	A, D, F, G	Attained	6 mo	Yes	NR	B++
Continental General Insurance Co. 877-291-5434	A, B, C, D, E, F, Fhi, G, H, J	Attained	Other	Yes	NR	B++
Continental Life Insurance Co. of Brentwood, TN 800-264-4000	A, B, C, D, E, F, G	Attained	Other mo	Yes	NR	A
Equitable Life & Casualty Insurance Co. 800-352-5150	A, B, C, D, E, F, Fhi, G, H, I, J, Jhi	lssue	Other	Yes	Bbpi	B++

Exhibit		D: Medigap Plans Marketed in Colorado	n Colorado			
Company/Contact #	Plans Offered	How Premiums are Calculated	bu u	Automatic Crossover from Medicare	Financia Janua	Financial Ratings January 2008
			Period	<u> </u>	S&P	A. M. Best
Globe Life and Accident Insurance Co. 800-801-6831	A, B, C, F	Other	om 9	Yes	AA-	+A
Golden Rule Insurance Co. 800-474-4467	A, C, F, G	Attained	6 то	Yes	ЦN	ΝF
Guarantee Trust Life Insurance Co. 800-323-6907	A, B, C, D, F, G	Attained	Other	Yes	Bpi	B+
Humana Insurance Co. 800-872-7294	A, B, C, F, Fhi, K, L	Attained	Other mo	Yes	ЦN	A-
LifeInvestors Insurance CO of America 800-752-9797	G, H, I, J	lssue	e mo	Yes	AA	+A+
Lincoln Heritage Life Insurance Co. 800-287-7319	A, B, C, D, F	Attained	Other	Yes	BBBpi	-A-
Mennonite Mutual Aid Association 800-348-7468	A, E, F, L	Issue	Other	Yes	NR	NF
Monumental Life Insurance Co. 800-752-9797	G, H, I, J	Attained	om 9	Yes	AA	A+
Mutual of Omaha Insurance Co. 800-316-0842	A, C, D, F, G	Attained	Other	Yes	AA-	+A+
Order of United Commercial Travelers 614-228-3276	A, B, C, D, F, G	Attained	Other	Yes	NR	ΝF
PacifiCare Life Assurance Co. 800-610-2660	A, C, F, Fhi, G, J	Attained	Other	Yes	NR	A-
Pennsylvania Life Insurance Co. 800-275-7366	A, B, C, D, F, G	Attained	om 9	Yes	BBB+	B++
Physicians Life Insurance Co. 800-228-9100	A, B, F, G	Other	Other	Yes	NR	A
Provident American Life & Health Insurance Co. 877-291-5434	ſ	Attained	6 mo	Yes	NR	B++
Pyramid Life Insurance Co. 800-777-1126	A, D, E, F, Fhi, G	Attained	6 mo	Yes	BBB+	B++

Medigap Companies Marketing in Colorado

Page 2 of 3

Exhibit		D: Medigap Plans Marketed in Colorado	n Colorado			
Company/Contact #	Plans Offered	How Premiums are Calculated	n [–]	Automatic Crossover from Medicare	Financia Janua	Financial Ratings January 2008
			Period	<u> </u>	S&P	A. M. Best
Reserve National Insurance Co. 800-654-9106	A, B, C, D, F	Attained	6 mo	Yes	A	A-
Rocky Mountain Health Care Options, Inc. 888-251-1330	A, C, F, G	Attained	6 mo	Yes	NF	B++
Rocky Mountain Hospital and Medical Services, Inc. (Anthem Blue Cross and Blue Shield) 877-831-3000	A, B, F, Fhi, I, J, L	Attained	Other	Yes	ЦN	A-
Shenandoah Life Insurance Co. 800-848-5433	A, B, C, D, E, F, G	Attained	Other	Yes	NR	A-
Standard Life and Accident Insurance Co. 888-350-1488	A, B, C, D, E, F, Fhi, G	Attained	Other	Yes	A+	А
State Farm Mutual Automobile Insurance Co. Local Agent - See Yellow Pages	A, C, F	Attained	Other	Yes	AA	A++
Sterling Investors Life Insurance Co. 888-377-7966	A, B, C, D, E, F, G	Attained	Other	Yes	NR	В
Sterling Life Insurance Co. 888-858-8572	A, B, C, F, K	Attained	Other	Yes	NR	A-
Thrivent Financial for Lutherans 800-847-4836	A, B, C, D, F, H, I, L	Other	Other	Yes	NR	A++
Transamerica Life Insurance Co. 800-752-9797	G, H, I, J	lssue	6 mo	Yes	AA	A+
United American Insurance Co. 800-331-2512	A, B, C, D, F, Fhi, G, K, L	Other	6 mo	Yes	-AA-	A+
United Teacher Associates Inc Co 800-880-8824	A, B, C, D, F, G	Attained	6 mo	Yes	NR	A-
United World Life Insurance Co. 877-845-0892	A, B, F, G	Attained	Other	Yes	А	A+
World Corp Insurance 800-822-9993	A, F, Fhi, L	Attained	Other	Yes	ΗR	B++

	Exh	Exhibit D-1:	Colorad	Colorado Options:	ns: Med	icare Su	pplemer	nt Insura	ance "Me	Medicare Supplement Insurance "Medigap" Plans	Plans				
AGE 65			M	onthly Pr	Monthly Premium Rates for	Rates for	. Age 65	Non-Sr	noker Re	Age 65 Non-Smoker Residing in Zip Code 80202	n Zip Co	de 8020	12		
Company Name	Sex	A	В	ပ	٥	Ш	Ŀ	Fhi ¹	ი	н	-	ſ	Jhi ¹	K²	L ²
AARP (United HealthCare	Female	129.25	153.25	179	165.75	166.50	180.50		167.00	162.75	164.75	191.50		86.25	124.25
	Male	129.25	153.25	179.25	165.75	166.50	180.50		167.00	162.75	164.75	191.50		86.25	124.25
Continental Insurance	Female	79.30	99.96		100.96		116.04					116.70			
Company	Male	91.21 66.00			115.95		133.53 120.60					134.28		EA 07	20 02
Company	Male	06.90 66.90		130.37			130.60							54.97	80.07
National Life Insurance	Female	84.97		120.96	95.43	89.07	119.83		94.82						
	Male	95.17	119.31	135.34	106.84	99.78	134.21		106.06						
American Pioneer Life Insurance	Female	100.53	129.68	167.84	142.37		174.04								
	Male	115.51	148.93	192.63	163.54		199.86								
Republic Insurance	Female	80.14				123.63	146.61	55.63				128.55		71.88	96.32
	Male	86.88				134.00	158.94	60.20				139.36		77.91	104.39
ife and Casualty	Female	120.91	159.07	178.61	149.71	114.94	159.61	52.67	114.15			125.14		60.85	83.49
	Male	120.91	159.07	178.61	149.71	114.94	159.61	52.67	114.15			125.14		60.85	83.49
Central Reserve Life Insurance	Female	167.00		207.00	163.00	131.00	202.00	72.00	164.00	119.00	142.00	149.00			
	Male	192.00		238.00	187.00	150.00	233.00	83.00	189.00	136.00	163.00	171.00			
ed Insurance Company of	Female	103.12	149.18	179.66	143.16		184.81		131.35						
	Male	103.12	149.18	179.66	143.16		184.81		131.35						
Conseco Insurance Company	Female	98.98			116.48		136.46		104.10						
	Male .	108.93			128.14		147.36		114.49						
on Life Insurance	remale Mala	100.07			101.13		133.03		113.45						
	Intale Femolo	12.801	00 101		118.04	00 4 7	147.00		124.82			110.00			
al General Insurance	remale Malo	111.00	101.00	102.00	143.00	141.00	109.00	49.UU	00.101	119.00		149.00			
	Econolo	75 66	00.00	100.001	00.90	104.00	109.00	00.00	00.071	132.00		100.00			
	Malo	21 20 21 20	11.00	11.221	98.83 112.67	108.33	123.50		104.33						
z	INIAIE Femolo	01.17		140.42	110.01	124.07	141.32	10 20	120.00	11 12	164 60	01 5 50			
Equitable Life & Casualty Insurance Company	Male	90.20 98.25	137.17	179.34	150.50	168.92	193.59	87.34 87.34	139.64	161.17	151.50	215.50	37.75		
dent Inclurance	Famala	75.50		100 50	20.00	100.001	123.50	t :: : : : : : : : : : : : : : : : : :	10.00-	1.101	00.101	10.00			
	Male	75 50		122 50			123.50								
ille Insurance Company	Female	113.00		177 00			135.00		112 00						
	Male	124.00		196.00			148.00		124.00						
Guarantee Trust Life Insurance	Female	79.45	120.00	148.70	116.25	l	163.85	37.15	123.85						
	Male	79.45	120.00	148.70	116.25		163.85	37.15	123.85						
insurance Company	Female	128.00	135.00	156.00			157.00	63.00						73.00	105.00
	Male	136.00	143.00	165.00			167.00	67.00						77.00	111.00
ors Insurance Company	Female	99.00	127.00	158.00	143.00	157.00	161.00		153.00	200.00	205.00	224.00			
	Male	00.66	127.00	158.00	143.00	157.00	161.00		153.00	200.00	205.00	224.00			
eritage Life Insurance	Female	68.92	89.58	107.42	92.58		110.67								
-	Male .	79.25	102.92	123.50	106.42		127.25								
Mennonite Mutual Aid Association	Female	94.88				126.60	158.03								97.37
	Male .	94.88				126.60	158.03								97.37
ital Life Insurance	Female	84.00	122.00	141.00	137.00	142.00	160.00		154.00	138.00	160.00	197.00			
	Male	84.00		141.00	137.00	142.00	160.00		154.00	138.00	160.00	197.00			
Omaha Insurance	remale	112.16		156.54	120.89	T	151.98		123.52						
Company	Male	128.92		1/9.93	138.90		1/4.09		141.98]

