

County: DAUPHIN, PA



This quote was prepared for Sample Client a 65 year old Female Non-smoker living in the 17112 zipcode.

Medicare Supplement

Company	AM		Annual	Semi-Annual	Quarterly	Bank Draft	Policy Fee
	Best Plan	Plan					
American Progressive	B++	C	\$2,196.00	\$1,153.00	\$582.00	\$183.00	\$25
Conseco Insurance Company	B++	C	\$1,567.50	\$822.90	\$412.30	\$133.20	\$15
Philadelphia American	B++	C	\$1,762.40	\$900.60	\$460.00	\$156.85	\$10
Royal Neighbors of America	A-	C	\$1,329.00	\$664.50	\$332.25	\$110.71	\$20
Shenandoah Life	A-	C	\$1,243.00	\$621.50	\$310.75	\$103.58	\$25
Sterling Investors	B	C	\$1,434.00	\$717.00	\$358.50	\$119.45	\$20
United World	A+	C	\$1,125.96	\$562.98	\$281.49	\$93.83	\$0

Company	AM		Annual	Semi-Annual	Quarterly	Bank Draft	Policy Fee
	Best Plan	Plan					
American Continental	NR	D	\$1,085.00	\$564.20	\$287.52	\$90.38	\$20
American Progressive	B++	D	\$1,661.00	\$872.00	\$440.00	\$138.00	\$25
Conseco Insurance Company	B++	D	\$1,352.00	\$709.80	\$355.60	\$114.90	\$15
Philadelphia American	B++	D	\$1,160.08	\$580.04	\$290.02	\$96.67	\$10
Royal Neighbors of America	A-	D	\$1,126.00	\$563.00	\$281.50	\$93.80	\$20
Shenandoah Life	A-	D	\$1,102.00	\$551.00	\$275.50	\$91.83	\$25
Sterling Investors	B	D	\$1,139.00	\$569.50	\$284.75	\$94.88	\$20
United World	A+	D	\$1,009.68	\$504.84	\$252.42	\$84.14	\$0

Company	AM		Annual	Semi-Annual	Quarterly	Bank Draft	Policy Fee
	Best Plan	Plan					
American Continental	NR	J	\$1,223.00	\$635.96	\$324.09	\$101.88	\$20

Medicare Advantage

Company	Plan Type	Premium/Mo.	Hospital Deductible	Dr. Co-pay	Max OOP	Benefit Summary
Advantra Gold	HMO - MAPD	\$35.00	\$0.00	\$10.00	\$2,000.00	Click HERE
Advantra MA Only	HMO - MA	\$11.00	\$0.00	\$10.00	\$1,500.00	Click HERE
Advantra PPO Gold	PPO - MAPD	\$39.00	\$0 (In Network)	\$10 (In)	\$2,500 (In Network)	Click HERE
Advantra PPO Silver	PPO - MAPD	\$0.00	\$150 per admit \$600/max	\$15 (in)	None	Click HERE

