



CARDINAL ADVISORS

Original Medicare + Medigap Plan "G"

Using the following quotes Hans and Tom discuss Original Medicare + Medigap Plan "G" in the video with the same title.

ORIGINAL MEDICARE & MEDIGAP PLAN "G"

S.S. - NO PLAN G IN MINN, WISC, MASS
- PLAN G (HIGHEST BENEFITS)

MED

LTC

401K/IRA

MEDICARE PART A
60 DAY DEDUCTIBLE \$1,632
COSTS BEYOND 60 DAYS ??

MEDICARE PART B
ANNUAL DEDUCTIBLE \$240 ZERO
APPROVED CHARGES 80% 20%
PART B EXCESS CHARGE 0% 100%

PLAN G
\$1,632
ALL

OPTIONAL HIGH DEDUCTIBLE (\$2800)
- PLAN G - \$40-\$100/MONTHLY
DEPENDING ON STATE

	NC	CA	FL	NY	TX
ALLSTATE	\$120	\$253	\$238	-	-
CIGNA	\$130	\$237	\$229	-	\$199
MUTUAL OF OMAHA	\$135	\$214	\$221	\$476	\$185
AETNA	\$135	\$313	\$247	-	\$241
HUMANA	\$143	\$307	\$221	\$527	\$151
AARP	\$145	\$191	\$236	\$306	\$176

AGE 70, MALE, SINGLE, NO SMOKE

MEDICARE PART D
ANNUAL DEDUCTIBLE
CO-PAYS
DONUT HOLE
CATASTROPHIC
MAXIMUM OUT OF POCKET
SHOP WITH US

INCOME

ESTATE

TAXES

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Jan 2024



Medicare Supplement

- 27519 (Durham, Wake, Chatham county in Cary, NC)
- Age 70
- Male
- Non-tobacco
- Plan G
- Effective 2024-02-01
- Sorted by Price

\$119.64 /mo		Allstate Health Solutions	
HH Discount 7.0%	Parent: Allstate Ins Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: N/A Rating Class: Preferred Select	Years in Market: 58 Effective Date: 01/02/2024
Policy Fee \$25.00			

\$130.50 /mo		Cigna National Health Insurance Company	
HH Discount 6.0%	Parent: Cigna Hlth Grp AM Best Rating: A (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: n/a Rating Class: n/a	Years in Market: 3 Effective Date: 07/01/2023
Discount Type Multi-Insured / Roommate			

\$134.81 /mo		Omaha Insurance Company	
HH Discount 12.0%	Parent: Mutual Of Omaha Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: n/a Rating Class: n/a	Years in Market: 11 Effective Date: 05/01/2022
Discount Type Roommate			

\$135.11 /mo		Aetna Health Insurance Company	
HH Discount 7.0%	Parent: Aetna Grp AM Best Rating: A (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: n/a Rating Class: n/a	Years in Market: 5 Effective Date: 05/01/2023
Discount Type Multi-Insured			
Policy Fee \$20.00			

\$143.00 /mo		Humana Insurance Company	
HH Discount 12.0%	Parent: Humana Grp AM Best Rating: A (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: n/a Rating Class: Achieve	Years in Market: 4 Effective Date: 07/01/2023
Discount Type Roommate			

\$145.73 /mo**AARP Medicare Supplement Plans, Insured By Unitedhealthcare**

HH Discount

7.0%

Discount Type

Multi-Insured

Parent: **Unitedhealth Grp**
AM Best Rating: **A+** (Outlook Stable)Rate Type: **Community rated**Plan: **G**
S&P Rating: **AA-**Rating Class: **Standard**Years in Market: **25**
Effective Date: **06/01/2023****\$298.00 /mo****United American Insurance Company**Parent: **Globe Life Inc.**
AM Best Rating: **A** (Outlook Stable)
Rate Type: **Attained age**Plan: **G**
S&P Rating: **A+**
Rating Class: **n/a**Years in Market: **57**
Effective Date: **04/01/2023****Medicare Supplement: Plan G Details**

Part A

Services	Medicare Pays	This Plan Pays	You Pay
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Hospitalization

First 60 Days	All But \$1632	\$1632 (Part A Deductible)	\$0
61st Through 90th Day	All But \$408 a Day	\$408 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$816 a Day	\$816 a Day	\$0
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	\$0
Beyond the Additional 365 Days	\$0	\$0	All Costs