Age 65 - Page 1

AGE 65 Monthly Promium Rates for Age 65 Non-Smoker Residing in Zip Code 68202 Company Name Family Family Family Rates for Age 65 Non-Smoker Residing in Zip Code 68202 Company Name Family Famil		Exh	Exhibit D-1:	Colorad	do Options:		care Su	oplemen	t Insure	ince "Me	Medicare Supplement Insurance "Medigap" Plans	Plans					
10 0 1				Mo	onthly Pr	emium F	Rates for	. Age 65	Non-Sn	noker R	esiding i	in Zip Co	de 80202	~			
1 107.84 99.70 110.83 97.53 9	Company Name	Sex	۷	ß	ပ	۵	ш	Ŀ	Fhi ¹	თ	т	_	ר	Jhi ¹	K^2	L ²	
1 1	Order of United Commercial	Female	69.70	89.98	107.84	98.70		110.83		97.53							
155.39 161.82 54.06 130.59 158.75 158.75 1 20.37 108.43 150.85 130.59 156.85 130.59 1 20.37 108.43 150.85 130.59 130.59 156.75 156.75 1 20.37 150.65 1 20.03 150.65 1 22.03 141.00 123.00 1 20.00 1 53.00 47.00 133.00 47.00 133.00 47.00 123.00 1 151.96 1 151.67 196.05 58.04 157.83 141.00 147.00 1 125.80 98.75 1 50.00 1 41.00 133.00 157.67 159.6 1 125.80 98.75 1 50.00 1 41.00 133.00 157.67 159.6 1 125.80 98.75 1 50.00 1 41.00 133.00 157.67 159.6 1 137.61 153.43 1 53.11 1 53.11 1 53.11 1 51.12 1 55.20 1 137.51 1 132.71 1 53.41 1 131.77 1 55.20 1 31.73 1 52.		Male	80.16	103.49	124.01	113.50		127.45		112.16							
155.39 161.32 54.06 130.19 158.15 100.33 168.17 150.56 157.35 158.16 150.56 157.35 158.16 150.56 123.16 158.16 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.35 158.06 157.33 158.06 157.33 158.06 157.33 158.06 157.33 158.06 157.33 158.06 157.33 158.06 157.06 158.06 157.06 158.06 157.06 158.06 157.06 158.06 157.33 158.32 158.33 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 158.32 </td <td></td> <td>Female</td> <td>106.85</td> <td></td> <td>155.39</td> <td></td> <td></td> <td>161.92</td> <td>54.06</td> <td>130.59</td> <td></td> <td></td> <td>158.75</td> <td></td> <td></td> <td></td>		Female	106.85		155.39			161.92	54.06	130.59			158.75				
1 120.97 106.81 120.03 106.81 120.03 106.81 120.03 106.81 120.03 106.81 130.05 100 123.15 100 123.05 100 123.05 100 123.05 100 123.00 141.00 123.00 141.00 123.00 141.00 123.00 161.73 113.00 135.00 141.00 123.00 161.03 123.00 153.00 55.00 141.00 123.00 123.00 123.00 123.		Male	106.85		155.39			161.92	54.06	130.59			158.75				
1 133.19 124.69 157.32 133.05 1 1 125.00 130.00 47.00 133.00 47.00 133.00 47.00 133.00 47.00 133.00 47.00 133.00 47.00 133.00 47.00 133.00 47.00 133.00 411.00 141.00		Female	90.72	118.17	120.97	108.43		136.81		120.03							
1 150.65 123.15 130.0 130.0 170.00 130.00 170.00 130.00		Male	104.29	135.98	139.19	124.69		157.32		138.05							
0 150.65 123.15 123.00 133.00 173.00 133.00		Female	96.50	118.20				150.65		123.15							
120.00 133.00 47.00 89.00 117.00 123.00 151.96 155.30 55.00 135.00 141.00 151.96 155.17 196.05 58.04 157.83 141.00 125.80 98.75 150.60 58.04 157.83 141.09 157.90 127.56 98.75 150.60 58.04 157.83 165.12 158.94 127.56 98.75 150.30 141.09 171.30 189.40 171.30 147.58 152.50 98.75 134.33 165.12 171.30 189.40 171.30 147.58 142.00 128.02 143.07 171.45 171.45 171.45 133.577 147.58 134.33 128.48 32.80 143.07 171.45 133.77 147.55 134.31 102.44 171.45 122.54 172.51 133.77 147.55 134.31 112.46 117.57 128.50 128.57 133.77 142.55		Male	96.50	118.20				150.65		123.15							
135.00 155.00 55.00 113.00 155.00 141.00 151.96 155.34 155.33 133.00 155.00 141.00 127.580 98.75 150.60 58.04 157.83 141.00 157.33 127.560 98.75 155.34 163.12 157.33 157.33 157.34 127.560 98.75 155.34 155.34 157.33 153.20 134.10 127.568 134.3 155.34 155.34 155.34 157.30 139.40 127.568 133.08 128.32 114.67 171.13 129.40 171.13 127.516 120.54 134.13 131.02 131.13 132.54 174.51 177.10 177.13 123.77 133.30 124.13 132.54 137.15 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 137.13 <td< td=""><td></td><td>Female</td><td>110.00</td><td></td><td></td><td>120.00</td><td></td><td>133.00</td><td>47.00</td><td></td><td>98.00</td><td></td><td>123.00</td><td></td><td></td><td></td></td<>		Female	110.00			120.00		133.00	47.00		98.00		123.00				
151.96 115.67 196.05 58.04 157.83 157.83 5 125.80 98.75 150.60 133.12 157.83 157.83 157.83 157.83 157.83 157.83 157.83 157.83 157.83 157.83 157.83 155.30 98.75 150.60 153.12 158.64 157.83 155.30 98.75 155.30 98.75 155.34 163.12 158.60 183.12 155.34 163.12 155.34 163.12 155.34 133.13 171.30 189.40 171.30 189.40 171.30 189.40 171.31 171.31 171.33 171.33 171.33 171.33 171.33 171.33 171.33 171.33 171.33 171.33 171.33 171.33 172.33 172.33 172.33 172.33 172.33 172.33 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 172.35 <t< td=""><td>_</td><td>Male</td><td>126.00</td><td></td><td></td><td>138.00</td><td></td><td>153.00</td><td>55.00</td><td></td><td></td><td></td><td>141.00</td><td></td><td></td><td></td></t<>	_	Male	126.00			138.00		153.00	55.00				141.00				
151.96 127.17 196.05 584 157.83 141.09 1 125.80 98.75 150.60 155.34 150.60 157.83 1 127.66 98.75 150.60 156.34 156.60 157.83 1 127.66 98.75 150.60 143.07 141.09 157.60 1 127.00 95.00 143.07 141.67 171.30 189.40 1 13.55 127.16 13.08 128.92 130.00 148.33 131.83 1 13.55 127.15 120.00 130.01 148.33 131.83 157.19 157.19 1 13.277 133.413 232.80 143.07 171.30 189.40 172.22 1 13.277 133.21 134.13 132.77 134.13 132.77 134.13 132.77 1 13.270 116.53 105.25 134.13 132.76 174.51 155.71 1 13.270 166.06 135.00 135.00 133.00 133.00 133.00 1 13.203 <td< td=""><td></td><td>Female</td><td>116.09</td><td></td><td></td><td>151.96</td><td>115.67</td><td>196.05</td><td>58.04</td><td>157.83</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		Female	116.09			151.96	115.67	196.05	58.04	157.83							
0 125.80 98.75 150.60 141.09 155.34 150.60 155.34 151.30 155.34 155.35 155.35 155.35 155.35 155.35 155.35 155.35 157.35 156.65 177.30 189.40 177.30 189.40 177.35 156.55 174.51 185.71 174.51 185.71 174.51 185.71 172.32 1 132.77 116.97 117.87 132.00 130.00 135.00 130.00 <t< td=""><td></td><td>Male</td><td>116.09</td><td></td><td></td><td>151.96</td><td>127.17</td><td>196.05</td><td>58.04</td><td>157.83</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		Male	116.09			151.96	127.17	196.05	58.04	157.83							
0 125.80 98.75 150.60 141.00 141.00 158.60 185.20 1		Female	65.35	106.05	125.80	98.75		150.60									
127.66 134.37 141.09 158.60 155.34 141.09 48.00 155.34 155.20 155.12 158.60 185.20 171.30 189.40 185.20 171.30 189.40 172.30 189.40 172.30 189.40 172.30 189.71 172.30 189.71 172.30 172.30 172.30 172.30 172.30 172.30 172.30 172.30 </td <td></td> <td>Male</td> <td>65.35</td> <td>106.05</td> <td>125.80</td> <td>98.75</td> <td></td> <td>150.60</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Male	65.35	106.05	125.80	98.75		150.60									
147.58 155.34 155.34 155.34 155.34 155.34 155.34 155.34 155.34 155.30 155.30 155.30 155.30 155.30 155.30 155.30 155.30 155.30 157.30 157.30 157.30 138.40 1 1 124.35 122.01 43.00 48.33 131.83 138.40 1 <td></td> <td>Female</td> <td>120.93</td> <td></td> <td>127.66</td> <td></td> <td></td> <td>134.37</td> <td></td> <td>141.09</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Female	120.93		127.66			134.37		141.09							
0 122.00 43.00 158.60 152.0 1 13.5.83 13.0.0 48.00 171.30 189.40 1 13.5.83 13.0.0 18.3.32 114.67 171.30 189.40 1 13.5.83 13.0.00 128.32 114.67 171.30 189.40 1 13.2.07 141.00 48.00 114.67 171.30 189.40 1 132.77 120.16 194.97 29.29 127.79 1 1 1 132.77 134.13 134.13 134.13 1 <td< td=""><td></td><td>Male</td><td>139.80</td><td></td><td>147.58</td><td></td><td></td><td>155.34</td><td></td><td>163.12</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		Male	139.80		147.58			155.34		163.12							
0 141.00 48.00 171.30 189.40 189.40 1 124.83 112.08 113.08 128.92 114.67 171.30 189.40 171.30 1 143.35 123.00 148.33 29.29 131.83 194.10 171.30 1 123.53 134.53 232.30 143.13 121.83 238.00 143.07 141.67 141.67 141.67 141.67 141.67 141.67 141.67 141.67 141.67 141.67 141.70 141.70 141.71 172.22 141.72 141.72 141.72 141.72 141.72 141.72 141.72 141.72 141.72 141.72 141.72 141.72 141.72	Rocky Mtn. Hospital/Medical	Female	103.20	116.50				122.00	43.00			158.60	185.20			79.00	
1 124.83 112.08 113.08 128.92 114.67 1 </td <td></td> <td>Male</td> <td>111.10</td> <td>125.80</td> <td></td> <td></td> <td></td> <td>141.00</td> <td>48.00</td> <td></td> <td></td> <td>171.30</td> <td>189.40</td> <td></td> <td></td> <td>91.00</td>		Male	111.10	125.80				141.00	48.00			171.30	189.40			91.00	
1 143.58 128.92 130.00 148.33 131.83 131.83 131.83 131.83 131.83 131.83 131.83 131.83 131.83 131.83 131.83 131.83 132.77 132.77 134.13 134.13 134.13 134.13 134.13 134.13 134.13 122.46 134.13 122.46 134.13 122.46 134.13 122.46 134.13 122.46 134.13 122.46 134.13 122.46 134.13 122.46 122.62 117.70 135.11 117.70 145.71 122.22 122.22 1 132.02 116.95 117.87 135.16 117.70 125.700 126.00 30.00 1 132.03 166.02 130.03 128.00 127.00 128.00 127.00 130.00 93.00 1 131.00 120.00 130.00 135.00 128.00 127.00 130.00 93.00 1 129.91 128.00 128.00 128.00 128.00 130.00		Female	88.08	110.92	124.83	112.08	113.08	128.92		114.67							
