

Medicare Supplement Survey

<i>HIGH F</i>	65										
<i>HIGH F</i>	70										
<i>HIGH F</i>	75										
G	65										
G	70										
G	75										
H	65										
H	70										
H	75										
I	65										
I	70										
I	75										
J	65										
J	70										
J	75										
<i>HIGH J</i>	65										
<i>HIGH J</i>	70										
<i>HIGH J</i>	75										

- * Check this column if your rates have not changed from the current rate guide. Visit our Web site (www.tdi.state.tx.us) to view the current rate guide with rate information. Please review the rate tables for each of the plans.
- ** Indicate in this column whether the plan is offered on a guaranteed issue basis outside open enrollment periods. Guaranteed issue means the applicant will not be required to answer health questions or take a medical exam to qualify for coverage.

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UNDER AGE 65 Individual Medicare Supplement Approved Policies for Texas as of AUGUST 1, 2001

Company Name: _____ NAIC Number: _____
 Web Site Address: _____ Toll-free Number: _____

Plan	Age	No Change*	Lowest Annual Premium	Highest Annual Premium	Pre-Existing Wait (Months)	Gender Rated Yes/No	Attained Age Yes/No	Guaranteed Issue** Yes/No	Medicare Select Yes/No	Rated by Area Yes/No	Non-smoker rate Yes/No
A	Under 65										
B	Under 65										
C	Under 65										
D	Under 65										
E	Under 65										
F	Under 65										
<i>HIGH F</i>	Under 65										
G	Under 65										
H	Under 65										
I	Under 65										
J	Under 65										
<i>HIGH J</i>	Under 65										

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