Skilled Nursing Facility Care

First 20 Days	All Approved Amounts	\$0	\$0
21st Through 100th Day	All But \$204 a Day	Up to \$204 a Day	\$0
101st Day and After	\$0	\$0	All Costs

Blood

First Three Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0

Hospice Care

You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0
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Part B

Services	Medicare Pays	This Plan Pays	You Pay
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Medical Expenses

1st \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge	\$0	100%	\$0

Blood

First Three Pints	\$0	100%	\$0
Next \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0

Clinical Laboratory Services

Tests for Diagnostic Services	100%	\$0	\$0
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Parts A & B			
Services	Medicare Pays	This Plan Pays	You Pay
Home Health Care			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
1st \$240 of Medicare approved amounts	\$0	\$0	\$240 (Part B deductible)
Remainder of medicare approved amounts	80%	20%	\$0
Other Benefits			
Services	Medicare Pays	This Plan Pays	You Pay
Foreign Travel			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% until the lifetime maximum, then all costs.

Disclaimer: CSG Actuarial, LLC does not guarantee or warrant the accuracy of the above premium rates or underwriting information. For agent use only. Carriers may have made rate or underwriting adjustments that have not yet been reflected in our database. All data obtained from public sources.

Monthly rates may reflect EFT discounts, if applicable.

A few companies in the database offer premium rates based upon special underwriting or administrative rules. In those cases multiple rates are shown for the same company.

Minnesota and Wisconsin: Age increase data is determined using the base policy, not including any riders. Historical increase data is determined using a composite increase on the base policy and the riders.

In Wisconsin, United American rates include the home healthcare rider.

In Arizona, Humana (Achieve and Value) offers an early enrollment discount based on the applicant's Part B effective date. Check Company outline of coverage for more details.

2022 Market Data Source: 2022 NAIC Medicare Supplement Experience Exhibits and data filed with the National Association of Insurance Commissioners in annual financial statements.

Data Source: National Association of Insurance Commissioners, by permission. The NAIC does not endorse any analysis or conclusions based upon the use of its data.

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Medicare Supplement

- 90011 (Los Angeles county in Los Angeles, CA)
- Age 70
- Male
- Non-tobacco
- Plan G
- Effective 2024-02-01
- Sorted by Price

\$191.74 /mo		AARP Medicare Supplement Plans, Insured By Unitedhealthcare	
HH Discount 7.0%	Parent: Unitedhealth Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Community rated	Plan: G S&P Rating: AA- Rating Class: Standard (\$25 New to Medicare Discount Available)	Years in Market: 25 Effective Date: 06/01/2023

\$213.61 /mo		United World Life Insurance Company	
HH Discount 12.0% Discount Type Roommate	Parent: Mutual Of Omaha Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: A+ Rating Class: n/a	Years in Market: 19 Effective Date: 02/01/2023

\$236.51 /mo		Cigna Health And Life Insurance Company	
HH Discount 6.0% Discount Type Multi-Insured / Roommate	Parent: Cigna Hlth Grp AM Best Rating: A (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: n/a Rating Class: n/a	Years in Market: 7 Effective Date: 02/01/2024

\$252.99 /mo		Allstate Health Solutions	
HH Discount 7.0% Discount Type Multi-Insured / Roommate Policy Fee \$25.00	Parent: Allstate Ins Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: N/A Rating Class: n/a	Years in Market: 58 Effective Date: 05/01/2023

\$279.00 /mo		United American Insurance Company	
	Parent: Globe Life Inc. AM Best Rating: A (Outlook Stable) Rate Type: Attained age	Plan: G S&P Rating: A+ Rating Class: n/a	Years in Market: 57 Effective Date: 04/15/2023

\$307.38 /mo

Humana Insurance Company

Parent: **Humana Grp**
AM Best Rating: **A** (Outlook Stable)
Rate Type: **Attained age**

Plan: **G**
S&P Rating: **A**
Rating Class: **n/a**

Years in Market: **19**
Effective Date: **07/01/2023**

\$312.79 /mo

Continental Life Insurance Company Of Brentwood, Tennessee (Aetna)