193.80 127.15 120.16 194.97 29.29 127.79 120.16 194.97 29.29 127.79 120.17 120.16 124.13 120.17 124.13 124.13 120.16 124.13 120.16 124.13 127.19 127.10 123.77 134.13 102.46 124.13 102.46 126.10 126.10 126.11 117.70 127.03 127.11 117.70 127.203 165.82 135.11 117.70 127.03 127.03 126.01 130.00 </td <td></td> <td>Male</td> <td>101.33</td> <td>127.58</td> <td>143.58</td> <td>128.92</td> <td>130.00</td> <td>148.33</td> <td></td> <td>131.83</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Male	101.33	127.58	143.58	128.92	130.00	148.33		131.83							
2 16.97 14.35 218.28 32.80 143.07 143.13 218.07 143.13 143.170 117.70 117.70 117.70 174.51 185.71 176.56 172.22 1 112.03 1 116.02 1 30.39 1 17.451 185.71 1 16.57 1 16.56 1 16.56 1 16.56 1 16.56 1 16.56 1 16.56 1 16.56 1 16.56 1 16.56 1 17.20 1 17.20 1 17.20 1 17.20 1 16.56 1 17.20 1 17.20 1 17.20 1 17.20 1 16.56 1 17.20 1 16.56 1 17.20 1 16.56 1 17.20 1 16.56 1 17.20 1 17.20 1 17.20 1 17.20 1 17.20 1 16.50 1 12.20		Female	134.34	168.46	193.80	127.15	120.16	194.97	29.29	127.79							
132.77 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 134.13 135.11 137.10 137.10 136.11 117.70 136.11 117.70 136.11 117.70 136.71 136.71 136.71 136.71 136.66 127.20 136.71 127.22 136.32 137.70 127.20 136.71 127.22 127.20<		Male	150.40	188.60	216.97	142.35	134.53	218.28	32.80	143.07							
132.77 134.13 134.13 134.13 134.13 134.13 134.13 134.13 135.11 117.70 136.11 137.11 137.11 137.11 137.11 137.11 137.11 137.11 137.11 137.11 137.11 137.10 153.06 153.06 166.66 72.22 172.03 16.02 153.06 174.51 185.71 26 72.22 172.03 129.79 106.02 130.00 130.00 130.00 27.02 172.03 129.79 106.02 130.00 135.00 128.00 128.00 128.20 131.00 120.00 130.00 135.00 128.00 128.00 130.00 230.00 184.00 174.00 246.00 59.00 235.00 128.00 130.00 33.00 169.97 141.36 174.136 174.136 174.136 174.136 128.00 33.00 169.97 141.36 174.51 188.77 188.77 188.77 188.70		Female	88.06		132.77			134.13									
113.29 101.63 102.54 117.54 102.46 102.42 105.02 117.87 135.11 117.70 105.71 105.02 105.02 105.02 130.39 174.51 185.71 102.71 102.22 122.22 113.00 120.00 130.00		Male	88.06		132.77			134.13									
130.20 116.95 117.07 117.70 117.70 106.66 66.66 66.66 66.66 66.66 66.66 66.66 66.66 72.22 123.03 173.03 153.06 174.51 185.71 106.02 130.39 174.51 185.71 106.02 130.39 128.00 130.00		Female	78.30	99.21	113.29	101.63	102.54	117.54		102.46							
172.03 153.06 153.06 66.66 172.03 165.82 165.82 66.66 172.03 120.02 130.39 72.22 129.79 106.02 130.39 774.51 185.71 129.79 106.02 130.39 72.00 72.02 131.00 120.00 135.00 128.00 127.00 130.00 131.00 120.00 135.00 128.00 127.00 130.00 93.00 184.00 174.00 135.00 128.00 127.00 128.00 93.00 184.00 174.00 136.00 135.00 128.00 93.00 184.00 174.00 120.00 135.00 127.00 128.00 93.00 184.00 174.00 246.00 59.00 235.00 93.00 93.00 169.97 141.36 1101.43 162.44 162.44 162.44 162.44 162.44 162.44 162.44 162.44 162.44 162.44 162.44 1		Male	90.13	114.04	130.20	116.95	117.87	135.11		117.70							
172.03 165.82 165.82 165.82 165.82 165.82 174.51 185.71 1 72.22 129.79 106.02 130.39 130.39 174.51 185.71 1 1 1 129.79 106.02 130.00 135.00 120.00 130.00 135.00 128.00 130.00 1 131.00 120.00 130.00 135.00 128.00 130.00 135.00 128.00 130.00 1 131.00 120.00 130.00 135.00 128.00 130.00 135.00 128.00 130.00 135.00 141.136 174.00 246.00 59.00 235.00 128.00 130.00 93.00 169.97 141.36 1101.43 96.56 141.73 167 176 176 169.97 141.36 101.43 96.56 141.73 167 176 176 169.97 141.36 1101.43 96.56 141.73 167 176 176		Female	129.41	149.21	172.03			153.06							66.66		
129.79 106.02 130.39 174.51 185.71 0 0 129.79 106.02 130.00 130.00 130.00 135.00 174.51 185.71 0 0 131.00 120.00 130.00 135.00 128.00 128.00 130.00 93.00 131.00 120.00 130.00 135.00 128.00 128.00 130.00 93.00 131.00 120.00 130.00 135.00 128.00 128.00 130.00 93.00 141.00 174.00 246.00 59.00 235.00 128.00 130.00 93.00 169.97 141.36 171.059 141.73 0 0 93.00 169.97 141.36 162.54 166.26 141.73 0 0 93.00 169.97 141.36 116.53.04 163.04 0 0 93.00 0 169.97 141.36 110.99 0 141.73 0 0 0 0 0 0 0 0 0 0 0 0 0		Male	129.41	149.21	172.03			165.82							72.22		
129.79 106.02 130.39 174.51 185.71 185.00 130.00 131.00 120.00 130.00 135.00 125.00 127.00 128.00 130.00 131.00 120.00 130.00 135.00 128.00 128.00 130.00 93.00 141.00 120.00 130.00 130.00 59.00 235.00 128.00 130.00 93.00 184.00 174.00 246.00 59.00 235.00 128.00 130.00 93.00 169.97 141.36 171.059 141.73 96.56 93.00 93.00 169.97 141.36 101.43 96.56 96.56 93.00 93.00 195.49 162.54 101.43 96.56 96.56 96.56 96.56 96.56 96.56 95.00 96.56 <td>Thrivent Financial for Lutherans</td> <td>Female</td> <td>82.08</td> <td>101.66</td> <td>129.79</td> <td>106.02</td> <td></td> <td>130.39</td> <td></td> <td></td> <td>174.51</td> <td>185.71</td> <td></td> <td></td> <td></td> <td>81.23</td>	Thrivent Financial for Lutherans	Female	82.08	101.66	129.79	106.02		130.39			174.51	185.71				81.23	
131.00 120.00 130.00 135.00 135.00 130.00		Male	82.08	101.66	129.79	106.02		130.39				185.71				81.23	
131.00 120.00 130.00 135.00 130.00 130.00 130.00 93.00 184.00 174.00 246.00 59.00 235.00 128.00 130.00 93.00 184.00 174.00 246.00 59.00 235.00 93.00 93.00 169.97 141.36 170.59 141.73 96.56 93.00 93.00 195.49 162.54 196.24 163.04 96.56 96.56 97.00 93.00 195.49 162.54 196.24 163.04 96.56 96.56 96.56 97.00 97.00 101.43 96.56 110.99 140.43 53.54 96.56 96.56 97.00 97.00 101.58 110.99 140.48 53.54 140.99 96.56 97.00 <t< td=""><td></td><td>Female</td><td>83.00</td><td>106.00</td><td>131.00</td><td>120.00</td><td>130.00</td><td>135.00</td><td></td><td>128.00</td><td></td><td></td><td>130.00</td><td></td><td></td><td></td></t<>		Female	83.00	106.00	131.00	120.00	130.00	135.00		128.00			130.00				
184.00 174.00 246.00 59.00 235.00 93.00 184.00 174.00 246.00 59.00 235.00 93.00 169.97 141.36 170.59 141.73 93.00 195.49 162.54 196.24 163.04 93.00 195.49 162.54 196.24 163.04 93.00 195.49 162.54 196.24 163.04 96.56 1 116.58 110.99 96.56 96.56 96.56 1 116.58 110.99 96.56 96.56 96.56 96.56 1 129.87 53.54 96.56 <t< td=""><td></td><td>Male</td><td>83.00</td><td>106.00</td><td>131.00</td><td>120.00</td><td>130.00</td><td>135.00</td><td></td><td>128.00</td><td></td><td></td><td>130.00</td><td></td><td></td><td></td></t<>		Male	83.00	106.00	131.00	120.00	130.00	135.00		128.00			130.00				
184.00 174.00 246.00 59.00 235.00 93.00 169.97 141.36 170.59 141.73 93.00 169.97 141.36 170.59 141.73 93.00 195.49 162.54 196.24 163.04 9 195.49 162.54 196.24 163.04 9 195.49 162.54 101.43 96.56 9 9 1 116.58 110.99 9 9 9 1 129.87 53.54 9 9 9 9 tions. The deductible amount for 2008 is \$1900 110.99 140.48 58.12 110.59 140.48 140		Female	143.00	163.00	184.00	174.00		246.00	59.00	235.00					93.00	131.00	
169.97 141.36 170.59 141.73 141.36 195.49 162.54 196.24 163.04 16 101.43 96.56 101.43 101.43 101.43 101.58 110.99 110.99 10 10 110.51 129.87 53.54 100.99 10 110.51 129.87 53.54 100.99 10 110.51 140.48 58.12 110.99 10 110.51 129.87 53.54 10 10 110.51 129.87 53.54 10 10 110.51 110.99 10 10 10 110.51 110.59 10 10 10 110.51 110.51 110.59 10 10		Male	143.00	163.00	184.00	174.00		246.00	59.00	235.00					93.00	131.00	
0 195.49 162.54 196.24 163.04 163.04 1 101.43 96.56 101.43 101.43 1 116.58 110.99 10 10 1 129.87 53.54 100.99 10 10 1 129.87 53.54 100.99 10 10 1 140.48 58.12 110.99 10 10 1 140.58 53.54 10 10 10 1 1 140.48 58.12 10 10 1 1 53.54 10 10 10 1 1 1 10 10 10 1 1 1 10 10 10		Female	123.89	141.11	169.97	141.36		170.59		141.73							
8 101.43 96.56 96		Male	142.47	162.29	195.49	162.54		196.24		163.04							
Image: Network and Blue Cross and Blue Shield) 110.99 110.99 100.99 100.99 100.99 100.99 100.99 100.99 100.90 <th r="10.90</td"><td></td><td>Female</td><td>74.14</td><td>90.78</td><td></td><td></td><td></td><td>101.43</td><td></td><td>96.56</td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td>Female</td> <td>74.14</td> <td>90.78</td> <td></td> <td></td> <td></td> <td>101.43</td> <td></td> <td>96.56</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Female	74.14	90.78				101.43		96.56						
129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87 53.54 129.87		Male	85.22	104.34				116.58									
tions. The deductible amount for 2008 is \$1900 its. Limits for 2008 are \$4440 (Plan K) and \$2220 (Plan L)		Female	94.41					129.87	53.54							71.26	
tions lits.		Male	102.37					140.48	58.12							77.17	
then	¹ Both Medigap plans "F" and "J	J" have hi	gh deduc	tible optic		deductik	ole amou	nt for 200	08 is \$19	006							
them Blue Cross and Blue	² Both Medigap plans "K" and "L	L" include	out of po	cket limit	s. Limits	for 2008	3 are \$44	40 (Plan	K) and 3	\$2220 (F	lan L)						
Inc (Anthem Blue Cross and Blue	³ Options, Inc. dba Rocky Moun	itain Heal	th Plans														
	⁴ Bocky Mountain Hosnital and	Madical 6	Santicae	Inc (Anth	and Rhip			Shiald)									