Aetna Open Premier	PFFS - MA	\$85.00	\$0.00	\$0.00	\$1,000.00	Click HERE
Aetna Open Premier w/RX	PFFS - MAPD	\$150.00	\$0.00	\$0.00	\$1,000.00	Click HERE
Aetna Open Value	PFFS - MA	\$0.00	\$150/day for days 1-7	\$15.00	\$2,500.00	Click HERE
Aetna Open Value w/RX	PFFS - MAPD	\$25.00	\$185/day for days 1-7	\$15.00	\$2,500.00	Click HERE
Am Prog 2008 TO - Basic	PFFS - MA	\$10.00	\$250/day for days 1-6	\$20.00	\$3,000.00	Click HERE
Am Prog 2008 TO - Basic Plus	PFFS - MAPD	\$28.40	\$250/day for days 1-6	\$20.00	\$3,000.00	Click HERE
Am Prog 2008 TO - Premier	PFFS - MA	\$49.00	\$195 first day only (\$600 CY Max)	\$10.00	\$2,500.00	Click HERE
Am Prog 2008 TO - Premier Plus	PFFS - MAPD	\$77.60	\$195 first day only (\$600 CY Max)	\$10.00	\$2,500.00	Click HERE
Am Prog 2008 TO - Value	PFFS - MA	\$25.00	\$195/day for days 1-5	\$20.00	\$3,000.00	Click HERE
Am Prog 2008 TO - Value Plus	PFFS - MAPD	\$43.40	\$195/day for days 1-5	\$20.00	\$3,000.00	Click HERE
Care Assured Premier	PFFS - MA	\$49.40	\$250 first day only	\$0.00	\$1,500.00	Click HERE
Care Assured Premier Plus	PFFS - MAPD	\$92.60	\$250 first day only	\$0.00	\$1,500.00	Click HERE
Care Assured Value	PFFS - MA	\$0.00	\$190/day for days 1-10	\$15.00	\$3,500.00	Click HERE
Care Assured Value Plus	PFFS - MAPD	\$28.90	\$190/day for days 1-10	\$15.00	\$3,500.00	Click HERE
Coventry Freedom 1	PFFS - MA	\$98.00	\$0.00	\$0.00	\$1,000.00	Click HERE
Coventry Freedom 2	PFFS - MA	\$0.00	\$180/day for days 1-5	\$15.00	\$3,000.00	Click HERE
Coventry Freedom 5	PFFS - MAPD	\$32.00	\$180/day for days 1-5	\$15.00	\$3,250.00	Click HERE
GHP - Classic 1 - Enhanced RX	HMO - MAPD	\$112.40	\$50/day for days 1-5	\$10.00	None	Click HERE
GHP - Classic 1 - No RX	HMO - MA	\$80.00	\$50/day for days 1-5	\$10.00	None	Click HERE
GHP - Classic 1 - Standard RX	HMO - MAPD	\$104.00	\$50/day for days 1-5	\$10.00	None	Click HERE

GHP - Classic 2 - Enhanced RX	HMO - MAPD	\$62.40	15% of Inpatient	\$10.00	\$2,000, Applies to Coinsurance	Click HERE
GHP - Classic 2 - No RX	HMO - MA	\$30.00	15% of Inpatient	\$10.00	\$2,000, Applies to Coinsurance	Click HERE
GHP - Classic 2 - Standard RX	HMO - MAPD	\$54.00	15% of Inpatient	\$10.00	\$2,000, Applies to Coinsurance	Click HERE
GHP - Classic 3 - Enhanced RX	HMO - MAPD	\$32.40	\$1,500 Deductible	\$10.00	\$1,500, Applies to Deductible	Click HERE
GHP - Classic 3 - No RX	HMO - MA	\$0.00	\$1,500 Deductible	\$10.00	\$1,500, Applies to Deductible	Click HERE
GHP - Classic 3 - Standard RX	HMO - MAPD	\$24.00	\$1,500 Deductible	\$10.00	\$1,500, Applies to Deductible	Click HERE
GHP - Open 3 - Enhanced RX	PFFS - MAPD	\$0.00	\$200/day for days 1-5	\$15.00	\$3,000.00	Click HERE
GHP - Reserve - No RX	MSA - MA	\$0.00	Deductible	Deductible	\$3,000 Deductible, \$1,500 Deposit	Click HERE
Unicare - Classic	PFFS - MA	\$0.00	\$150/day for days 1-5 (\$750 CY Max)	\$15.00	None	Click HERE
Unicare - Enhanced	PFFS - MA	\$29.00	\$100 first day only	\$10.00	None	Click HERE
Unicare - Enhanced Plus	PFFS - MAPD	\$62.00	\$100 first day only	\$10.00	None	Click HERE
Unicare - Plus	PFFS - MAPD	\$0.00	\$200/day for days 1-5 (\$1,000 CY Max)	\$15.00	None	Click HERE
Unicare Save Well 1	MSA - MA	\$0.00	Deductible	Deductible	\$2,750 Deductible, \$1,250 Deposit	Click HERE
Unison Advantage Basic	HMO - MA	\$0.00	\$50/day for days 1-10	\$5.00	\$500.00	Click HERE
Unison Advantage Choice	HMO - MAPD	\$0.00	\$150/day for days 1-15	\$15.00	\$2,250.00	Click HERE
Unison Advantage Preferred	HMO - MAPD	\$11.00	\$50/day for days 1-5	\$5.00	\$250.00	Click HERE
United Health Care - Plan 1	PFFS - MA	\$0.00	\$90/day for days 1-32	\$5.00	\$2,800.00	Click HERE