HH Discount
5.0%

Discount Type
Multi-Insured

Policy Fee
\$20.00

Parent: **Aetna Grp**
AM Best Rating: **A** (Outlook Stable)
Rate Type: **Attained age**

Plan: **G**
S&P Rating: **n/a**
Rating Class: **n/a**

Years in Market: **31**
Effective Date: **09/01/2023**

Medicare Supplement: Plan G Details

Part A

Services	Medicare Pays	This Plan Pays	You Pay
Hospitalization			
First 60 Days	All But \$1632	\$1632 (Part A Deductible)	\$0
61st Through 90th Day	All But \$408 a Day	\$408 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$816 a Day	\$816 a Day	\$0
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	\$0
Beyond the Additional 365 Days	\$0	\$0	All Costs

Skilled Nursing Facility Care

First 20 Days	All Approved Amounts	\$0	\$0
21st Through 100th Day	All But \$204 a Day	Up to \$204 a Day	\$0
101st Day and After	\$0	\$0	All Costs

Blood

First Three Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0

Hospice Care

You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0
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Part B

Services	Medicare Pays	This Plan Pays	You Pay
Medical Expenses			
1st \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge	\$0	100%	\$0

Blood

First Three Pints	\$0	100%	\$0
Next \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0

Clinical Laboratory Services

Tests for Diagnostic Services	100%	\$0	\$0
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Parts A & B			
Services	Medicare Pays	This Plan Pays	You Pay
Home Health Care			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
1st \$240 of Medicare approved amounts	\$0	\$0	\$240 (Part B deductible)
Remainder of medicare approved amounts	80%	20%	\$0
Other Benefits			
Services	Medicare Pays	This Plan Pays	You Pay
Foreign Travel			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% until the lifetime maximum, then all costs.

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In Wisconsin, United American rates include the home healthcare rider.

In Arizona, Humana (Achieve and Value) offers an early enrollment discount based on the applicant's Part B effective date. Check Company outline of coverage for more details.

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Medicare Supplement

- 10462 (Bronx county in Bronx, NY)
- Age 70
- Male
- Non-tobacco
- Plan G
- Effective 2024-02-01
- Sorted by Price

\$306.00 /mo	AARP - United Healthcare Insurance Company Of New York		
	Parent: Unitedhealth Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Community rated	Plan: G S&P Rating: AA- Rating Class: Standard	Years in Market: 25 Effective Date: 01/01/2024

\$476.04 /mo	Mutual Of Omaha Insurance Company		
	Parent: Mutual Of Omaha Grp AM Best Rating: A+ (Outlook Stable) Rate Type: Community rated	Plan: G S&P Rating: A+ Rating Class: n/a	Years in Market: 57 Effective Date: 09/01/2021

\$526.85 /mo	Humana Insurance Company Of New York		
	Parent: Humana Grp AM Best Rating: A (Outlook Stable) Rate Type: Community rated	Plan: G S&P Rating: A Rating Class: n/a	Years in Market: 19 Effective Date: 07/01/2023

Medicare Supplement: Plan G Details			
Part A			
Services	Medicare Pays	This Plan Pays	You Pay
Hospitalization			
First 60 Days	All But \$1632	\$1632 (Part A Deductible)	\$0
61st Through 90th Day	All But \$408 a Day	\$408 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$816 a Day	\$816 a Day	\$0
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	\$0
Beyond the Additional 365 Days	\$0	\$0	All Costs
Skilled Nursing Facility Care			
First 20 Days	All Approved Amounts	\$0	\$0
21st Through 100th Day	All But \$204 a Day	Up to \$204 a Day	\$0
101st Day and After	\$0	\$0	All Costs
Blood			
First Three Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			

You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0
Part B			
Services	Medicare Pays	This Plan Pays	You Pay
Medical Expenses			
1st \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge	\$0	100%	\$0
Blood			
First Three Pints	\$0	100%	\$0
Next \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0
Parts A & B			
Services	Medicare Pays	This Plan Pays	You Pay
Home Health Care			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
1st \$240 of Medicare approved amounts	\$0	\$0	\$240 (Part B deductible)
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Other Benefits			
Services	Medicare Pays	This Plan Pays	You Pay
Foreign Travel			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% until the lifetime maximum, then all costs.

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