	EXT	Exhibit D-2: Colora	Colorad	do Options:		care Sup	plemen	t Insure	ince "M∈	Medicare Supplement Insurance "Medigap Plans"	ans"				
AGE 70			M	onthly Pr	emium F	tates for	Age 70	Non-Sr	noker R(Monthly Premium Rates for Age 70 Non-Smoker Residing in Zip Code 80202	n Zip Co	de 8020	7		
Company Name	Sex	A		ပ	D	ш	ш	Fhi ¹	9	н	-		Jhi ¹	K^{2}	L ²
ICare	Female	129.25		179.25	165.75	166.50	180.50		167.00	162.75	164.75			86.25	124.25
	Male .	129.25		179.25	165.75	166.50	180.50		167.00		164.75			86.25	124.25
American Continental Insurance	remale Male	89.80	113.20 130.03	T	114.20 131.45	T	130.20 149.86					130.86 150.61	Ť		
Family Mutual Insurance	Female	74.17		145.17	2		145.37							61.23	89.07
Company	Male	74.17		145.17			145.37							61.23	89.07
National Life Insurance	Female	93.77	117.74	133.42	105.36	98.30	132.29		104,58						
	Male	106.49	133.51	151.46	119.48	111.64	150.60		118.70						
Pioneer Life Insurance	Female	117.50	153.21	193.66	168.36		200.89								
	Male	135.01	175.92	222.59	193.66	1 10 00	231.02	02 00				10.4.74			
Republic Insurance	remale	98.01		T	T	148.29	1/5.89	66.70 70.01				154.25		86.22	115.53
	Male	108.64	1 87 7E	210.20	170.40	164.32 136.48	194.90 102 46	/3.95 67.66	110 3E	T		1/1.06 15/15		95.55 74 85	128.03
ure and Casually	Mala	22.101	71.101	210.30	170.40	136.48	193.40	00.20 67.66				154.13		74 85	102.77
Company Central Reserve Life Insurance	Female	137.00	C / · /01	232 00	182.00	146 00	226.00	81 00		132 00	159.00	166.00		00.47	11.201
	Male	215.00		267.00	209.00	168.00	260.00	93.00			183.00	191.00			
Insurance Company of	Female	112.78	158.2	190.53	143.16		196.36								
	Male	112.78		190.53	143.16		196.36		166.68						
Insurance Company	Female	119.63			140.77		162.87		125.81						
	Male	134.54			158.36		178.93		141.48						
on Life Insurance	Female	122.91			135.91		162.64		143.09						
	Male .	135.18			149.45		178.82								
al General Insurance	Female	154.00	195.00		173.00	178.00	205.00	59.00		132.00		166.00			
	Male .	1/2.00	218.00		193.00	199.00	229.00	66.00	212.00	148.00		186.00			
	Female	99.50	97.08		112.42	122.83	138.45		118.42						
z	Male .	114.50	111.58		129.33	141.33	159.08	00 00 1							
sualty	Female	111.59	158.59	211.00	180.75	199.50	226.17	102.09	165.42	190.67	179.42	252.92	114.09		
	INIAIE Fomolo	111.39	106.03		C/.UOI	139.00	220.11 151 ED	102.03			1/9.42	76.202	114.03		
e and Accident Insurance	Malo	02.001	130.50		Ť		02.1.01	T		T	T				
	Enmolo	00.701	00.001		T	T	151.00		107 00	T		T			
	Male	139.00			T		167.00		139.00						
Guarantee Trust Life Insurance	Female	93.60	140.75		136.55		192.90	43.75							
	Male	93.60	140.75		136.55		192.90	43.75							
Humana Insurance Company	Female	126.00		153.00			154.00	62.00						71.00	103.00
	Male	126.00					154.00	62.00						71.00	103.00
ors Insurance Company	Female	122.00			181.00	196.00	203.00		194.00	253.00	258.00	284.00			
	Male -	122.00	160.00		181.00	196.00	203.00		194.00		258.00	284.00			
eritage Lite Insurance	Female	/9.//	101.50	120.42	105.08		124.17								
_	Male .	89.33	116.75	138.50	120.83		142.75								00
Mennonite Mutual Aid Association	Female	105.99				146.72	179.59								111.36
	Male .	105.99				146.72	179.59								111.36
ital Life Insurance	remale Malo	110.00	160.00	186.00	180.00	189.00	212.00	T	203.00	182.00	212.00	257.00			
Mutual of Omaha Incurance	Famala	122.00	100.00	185.63	112 22	103.00	180.10		146.47		2 12.00	00.102		T	
	Male	152.87		213.37	164.75		207.12		140.47						
		<u>></u>]			1]		1	1	1	1		