United Health Care - Plan 100	PFFS - MA	\$25.00	\$150 first day only	\$5.00	\$2,400.00	Click HERE
United Health Care - Plan 1A	PFFS - MA	\$0.00	\$400 first day only	\$10.00	\$2,800.00	Click HERE

Part D

Company	Plan Name	Premium/Mo.	Deductible	Tier			Tier 4	Gap Coverage?
				Tier 1	Tier 2	Tier 3		
Aetna Medicare	Aetna Essentials	\$27.70	\$275.00 (Waived for Generics)	\$3.50	\$32.00	\$80.00	25%	None
	Aetna Plus	\$42.30	\$0.00	\$4.00	\$35.00	\$65.00	33%	None
	Aetna Premier	\$77.20	\$0.00	\$4.00	\$40.00	\$70.00	33%	Generics only, \$12 co-pay
Coventry AdvantraRx	AdvantraRX Value	\$22.90	\$0.00	\$8.00	\$24.00	\$55.00	33%	None
	AdvantraRX Premier	\$36.00	\$0.00	\$5.00	\$25.00	\$66.00	33%	None
	AdvantraRX Premier Plus	\$48.80	\$0.00	\$2.00	\$22.00	\$70.00	33%	Generics only, \$15 co-pay
Humana Insurance Company	Humana Standard	\$26.20	\$275.00	25%	25%	25%	25%	None
	Humana Enhanced	\$25.20	\$0.00	\$4.00	\$25.00	\$54.00	25%	None
	Humana Complete	\$91.00	\$0.00	\$4.00	\$25.00	\$54.00	25%	Generics Only
Pennsylvania Life Insurance Company	Penn Life Bronze	\$24.50	\$275.00	25%	25%	25%	25%	None
	Penn Life Gold	\$28.10	\$0.00	\$6.00	\$44.00	N/A	33%	None
	Penn Life Platinum	\$59.50	\$0.00	\$6.00	\$44.00	N/A	33%	Generics Only
United Healthcare	United Healthcare Value	\$22.60	\$0.00	\$6.00	\$27.75	25%	25%	None
	United Healthcare Basic	\$43.50	\$0.00	\$7.00	\$28.00	\$63.10	33%	None

Final Expenses

Company	Plan Name	Rating	Face Amount	Annual	Sem-Annual	Quarterly	Bank Draft
Americo	Ultra Protector I (Level)	A-	\$10,000.00	\$480.00	\$249.60	\$134.40	\$41.76
Chesapeake	Level	A-	\$10,000.00	\$466.00	\$242.32	\$123.49	\$40.77
Citizens Security Life	Preferred	B-	\$10,000.00	\$505.00	\$265.12	\$133.82	\$43.78
Citizens Security Life	Standard	B-	\$10,000.00	\$555.00	\$291.37	\$147.07	\$48.12
Monumental	Preferred (Level)	A+	\$10,000.00	\$498.80	\$254.0	\$129.3	\$42.3
Monumental	Standard (Level)	A+	\$10,000.00	\$615.80	\$313.6	\$159.7	\$52.3

Company	Plan Name	Rating	Face Amount	Annual	Sem-Annual	Quarterly	Bank Draft
Americo	Ultra Protector II (Graded)	A-	\$10,000.00	\$727.50	\$378.30	\$203.70	\$63.29
Chesapeake	Graded	A-	\$10,000.00	\$685.00	\$356.20	\$181.52	\$59.94
Chesapeake	Modified	A-	\$10,000.00	\$685.00	\$356.20	\$181.52	\$59.94
Citizens Security Life	Graded	B-	\$10,000.00	\$865.00	\$454.12	\$229.22	\$75.00
Monumental	Graded	A+	\$10,000.00	\$1,109.70	\$565.5	\$288.1	\$94.3

Cancer Insurance

Company	AM Best	Plan Name	Plan Tobacco	Face Amount	Annual	Bank Draft	Policy Fee	
Conseco Insurance Company	B++	Cancer Secure	A	NS	\$20,000	\$714.00	\$59.50	0

AGENT USE ONLY

Questions: Email gateway@ritterim.com