Age 70 - Page 1

AGE To transmise the interaction of the interac																
C D E F Hu G H J Jui K 13301 143.17 157.17 130.27 72.08 157.17 130.27 120.27 130.48 145.10 157.17 130.48 145.10 157.17 130.48 145.10 130.27 72.08 155.39 149.48 130.48 145.00 130.24 130.48 145.00 130.24 155.39 146.40 130.48 177.00 150.00 151.00 150.00				Mo	onthly Pr	emium F	tates for	. Age 70	Non-Sn	noker R	siding i	n Zip Co	de 80202	•		
1 13.2.01 12.4.3.7 13.6.67 12.0.27 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.31 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.8.41 13.	Company Name	Sex	A	в	ပ	٥	ш	ш	Fhi	თ	т	_	ſ	Jhi	×	Ч
1 152.96 157.17 10 133.31 134.41 130.00	Order of United Commercial	Female	86.32	112.66	133.01	124.37		136.67		120.27						
181.51 193.27 72.08 155.39 189.48 189.48 170.57 159.60 197.39 167.78 155.39 189.48 189.48 170.57 159.60 192.37 72.08 155.39 189.48 1 170.57 159.60 192.33 146.40 170.00 130.00 130.00 170.57 159.50 177.10 177.10 158.00 151.00 158.00 148.65 120.45 177.10 146.44 177.10 158.00 151.00 158.00 148.65 120.45 177.10 146.47 126.00 151.00 158.00 148.65 120.45 177.10 148.47 169.27 147.69 177.50 148.65 120.45 177.10 148.47 167.28 147.53 157.60 148.65 120.45 177.10 148.47 167.20 147.50 177.55 148.71 168.71 148.45 177.10 148.45 177.50 177.55	Travelers	Male	99.27	129.56	152.96	143.03		157.17								
181.51 183.55 189.48 189.48 170.57 159.60 197.36 155.59 189.44 170.57 159.60 197.36 155.59 184.40 170.57 159.60 170.57 159.00 176.53 170.57 159.60 177.37 159.00 156.00 136.00 167.00 167.00 57.00 146.40 158.00 66.00 126.00 157.00 167.01 185.07 66.00 126.00 138.00 158.00 157.00 158.00 167.02 177.10 174.04 200.20 2182.01 177.10 174.04 207.20 207.20 182.11 192.14 191.65 174.04 207.20 207.20 265.10 207.20 182.11 192.12 144.67 174.04 207.20 207.20 207.20 182.11 128.00 44.67 128.00 266.30 288.10 285.10 265.31 182.11 140.75 128.00	PacifiCare Life Assurance	Female	125.84		181.51			193.27	72.08				189.48			
1 143.31 138.76 167.36 153.59 167.36 153.59 167.36 153.59 167.36 153.59 166.50 173.55 166.50 173.55 146.40 153.00 <th153.00< th=""> <th153.00< th=""></th153.00<></th153.00<>	Company	Male	125.84		181.51			193.27	72.08	155.39			189.48			
1 170.57 159.60 192.94 175.88 176.80 192.94 175.86 176.40 139.00	Pennsylvania Life Insurance	Female	114.65	150.27	148.31	138.78		167.78		153.59						
1 179.35 146.40 179.35 146.40 151.00 158.00 151.00 158.00 <th158.00< th=""> <th158.00< th=""></th158.00<></th158.00<>	Company	Male	131.84	172.85	170.57	159.60		192.94		176.58						
1 179.35 146.40 179.35 146.40 158.00	Physicians Life Insurance	Female	113.40	139.70				179.35		146.40						
145.00 161.00 57.00 199.00 131.00 138.00 189.27 147.89 244.57 65.87 196.44 1 158.00 189.27 147.89 245.77 65.87 196.44 1 1 189.27 177.10 65.87 196.44 1 1 1 157.47 185.17 177.10 196.44 1 1 1 1 165.74 165.75 174.04 167.70 241.57 53.00 207.20 165.74 166.75 174.04 187.10 187.20 167.20 177.00 187.20 165.00 157.01 196.44 174.04 187.70 207.20 187.70 167.28 141.67 129.70 149.75 147.67 129.76 187.70 167.28 143.61 174.64 187.70 129.76 187.70 175.50 167.28 168.98 130.71 122.99 148.75 127.92 147.67 175.50	Company	Male	113.40	139.70				179.35		146.40						
167.00 165.00 66.00 126.00 159.00 159.00 19827 147.85 65.87 196.44 244.57 65.87 196.44 26.00 177.10 19.00 19.00 19.00 19.00 10.00 150.00 170.00 150.00 <t< td=""><td>Provident American Life and</td><td>Female</td><td>133.00</td><td></td><td></td><td>145.00</td><td></td><td>161.00</td><td>57.00</td><td></td><td>109.00</td><td></td><td>138.00</td><td></td><td></td><td></td></t<>	Provident American Life and	Female	133.00			145.00		161.00	57.00		109.00		138.00			
189.27 147.89 244.57 65.87 196.44 1 1 189.27 162.76 244.57 65.87 196.44 1 1 157.47 189.27 165.75 177.10 1 <t< td=""><td>Health Insurance Company</td><td>Male</td><td>152.00</td><td></td><td></td><td>167.00</td><td></td><td>185.00</td><td>66.00</td><td></td><td>126.00</td><td></td><td>158.00</td><td></td><td></td><td></td></t<>	Health Insurance Company	Male	152.00			167.00		185.00	66.00		126.00		158.00			
189.27 169.27 162.76 244.57 65.87 196.44 177.10 </td <td>Pyramid Life Insurance Company</td> <td>Female</td> <td>144.79</td> <td></td> <td></td> <td>189.27</td> <td>147.89</td> <td>244.57</td> <td>65.87</td> <td>196.44</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pyramid Life Insurance Company	Female	144.79			189.27	147.89	244.57	65.87	196.44						
0 148.65 120.45 177.10 127.70 127.65 127.65 127.65 127.70 127.70 127.70 127.65 127.65 127.70 127.70 127.65 127.65 127.65 127.65 127.65 127.65 127.65 127.65 127.65 127.65 127.65 127.65		Male .	144.79	(189.27	162.76	244.57	65.87	196.44	Ť					
0 148.65 177.10 174.04 177.10 157.17 191.65 201.28 187.50 207.20 187.11 191.65 201.28 187.50 207.20 187.11 191.66 201.28 187.50 207.20 187.11 191.66 201.28 206.30 28.10 140.75 126.92 171.00 59.00 206.30 228.10 140.75 126.92 134.67 129.75 206.30 228.10 167.28 131.51 148.43 148.43 276.56 167.28 135.51 148.43 200.30 267.10 167.28 135.51 148.43 200.30 267.10 167.28 135.51 148.43 200.30 267.10 167.28 135.51 148.43 204.09 77.55 200.96 151.00 164.00 77.55 77.55 201.91 121.24 149.11 191.69 122.00 122.00 146.50	Reserve National Insurance	Female	75.95		148.65	120.45		177.10								
15/4/ 105.05 144.04 165.05 147.04 165.05 167.20 173.00 52.00 207.20 173.00 53.00 187.50 207.20 173.00 53.00 187.50 207.20 173.00 53.00 173.00 53.00 129.75 166.30 226.30 228.10 173.00 53.00 143.07 143.07 143.07 143.07 143.07 143.07 143.07 129.75 166.30 228.10 129.75 166.30 228.10 129.76 129.76 129.76 129.76 129.76 129.76 129.76 129.76 129.76 120.720 129.76 120.720 120.750 120.750 120.750 120.750 120.750 120.750 120.750 120.750 120.750 120.750 120.750 120.750 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.755 120.75	company	Male -	c6.c/		148.65	120.45		1//.10								
1B2.11 191.69 201.28 187.50 207.20 1 1 140.75 128.00 52.00 50.00 77.55 50.00 77.55 50.00 50.00 50.00 50.00 50.00 50.00 50.00 77.55 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.0	Rocky Mountain Health Plans ³	Female	149.17		157.47			165.75		174.04						
1 148.00 52.00 147.50 207.20 207.20 1 140.75 126.92 177.00 59.00 28.10 28.10 1 162.00 145.92 177.55 144.67 149.75 506.30 228.10 1 162.00 145.92 147.25 166.42 149.75 167.20 1 167.28 145.92 147.69 139.56 226.46 34.03 148.43 149.75 1 167.28 145.12 145.12 145.12 145.17 167.28 145.17 1 167.28 130.11 122.99.8 130.76 149.43 145.17 1 167.28 135.61 133.28 145.43 176.93 175.55 1 145.11 146.10 170.00 165.00 152.00 166.00 175.00 1 145.51 145.91 176.93 133.28 191.69 175.55 1 145.61 133.28 146.100 170.00		Male -	1/2.53					191.69		201.28						000
1 171.00 59.00 129.75 206.30 228.10 17 1 140.75 126.92 127.92 144.67 129.75 206.30 228.10 206 1 198.30 143.51 129.75 144.67 129.75 206.30 258.10 206.30 258.10 206.30	Rocky Mtn. Hospital/Medical	remale	121.00	136.90				148.00	52.00			187.50	207.20			96.00
1 10.75 126.32 127.92 144.67 129.75 166.42 129.75 129.75 166.42 129.75 166.42 129.75 166.42 129.75 166.42 129.75 166.42 129.75 166.42 129.75 166.42 129.76 149.75	Services, Inc. (Anthem BC/BS) ⁴	Male	132.60	150.00				171.00	59.00			206.30	228.10			111.00
1 162.00 145.92 147.25 166.42 149.72 1 188.31 130.11 122.96 199.51 29.98 130.76	Shenandoah Life Insurance	Female	99.67	125.67		126.92	127.92	144.67		129.75						
1 198.31 130.11 122.96 199.51 29.98 130.76 130.11 122.96 139.56 226.46 34.03 148.43 148.43 1 167.28 168.98 168.98 148.33 148.43 161.69 131.86 175.59 1 167.28 168.98 115.16 116.04 131.86 115.87 161.69 1 167.20 151.69 133.53 151.69 133.53 151.69 133.55 2 146.54 133.53 151.69 133.53 151.69 133.55 2 148.51 121.24 149.11 191.69 204.09 85.71 2 148.51 121.24 149.11 161.00 162.00 162.00 164.00 1 48.51 121.24 149.11 161.60 162.00 162.00 162.00 1 166.00 151.00 162.00 160.00 162.00 164.00 122.00 1 166.00 151.00 161.92 161.92 122.00 122.00 1 166.00 151.00 162.00 162.00 122.00 1 166.00 161.92 160.00 162.00 122.00	Company	Male	114.67	144.50		145.92	147.25	166.42		149.72						
5) 225.10 147.69 139.56 226.46 34.03 148.43 1 167.28 168.98 151.69 158.98 157.57 167.28 165.41 131.86 115.87 168.98 151.69 133.53 151.69 177.56 2 146.94 132.36 151.69 133.28 133.53 151.69 177.56 2 146.54 149.11 191.69 204.09 85.71 3 148.51 121.24 149.11 191.69 204.09 85.71 3 148.51 121.24 149.11 191.60 162.00 164.00 122.00 3 148.51 121.24 149.11 191.60 162.00 162.00 164.00 122.00 3 148.51 121.24 149.11 243.00 216.00 162.00 164.00 122.00 3 148.51 121.22 149.10 170.00 255.00 160.00 162.00 140.00 122.00 3 194.01 161.30 243.00 271.00 122.20 122.31 122.	Standard Life and Accident	Female	137.46	172.38		130.11	122.96	199.51	29.98	130.76						
167.28 168.99 168.99 168.99 15.00 168.99 17.56 167.28 116.04 131.86 115.87 1	Insurance Company	Male	156.03	195.66		147.69	139.56	226.46	34.03	148.43						
167.28 168.98 168.98 168.98 168.98 158 115.87 1	State Farm Mutual Automobile	Female	110.92		167.28			168.98								
127.70 115.12 116.04 131.86 115.87 1 1 17.55 200.96 133.53 151.69 133.28 157.69 133.55 176.93 77.55 3 200.96 132.36 133.53 151.69 133.28 85.71 3 200.96 132.36 133.55 176.93 195.55 85.71 3 200.96 195.55 195.55 191.69 204.09 85.71 3 148.51 121.24 149.11 191.69 204.09 85.71 3 148.51 121.24 149.10 170.00 162.00 162.00 164.00 122.00 166.00 151.00 164.00 77.00 255.00 164.00 122.00 166.00 213.00 267.00 77.00 255.00 164.00 122.00 166.00 161.30 194.63 186.20 164.00 122.00 194.01 161.30 194.63 186.20 164.00 122.00 103.76 223.12 186.46 126.16 126.16 1	Insurance Company	Male	110.92					168.98								
2 146.94 132.35 151.69 133.28 133.28 151.69 133.55 157.55 3 200.96 1 176.93 133.28 156.55 204.09 257.1 3 200.96 1 148.51 121.24 149.11 201.99 85.71 3 200.96 148.51 121.24 149.11 204.09 85.71 3 148.51 121.24 149.11 204.09 164.00 72.00 3 148.51 121.24 149.11 203.00 162.00 162.00 162.00 122.00 3 166.00 151.00 164.00 77.00 255.00 162.00 162.00 122.00 3 194.01 161.30 194.63 161.92 161.92 112.00 122.00 3 194.01 161.30 17.00 255.00 161.92 112.00 122.00 4 223.12 185.46 233.50 166.00 162.00 161.92 <t< td=""><td>Sterling Investors Life Insurance</td><td>Female</td><td>88.71</td><td>112.29</td><td></td><td>115.12</td><td>116.04</td><td>131.86</td><td></td><td>115.87</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Sterling Investors Life Insurance	Female	88.71	112.29		115.12	116.04	131.86		115.87						
200.96 176.93 176.93 77.55 200.96 195.55 195.55 85.71 148.51 121.24 149.11 85.71 148.51 121.24 149.11 191.69 204.09 85.71 16.00 151.00 164.00 170.00 162.00 164.00 122.00 166.00 151.00 164.00 170.00 162.00 162.00 164.00 122.00 166.00 151.00 164.00 170.00 162.00 164.00 122.00 166.00 151.00 164.00 170.00 162.00 162.00 164.00 122.00 194.01 161.30 243.00 231.00 164.00 170.00 162.00 162.00 164.00 122.00 194.01 161.30 194.61 161.92 161.92 122.00 122.00 122.00 194.01 161.32 135.46 186.20 164.00 122.00 122.00 104.01 161.32 135.46	Company	Male	101.96	129.12		132.36	133.53	151.69		133.28						
200.96 195.55 195.55 85.71 148.51 121.24 149.11 85.71 148.51 121.24 149.11 191.69 204.09 85.71 166.00 151.00 164.00 170.00 162.00 164.00 170.00 166.00 151.00 164.00 170.00 162.00 162.00 162.00 122.00 166.00 151.00 164.00 170.00 162.00 164.00 122.00 166.00 151.00 164.00 170.00 162.00 164.00 122.00 166.00 151.00 164.00 170.00 162.00 162.00 122.00 166.00 151.00 164.00 170.00 255.00 160.00 162.00 122.00 104.01 161.30 194.63 161.92 161.92 162.00 122.00 122.00 104.01 161.30 223.12 186.20 162.00 162.00 122.00 122.00 104.01 161.32	Sterling Life Insurance Company	Female	147.75	173.78				176.93							77.55	
148.51 121.24 149.11 191.69 204.09 1 148.51 121.24 149.11 191.69 204.09 1 1 166.00 151.00 164.00 170.00 162.00 162.00 164.00 122.00 166.00 151.00 164.00 170.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 122.00		Male	147.75	173.78				195.55							85.71	
8 148.51 121.24 149.11 191.69 204.09 16 1 0 166.00 151.00 164.00 170.00 162.00 162.00 164.00 122.00 1 166.00 151.00 164.00 170.00 162.00 164.00 122.00 1 166.00 151.00 164.00 170.00 255.00 162.00 164.00 122.00 1 243.00 231.00 267.00 77.00 255.00 161.92 122.00 122.00 1 194.01 161.30 194.63 161.92 161.92 122.00 122.00 1 243.00 231.00 223.12 186.20 77.00 255.00 161.92 122.00 1 161.30 1161.30 161.92 161.92 161.92 122.00 122.00 1 223.12 186.20 186.20 166.00 162.00 162.00 122.00 1 213.55 176.16 109.76 126.16 126.16 126.16 127.00 1 115.29 <t< td=""><td>Thrivent Financial for Lutherans</td><td>Female</td><td>93.88</td><td>116.28</td><td></td><td>121.24</td><td></td><td>149.11</td><td></td><td></td><td>191.69</td><td></td><td></td><td></td><td></td><td>92.94</td></t<>	Thrivent Financial for Lutherans	Female	93.88	116.28		121.24		149.11			191.69					92.94
166.00 151.00 164.00 170.00 162.00 164.00 170.00 162.00 164.00 170.00 162.00 164.00 172.00 162.00 164.00 172.00 162.00 162.00 164.00 172.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 162.00 172.00 122.00		Male	93.88	116.28		121.24		149.11			191.69	204.09				92.94
166.00 151.00 164.00 170.00 162.00 164.00 172.00 243.00 231.00 267.00 77.00 255.00 102.00 122.00 194.01 161.30 194.63 164.00 122.00 122.00 223.12 185.46 223.86 186.20 164.07 122.00 223.12 185.46 223.86 186.20 109.76 122.00 1223.12 185.46 223.86 186.20 109.76 122.00 122.01 1161.30 1161.29 109.76 126.16 122.00 122.01 132.52 126.16 126.16 126.16 127.00 124.01 117.23 71.26 126.16 126.16 127.00 124.01 171.23 71.26 126.16 127.00 127.00 124.01 171.23 71.26 126.16 127.00 127.00 124.01 171.23 71.26 126.16 127.00 127.00 125.02 126.16 126.16 127.06 127.06 127.06 125.02 <td>Transamerican Life Insurance</td> <td>Female</td> <td>102.00</td> <td>134.00</td> <td></td> <td>151.00</td> <td>164.00</td> <td>170.00</td> <td></td> <td>162.00</td> <td>160.00</td> <td>162.00</td> <td>164.00</td> <td></td> <td></td> <td></td>	Transamerican Life Insurance	Female	102.00	134.00		151.00	164.00	170.00		162.00	160.00	162.00	164.00			
0 243.00 267.00 77.00 255.00 122.00 0 243.00 231.00 267.00 77.00 255.00 122.00 1 194.01 161.30 194.63 161.92 122.00 122.00 2 233.12 185.46 194.63 161.92 161.92 122.00 2 223.12 185.46 223.86 186.20 122.00 122.00 1 223.12 185.46 115.29 109.76 1 122.00 1 132.52 126.16 1 1 1 1 1 2 132.52 126.16 1 1 1 1 1 1 132.52 126.16 1 <td< td=""><td>Company</td><td>Male</td><td>102.00</td><td>134.00</td><td></td><td>151.00</td><td>164.00</td><td>170.00</td><td></td><td>162.00</td><td>160.00</td><td>162.00</td><td>164.00</td><td></td><td></td><td></td></td<>	Company	Male	102.00	134.00		151.00	164.00	170.00		162.00	160.00	162.00	164.00			
0 243.00 267.00 77.00 255.00 122.00 8 194.01 161.30 194.63 161.92 122.00 9 223.12 185.46 223.86 186.20 122.00 9 223.12 185.46 223.86 186.20 109.76 100 1 132.52 126.16 109.76 100 100 100 1 132.52 126.16 100 100 100 100 1 132.52 126.16 100 100 100 100 100 1 132.52 126.16 100 100 100 100 100 adductible amount for 2008 is \$1900 171.23 71.26 126.16 100 100 100 mits for 2008 are \$4440 (Plan K) and \$2220 (Plan L) 126.16 100 100 100 100 100	United American Insurance	Female	152.00	216.00		231.00		267.00	77.00	255.00					122.00	174.00
3 194.01 161.30 194.63 161.92 161.92 9 223.12 185.46 223.86 186.20 186.20 9 223.12 185.46 223.86 186.20 186.20 9 223.12 185.46 223.86 186.20 186.20 9 131.52 126.16 109.76 109.76 10 132.52 126.16 109.76 109.76 117.123 71.26 126.16 109.76 26ductible amount for 2008 is \$1900 1171.23 71.26	Company		152.00	216.00		231.00		267.00	77.00	255.00					122.00	174.00
3 223.12 185.46 223.86 186.20 186.20 3 223.12 115.29 109.76 10 3 132.52 126.16 132.52 4 171.23 71.26 126.16 1 171.23 71.26 Aductible amount for 2008 is \$1900	United Teacher Associates Inc Co		140.49	160.93		161.30		194.63		161.92						
0 115.29 109.76 1 0 132.52 126.16 1 154.94 64.27 1 1 171.23 71.26 1 1 171.23 71.26 1 1 adductible amount for 2008 is \$1900 1 1 1		Male .	161.55	185.09		185.46		223.86	Ī	186.20	T					
0 132.52 126.16 1 <td< td=""><td>United World Life Insurance</td><td>Female</td><td>84.27</td><td>103.19</td><td></td><td></td><td></td><td>115.29</td><td></td><td>109.76</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	United World Life Insurance	Female	84.27	103.19				115.29		109.76						
154.94 64.27 154.94 64.27 Jaeductible amount for 2008 is \$1900 171.23 71.26	Company	Male	96.87	118.60				132.52		126.16						
Image: Non-state state Image: Non-state Image: Non-	World Corp Insurance	Female	113.34					154.94	64.27							85.49
¹ Both Medigap plans "F" and "J" have deductible options. The deductible amount for 2008 is \$1900 ² Both Medigap plans "K" and "L" include out of pocket limits. Limits for 2008 are \$4440 (Plan K) and \$2220 (Plan L) 3 Options, Inc. dba Rocky Mountain Health Plans 4 Docky Mountain Location I Services Tor (Anthem Blue Cross and Blue Shield)		Male	125.65					171.23	71.26							94.78
² Both Medigap plans "K" and "L" include out of pocket limits. Limits for 2008 are \$4440 (Plan K) and \$2220 (Plan L) 3 Options, Inc. dba Rocky Mountain Health Plans 4 Docty Mountain Hoenital Services for (Anthem Blue Cross and Blue Shield)	¹ Both Medigap plans "F" and "J" h	nave deduc	tible option	The	ductible a	mount for	<u>s</u>	1900								
3 Options, Inc. dba Rocky Mountain Health Plans 4 Deciv Mountain Decrited Services Tor (Anthem Blue Cross and Blue Shield)	² Both Medigap plans "K" and "L" ii	include out	of pocket li		its for 200	8 are \$44	40 (Plan h	() and \$22	220 (Plan	(
	3 Options, Inc. dba Rocky Mountai	ain Health P	lans													
	1 Decky Merimaterin Hermitel and M	Andinal Con	ince lac /			ond Duc	Chioldy									T

	Exh	Exhibit D-3:		lo Optioi	ns: Med	icare Su	pplemer	nt Insur	ance "M	Colorado Options: Medicare Supplement Insurance "Medigap Plans"	lans"				
AGE 75			Mc	onthly Pr	emium F	Rates for	. Age 75	Non-Sn	noker R	Monthly Premium Rates for Age 75 Non-Smoker Residing in Zip Code 80202	n Zip Co	de 8020	02		
Company Name	Sex	A	ю	υ	۵	ш	ш	Fhi ¹	თ	т	_	٦	Jhi ¹	K²	L ²
AARP (United HealthCare	Female	129.25			165.75	166.50	180.50		167.00		164.75			86.25	124.25
	Male	129.25	153.25	179.25	165.75	166.50	180.50		167.00	162.75	164.75			86.25	124.25
Continental Insurance	Female	104.96			133.53		149.77					150.52			
Company Murtual Insurance Female	Male Female	120.70 85.67	152.02	170 G7	153.61		172.18					173.10		71 RU	104 57
	Male	85.67		170.67			170.57							71.80	104.57
National Life Insurance	Female	107.80	135.1	153.21	120.96	112.86	151.90		120.00						
	Male	124.45		177.00	139.61	130.37	175.43		138.65						
Pioneer Life Insurance	Female	135.01	178.88	223.27	197.11		231.54								
	Male	155.04	205.70	256.33	226.37		266.14					07 027			
Republic Insurance	Female	115.20				1/1.55	203.47	//.13				1/8.43		99.73	133.64
	Male	130.42	000 000		22000	194.21 165 71	230.35	81.30	CV C21	T		202.11		112.92	151.32 156 70
ure and Casually	Mala	160.11	220.02	254.30	00.022	165.71	233.29	74 81				190.15		92.19	126.70
Company Central Reserve I ife Insurance	Female	215 00			010.012	168.00	253.23	93.00	211 00	152.00	183.00	190.13		32.13	120.10
	Male	247.00		307.00	241.00	193.00	300.00	107.00			210.00	220.00			
Insurance Company of	Female	134.27	187.47	225.79	186.84		233.33								
	Male	134.27		225.79	186.84		233.33		204.75						
Insurance Company	Female	139.05			163.53		184.18		146.18						
	Male	165.15			194.22		210.78		173.58						
on Life Insurance	Female	138.63			161.63		190.91		170.09						
	Male	152.54			177.72		210.09		187.09						
al General Insurance	Female	178.00			199.00	205.00	236.00	68.00	219.00			192.00			
	Male .	198.00			222.00	229.00	263.00	76.00	244.00	170.00		214.00			
	Female	109.08			132.83	145.25	161.25		140.00						
Z	Male .	125.42			152.83	167.17	185.58								
sualty	Female	113.84		228.59	198.17	215.84	242.00	109.09	179.34	206.34	196.67	272.34			
Insurance Company	Male	113.84			198.17	215.84	242.00	109.09			196.67	272.34	122.67		
e and Accident Insurance		107.00	156.00				178.50								
	Male .	107.00					178.50								
Golden Rule Insurance Company	Female	146.00		231.00			175.00		146.00						
	Male Econolo	102.00		01.002	156.60		193.UU		102.00						
Company	Male	107.60	161.20		156.60		221.65	50.25			T				
nsurance Company	Female	144.00					177.00	71.00						82.00	118.00
	Male	144.00					177.00	71.00						82.00	118.00
Life Investors Insurance Company	Female	158.00		250.00	226.00	245.00	255.00		243.00	314.00	320.00	351.00			
	Male	158.00			226.00	245.00	255.00		243.00		320.00				
eritage Life Insurance	Female	90.33			124.17		144.75								
_	Male	103.92	137.58	161.50	142.75		166.42								
Mennonite Mutual Aid Association	Female	111.55				158.89	194.06								118.74
	Male	111.55				158.89	194.06					1			118.74
tal Life Insurance	Female	133.00	190.00		218.00	225.00	256.00		242.00		253.00				
	Male -	133.00			218.00	225.00	256.00		242.00	218.00	253.00	310.00			
Omaha Insurance	Female	154.72		215.92	166.74	T	209.57		1/0.35						
Company	Male	0.111		240.13	121.00		24U.03]	130.00						

Age 75 - Page 1

AGE 75 Company Name Order of United Commercial Travelers PacifiCare Life Assurance Company					UIS: Med		orado Options: Medicare Supplement Insurance "Medigap Plans"	liisui aii		אוומו עם א	•				
				Monthly	Premiun	n Rates f	Monthly Premium Rates for Age 75 Non-Smoker Residing in	Non-Sn	oker Re	siding in	Zip Code 80202	80202			
	Sex	A	ю	υ	٥	ш	ш	Fhi	თ	т	_	٦	Jhi	×	Γ
e Life Assurance	Female	100.78	133.51	156.52	147.88		160.76		141.47						
e Life Assurance	Male	115.89	153.54	180.00	170.07		184.87								
	Female	143.64		211.55			224.60	91.16				220.20			
	Male	143.64		211.55			224.60	91.16				220.20			
ania Life Insurance	Female	129.35	173.27	174.30	164.98		196.98		182.48						
	Male	148.72	199.26	200.40	189.73		226.50		209.83						
s Life Insurance	Female	125.95	154.45				205.15		167.40						
	Male	125.95	154.45				205.15		167.40						
q	Female	153.00			167.00		185.00	66.00		126.00					
	Male	176.00			192.00		213.00	76.00		145.00	174.00	182.00			
Pyramid Life Insurance Company Fe	Female	159.13			211.44	175.89	271.83	79.18							
Ma	Male	159.13			211.44	193.46	271.83	79.18	219.53						
Reserve National Insurance Fe	Female	86.85	137.40	171.85	148.70		203.70								
	Male	86.85	137.40	171.85	148.70		203.70								
untain Health Plans ³	Female	181.90		192.00			202.10		212.20						
	Male	210.27		221.95			233.64								
	Female	138.80	156.40				190.00	65.00			215.10	237.80			122.00
Services, Inc. (Anthem BC/BS) ⁴ Ma	ale	151.60	171.40				220.00	76.00			236.70	261.60			142.00
Shenandoah Life Insurance Fe	Female	116.58	146.83	162.50	148.33	149.67	166.33		151.67						
	Male	134.00	168.92	186.83	170.50	172.00	191.25		174.50						
Life and Accident	Female	157.86	197.96	227.74	149.42	141.20	229.12	34.42							
	Male	182.31	228.61	263.01	172.56	163.07	264.60	39.76	173.42						
State Farm Mutual Automobile Fe	Female	128.52		193.80			195.75								
	Male	128.52		193.80			195.75								
Sterling Investors Life Insurance Fe	Female	103.63	131.20	147.36	134.53	135.70	151.69		135.45						
	Male	119.12	150.86	169.43	154.69	156.02	174.43		155.77						
ife Insurance Company	Female	160.89	193.98	225.14			197.16							87.07	
	Male	160.89	193.98	225.14			220.11							97.21	
Thrivent Financial for Lutherans Fe	Female	107.05	132.53	169.38	138.25		169.89			207.00					105.93
	Male	107.05	132.53	169.38	138.25		169.89								105.93
rican Life Insurance	Female	131.00	170.00	209.00	189.00	205.00	213.00		203.00	200.00	203.00	206.00			
	Male .	131.00	170.00	209.00	189.00	205.00	213.00								100.00
nerican Insurance	emale .	152.00	234.00	266.00	255.00		276.00	85.00						135.00	192.00
	Male .	152.00	234.00	266.00	255.00		276.00	85.00						135.00	192.00
United Teacher Associates Inc Co	Female	166.01	194.01	232.78	194.38		233.65		195.00						
	Male	190.91	223.12	267.72	223.49		268.71		224.24						
orld Life Insurance	Female	98.04	120.04				134.13		127.70						
	Male	112.69	137.98				154.17		146.78						
World Corp Insurance Fe	Female	131.07					178.45	74.40							98.88
Ma	Male	148.43					201.49	84.29							112.02
¹ Both Medigap plans "F" and "J" have deductible options.	e deducti	ble option;	The	ductible a	mount for	deductible amount for 2008 is \$1900	1900								
² Both Medigap plans "K" and "L" include out of pocket limits. L	ude out o	of pocket lir		s for 2008	8 are \$44	40 (Plan I	imits for 2008 are \$4440 (Plan K) and \$2220 (Plan L)	20 (Plan	(T)						
3 Options, Inc. dba Rocky Mountain Health Plans	Jealth Pla	ans													
A Boolor Monatoin Hometol and Modical Seminary Inc. (Anthom	in and loo	1 00 000		Bline Cross and Bline Shield)	ond Dhoo	Chioldy									
 אוטמוומווו הטאטומו מווע ואידטוע 	Cal Oct VI			ne ciusa		Olleiuj									

		Exhibit D-4:		Colorado Options: Medicare Supplement Insurance "Medigap Plans"	tions: Me	edicare Si	upplemer	nt Insural	nce "Med	igap Plar	ls"				
AGE 80				Monthl	Monthly Premium Rates for Age 80 Non-Smoker Residing in Zip Code 80202	n Rates f	or Age 80	Mon-Sm	oker Res	iding in z	Zip Code	80202			
Company Name	Sex	A	В	c	۵	ш	ш	Fhi	ი	т	_	ſ	Jhi	×	_
nCare	Female	129.25	153.25	179.25	165.75	166.50	180.50		167.00	162.75	164.75	191.50		86.25	124.25
	_	129.25	153.25	179.25	165.75	166.50	180.50		167.00	162.75	164.75	191.50		86.25	124.25
Continental Insurance	Female	115.62	145.61		147.11 160.10		161.94 106 10					162.68			
American Family Mutual	Female	70.301	20.101	197.30	103.10		197.56					101.10		83.17	121 03
_	Male	98.97		197.30			197.56							83.17	121.03
nsurance	Female	128.37	160.96	182.49	144.06	134.47	180.92		142.92						
Company of Texas	Male	143.18	179.52	203.66	160.70	149.98	201.92		159.57						
American Pioneer Life Insurance Female	Female	145.83	196.65	243.76	216.90		252.88								
Company	Male	167.49	226.11	280.08	249.27		290.41								
American Republic Insurance	Female	130.24				192.14	227.88	86.41				199.95		111.71	149.70
Company	Male	150.63				222.18	263.51	99.91				231.13		129.17	173.10
Bankers Life and Casualty	Female	189.52	276.77	312.51	275.44	204.11	287.37	89.49	215.53			236.87		114.72	157.72
	Male	189.52	276.77	312.51	275.44	204.11	287.37	89.49	215.53			236.87		114.72	157.72
Central Reserve Life Insurance	Female	235.00		293.00	230.00	184.00	286.00	102.00	232.00	167.00	200.00	210.00			
	Male	271.00		337.00	264.00	212.00	329.00	117.00	266.00	192.00	231.00	241.00			
Combined Insurance Company	Female	151.65	211.53	254.77	212.32		264.51		240.14						
	Male	151.65	211.53	254.77	212.32		264.51		240.14						
Conseco Insurance Company	Female	155.21			182.65		202.35		163.28						
	Male	194.03			228.27		240.80		204.10						
on Life Insurance	Female	144.72			183.45		214.91		192.91						
	Male	159.18			201.81		236.36		212.18						
al General Insurance	Female	194.00	247.00	247.00	218.00	225.00	259.00	75.00	240.00	167.00		210.00			
	Male	217.00	275.00	275.00	243.00	251.00	289.00	83.00	267.00	186.00		234.00			
	Female	115.17	145.67	177.67	148.92	162.58	179.08		156.50						
٦N	Male	132.58	167.50	204.50	171.25	187.00	205.92		179.92						
ualty	Female	113.84	174.75	250.00	220.59	234.67	261.34	117.84	196.75	224.75	218.75	294.42	132.75		
Insurance Company	Male	113.84	174.75	250.00	220.59	234.67	261.34	117.84	196.75	224.75	218.75	294.42	132.75		
dent	Female	107.50	157.50	185.00			187.00								
	Male	107.50	157.50	185.00			187.00								
ule Insurance	Female	170.00		268.00			202.00		169.00						
	Male	187.00		296.00			224.00		187.00						
ë	Female	120.35	180.35	223.60	175.05		248.20	56.30	186.35						
	Male	120.35	180.35	223.00	GU.G/T		248.20	00.00	180.35						10000
	Male	160.00	168.00	195.00			196.00	79.00						00.06	130.00
Life Investors Insurance	Female	203.00	264.00	324.00	292.00	321.00	327.00		314.00	352.00	359.00	395.00			
	Male	203.00	264.00	324.00	292.00	321.00	327.00		314.00	352.00	359.00	395.00			
eritage Life Insurance	Female	99.08	133.17	155.75	138.75		160.42								
Company	Male	113.92	153.25	179.08	159.50		184.50								
Mutual Aid	Female	112.99				168.09	204.13								125.35
	Male	112.99				168.09	204.13								125.35
ital Life Insurance	Female	142.00	205.00	235.00	233.00	241.00	274.00		259.00	233.00	270.00	331.00			
	Male	142.00	205.00	235.00	233.00	241.00	274.00		259.00	233.00	270.00	331.00			
Omaha Insurance	Female	178.11		248.62	191.99		241.33		196.17						
Company	Male	204.73		285.77	220.68		277.39		225.48						

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		Exhibit D-4:	co	orado Opt	ions: Me	dicare S	lorado Options: Medicare Supplement Insurance "Medigap Plans"	nt Insurar	nce "Med	igap Plan	"S"				
AGE 80				Monthly	/ Premiur	n Rates	Monthly Premium Rates for Age 80 Non-Smoker Residing in Zip Code 80202	0 Non-Sm	oker Res	iding in	Zip Code	80202			
Company Name	Sex	A	В	υ	۵	ш) ц	Fhi	ი	Н	-	ſ	Jhi	×	_
Order of United Commercial	Female	110.91	149.30	175.05	166.18		179.79		158.21						
Travelers	Male r	127.55	171.69	201.31	191.18	T	206.75		181.94						
PacifiCare Life Assurance Company	remale Male	157.89 157.89	T	236.35	T	T	249.41 249.41	143.09 143.09	206.33		T	244.53 244.53			
Pennsylvania Life Insurance	Female	134.95	187.14	196.26	187.35		221.53	-	207.03			2			
Company	Male	155.25		225.67	215.52		254.77		238.10						
Physicians Life Insurance	Female	137.00	171.80		232.75		189.80								
Company	Male	137.00			232.75		189.80								
Provident American Life and	Female	167.00			183.00		203.00	72.00		138.00	166.00	173.00			
Health Insurance Company	Male	192.00			210.00			83.00		158.00	190.00	199.00			
Pyramid Life Insurance	Female	168.92	T		229.18	219.72		88.70	238.05						
Company	Male .	168.92			229.18	219.72		88.70	238.05						
Reserve National Insurance	remale	102.00	160.20	201.60	175.30	Ī	238.45								
Company	Male	102.00	160.20	201.60	175.30		238.45								
Rocky Mountain Health Plans ¹	Female	235.72		248.81			261.91		275.01						
	Male	272.49		287.63			302.76		317.90						
Rocky Mtn Hospital/Medical	Female	149.20	168.90				232.00	79.00			232.50	257.00			149.00
Services, Inc. (Anthem)	Male	167.80					269.00	92.00			260.30	287.70			173.00
Shenandoah Life Insurance	Female	128.33		177.67	163.25	164.67			166.92						
Company	Male	147.58	185.92	204.33	187.75	189.42			192.17						
Standard Life and Accident	Female	187.98	235.73	271.19	177.93	168.14		40.99	178.82						
Insurance Company	Male	209.78	263.06	302.64	198.56	187.64		45.75	199.55						
State Farm Mutual Automobile	Female	144.33		217.77			219.89								
Insurance Company		144.33		217.77											
Sterling Investors Life Insurance	Female	114.12	144.53	161.10	148.19	149.36			149.19						
Company	Male	131.20	166.18	185.34	170.35	171.85			171.60						
Sterling Life Insurance Company Female	/ Female	169.37	213.61	249.52			217.34							97.25	
	Male	169.37	213.61	249.52			245.08							109.67	
Thrivent Financial for Lutherans	Female	118.76	147.15	187.93	153.39		188.53			219.65	233.59				117.48
	Male	118.76	147.15	187.93	153.39					219.65	233.59				117.48
Transamerican Life Insurance	Female	170.00	221.00	271.00	245.00	268.00			263.00	258.00	262.00	266.00			
Company	_	170.00		271.00	245.00	268.00	274.00		263.00	258.00	262.00	266.00			
United American Insurance	e	152.00		279.00	268.00		281.00	90.00	269.00					143.00	204.00
Company	_	152.00		279.00	268.00		281.00	90.00	269.00					143.00	204.00
United Teacher Associates Inc	e	183.35		262.15	220.02		262.89		220.64						
Co	Male	210.86	252.48	301.42	252.98		302.29		253.72						
United World Life Insurance	Female	106.90	130.91				146.27		139.25						
Company	Male	122.88	150.47				168.12		160.06						
World Corp Insurance	Female	146.87					195.70	83.32							110.81
	Male	169.78						96.35							128.05
¹ Both Medigap plans "F" and "J" have deductible options.	have deduc	stible opti	Ļ	e deductible amount for 2008	e amount	for 2008	is \$1900								
² Both Medigap plans "K" and "L" include out of pocket limits.	' include out	of pocke		Limits for 2	2008 are \$	4440 (Pl	\$4440 (Plan K) and \$2220 (Plan L)	\$2220 (PI	an L)						
³ Options, Inc. dba Rocky Mountain Health Plans	ain Health P	lans													
⁴ Bocky Mountain Hospital and Medical Services Inc. (Anthen	Aedical Servi	ices Inc	(Anthem	n Blue Cross and Blue Shield)	s and Blu	(Dlaid) a									
		6000		000											

	Exhi	Exhibit D-5:	Colorad	Colorado Options:		icare Su	pplemer	t Insur	JUCe "M€	Medicare Supplement Insurance "Medigap" Plans	Plans				
UNDER AGE 65		Mo	othly Pr	emium F	ates for	Under A	\ge 65 (L	Disabled	I) Non-S	Monthly Premium Rates for Under Age 65 (Disabled) Non-Smoker Residing in Zip	esiding		Code 80202	02	
Company Name	Sex	٩	ю	ပ	۵	ш	ш	Fhi ¹	υ	т	_	٦	Jhi ¹	K²	L ²
AARP (United HealthCare	Female	232.75	275.75		298.50	299.50	324.75		300.50	276.75	280.00	325.25		155.50	223.75
	Male	232.75	275.75	322.75	298.50	299.50	324.75		300.50	276.75	280.00	325.25		155.50	223.75
Continental Insurance	Female	93.96	118.37		119.45		134.95					135.70			
Company	Male	108.04	136.11	01010	137.45		155.27		T	T	T	156.02		100 00	150 10
American Family Mutual msurance Company	Male	125.90		219.10 219.10			266.80							108.83	158.40
National Life Insurance	Female	102.91			115.52	107.82	145.09		114.70						
	Male	115.84			130.00	121.39	163.33		129.08						
ife Insurance	Female	100.53	129.68		142.37		174.04								
Company	Male	115.51	149.93	192.63	163.54		199.86								
Republic Insurance	Female	157.78				177.96	186.32	70.64				163.40		105.08	136.19
	Male	157.78				177.96	186.32	70.64				163.40		105.08	136.19
-ife and Casualty	Female	159.91	229.87	257.25	225.66	157.68	192.84	56.14	152.54			159.28		98.94	139.56
	Male	159.91	229.87	257.25	225.66	157.68	192.84	56.14	152.54			159.28		98.94	139.56
eserve Life Insurance	Female	240.00		183.00	154.00	154.00	203.00	67.00	162.00		158.00	149.00			
	Male .	276.00		211.00	177.00	177.00	234.00	77.00	187.00	161.00	181.00	172.00			
ed Insurance Company of	Female	137.46	152.53		128.40		183.31		125.89						
	Male .	137.46	152.53		128.40		183.31		125.89						
Conseco Insurance Company	Female	208.66			193.71		200.45		168.73						
	Male	200.78			77.007	T	208.73	T	1/0/1	Ť					
	Mala	100.27			118 54		133.03		113.40						
ol General Insurance	Famala	787 00	315 00	130.00	206.00	101 00	330.00	68.00	274 00	151 00		184 00			
	Male	320.00	351.00		330.00	213.00	368.00	76.00	305.00	168.00		205.00			
al Life Insurance	Female	104.50	134.67		121.25	154.42	138.17		118.25						
z	Male	120.17	154.92		139.42	177.58	158.83		136.08						
	Female	176.84	183.00		199.17	215.59	247.92	111.59	210.09	201.50	186.75	253.34	114.00		
Insurance Company	Male	176.84	183.00		199.17	215.59	247.92	111.59	210.09		186.75	253.34			
e and Accident Insurance	Female	158.00	234.00				256.50								
	Male	158.00					256.50								
Golden Rule Insurance Company	Female	206.00		311.00			236.00		164.00						
	Male .	228.00					260.00		182.00						
Guarantee Trust Life Insurance	Male	124.75	188.45	233.45	182.50		257.20		194.45						
Insurance Company	Female	126.00			00.40		154.00	62.00	0 					71.00	103.00
	Male	126.00					154.00	62.00						71.00	103.00
Life Investors Insurance Company	Female	123.00			186.00	203.00	208.00		200.00	259.00	263.00	290.00			
	Male	123.00		204.00	186.00	203.00	208.00		200.00	259.00	263.00	290.00			
eritage Life Insurance	Female	104.58			147.08		171.58								
	Male	120.17			169.08		197.25								
Mutual Aid Association	Female	94.88				158.41	183.90								97.37
	Male .	94.88				158.41	183.90								97.37
ital Life Insurance	Female	84.00	122.00		137.00	142.00	160.00		154.00	138.00	160.00	197.00			
	INIAIE Eomolo	04.UU	122.00		131.00	142.00	100.UU		00.401		100.001	197.00			
Omana Insurance	Mala	77.201		70.442	1/9.49		201.102		70.081						
company	ועומוכ	of.001		701.14	10.004		200.20		ot: 104]

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	Exhi	Exhibit D-5:	Colorad	ado Options:		licare Su	pplemei	nt Insur	Medicare Supplement Insurance "Medigap"	edigap"	Plans				
UNDER AGE 65		Mo	onthly Pr	emium F	ates for	· Under /	Age 65 (I	Disabled	d) Non-S	Monthly Premium Rates for Under Age 65 (Disabled) Non-Smoker Residing in Zip	esiding	in Zip Co	Code 80202	12	
	Sex	٨	ю	υ	۵	ш	Ŀ	Fhi ¹	თ	т	_	۔	Jhi ¹	K²	L ²
Order of United Commercial	Female	123.69	161.48	188.10	178.92		202.46		181.78						
	Male	142.24	185.70	216.32	205.75		232.82								
e Life Assurance	Female	125.44		185.98			193.85	80.08				190.05			
	Male	125.44		185.98			193.85	80.08				190.05			
ania Life Insurance	Female	116.82	157.11	161.77	151.93		182.79		167.98						
	Male	128.53	172.85	177.93	167.16		201.02		184.76						
s Life Insurance	Female	142.55	190.10				225.85		166.25						
	Male	142.55	190.10		100.00		225.85	00 01	166.25	00 011	00 07 7				
σ	Female	148.00			169.00		192.00	59.00		119.00	143.00	150.00			
	Male	1/0.00			194.00		221.00	68.00		137.00	165.00	1/3.00			
Pyramid Life Insurance Company	Mala	116.09			151.96 151.06	10.011	196.05	58.04	157.83						
Reserve National Insurance	Female	92.45	166.75	185.40	168.95	1	203.20	10.00							
	Male	92.45	166.75	185.40	168.95		203.20								
ountain Health Plans ³	Female	176.57		186.39			196.20		206.01						
	Male	204.12		215.46			226.80		238.14						
	Female	152.50	168.50				164.00	56.00			229.50	253.60			105.00
3S) ⁴	Male	162.20	176.90				190.00	65.00			241.50	266.90			122.00
ah Life Insurance	Female	136.83	153.50		157.92	156.25	191.00		166.92						
	Male	157.42	176.42		181.67	179.75	219.67								
Life and Accident	Female	151.50	191.37		136.82	129.30	221.49	31.52							
	Male	170.27	214.86		154.18	145.70	248.68	35.52	154.95						
vutomobile	Female	198.05					301.66								
_	Male	198.05					301.66								
ivestors Life Insurance	Female	95.38	120.70		123.78	124.78	140.19		124.62						
	Male .	109.71	138.78		142.28	143.53	161.19		143.36					-	
Sterling Life Insurance Company	Female	155.29	213.61				217.34							79.99	
	Male	155.29	213.61				254.08							86.66	
Thrivent Financial for Lutherans	Female	82.08	101.66		106.02		130.39			174.51	185.71				81.23
	Male	82.08	101.66	129.79	106.02		130.39			174.51	185.71	00 101			81.23
	Mala	111.00	147.00		160.00	182.00	101.101		170.00	177.00	170.00	101.00			
arican Incurance	Female	182.00	00.171		266.00	102.00	00.101	122.00		00.1	00.01	00.101		143.00	204.00
	Male	182.00	288.00		266.00		276.00	122.00						143.00	204.00
acher Associates Inc Co	Female	123.89	141.11		141.36		170.59								
	Male	142.47	162.29		162.54		196.24		163.04						
United World Life Insurance	Female	95.48	161.07				187.28		157.48						
Company	Male	109.74	185.13				215.26		181.01						
World Corp Insurance	Female	173.71					164.93	68.00							90.50
	Male	173.71					164.93	68.00							90.50
¹ Both Medigap plans "F" and "J" have high deductible options.	" have hi	gh deduc	tible opti		The deductible amount for 2008 is \$1900	ble amot	Int for 20	08 is \$1	900						
² Both Medigap plans "K" and "L" include out of pocket lin	-" include	out of po	ocket limi	ts. Limit:	s for 2008	8 are \$4₄	440 (Plar	ו K) and	mits. Limits for 2008 are \$4440 (Plan K) and \$2220 (Plan L)	lan L)					
³ Options, Inc. dba Rocky Mountain Health Plans	tain Heal	th Plans													
⁴ Bocky Mountain Hosnital and Medical Services. Inc. (Anthem Blue Cross and Blue Shield)	Medical	Services	Inc (Ant	hem Blue	Croce	and Blue	Shield)								
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Colorado Resources Free Publications and Videos

The Senior Health Insurance Assistance Program (SHIP) and the SMP provides the following publications to consumers at no cost. Publications can also be provided in quantity to organizations for distribution to their members. Please contact us at 303-894-2946 (Toll-free 1-800-930-3745 x 2946) to place an order.

The Big Picture: Medicare and Related Health Insurance An overview of Medicare and how it works with various other health insurance products.

Medicare Supplement Insurance: Medigap Options for Colorado Consumers A list of private insurers marketing these products, their contact information, and pricing.

Medicare Health Plans: Options for Colorado Consumers Comparisons of health benefits, copays, and other information on these private options.

Long Term Care Planning: Options for Colorado Consumers Discussion of who should buy this coverage, how policies are structured, and the Colorado products.

Medicaid Assistance for Medicare Beneficiaries State help program for low-income, low savings consumers on Medicare. Your house and car aren't counted as an asset.

Managing Your Medicare Bills

Help understanding the billing system, a tool to track bills including supplemental payers, and information for when Medicare doesn't make payment.

Senior Security: Avoiding Scams and Fraud in Colorado Video providing consumer information about Medicare fraud, identify theft, telephone scams, junk mail offers, home repair cons, and caregiver fraud. Available free for showing before senior organizations. (29 minutes)

Master of the Transaction: Senior Security II Video providing consumer information about Medicare billing, charitable solicitations, planning for increased dependence, and investment fraud. (24 minutes)

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