

Your Logo

Important Updates!  
Your Phone No.

### Medicare Quick Quotes Tool

Please enter Zip Code, Age or Date of Birth to get a quick list of available Medicare plans for that area.

Zip Code:  Age:  or Date of Birth (mm/dd/yyyy):

Gender:  Male  Female

Smoker:  Yes  No

Effective Date (MM/DD/YYYY):

Continue

### Carrier Applications and Brochures

Please enter State or Carrier Name to get a list of available Medicare documents.

State:  (state abbreviation)

Plan Year:

Carrier Name:

Get Info

### Rx Search

To search for Rx Plans, [click here](#)

### Lead Management

To manage your lead returns, [click here](#)

To pause leads, [click here](#)

Your Logo

Medicare Supplement Plans (15)

Medicare Advantage Plans (0)

Your Phone No.

**NARROW YOUR RESULTS**

**Sort By:**

- Price
- Company Name

**Insurance Companies:**

- Anthem Supp
- Genworth Life
- Gerber
- United of Omaha

**Plan Type:**

[Plan F Only](#) | [Clear All](#)

- Plan A
- Plan F
- Plan F High Deductible
- Plan G
- Plan N

**Your Personal Info:**

Coverage for:  
**Applicant 67 , M**

State & ZIP:  
**CA , 92123**

County:  
**SAN DIEGO**

City:  
**SAN DIEGO**


Coverage Start Date:  
**9/01/2011**

**Compare Checked Plans**

To compare plans select the check box next to the plan name, then click the Compare Checked Plans button. **You can compare up to 4 plans.**


[View Plan Details](#)

**Plan G - Medicare Supplement (SUPP)**

|  |                        |     |                                 |     |   |
|--|------------------------|-----|---------------------------------|-----|---|
| <br>Gerber Life Insurance Company | <b>Basic Benefits</b>  | Yes | <b>Part A Deductible</b>        | Yes | <b>Monthly Price</b><br><b>\$129.18</b> |
|  | <b>Skilled Nursing</b> | Yes | <b>Part B Deductible</b>        | No  |   |
|  | <b>Part B Excess</b>   | Yes | <b>Foreign Travel Emergency</b> | Yes |   |


[View Plan Details](#)

**Plan G - Medicare Supplement (Supp)**

|  |                        |     |                                 |     |   |
|--|------------------------|-----|---------------------------------|-----|---|
| <br>UNITED OF OMAHA LIFE INSURANCE COMPANY<br>A MUTUAL OF OMAHA COMPANY | <b>Basic Benefits</b>  | Yes | <b>Part A Deductible</b>        | Yes | <b>Monthly Price</b><br><b>\$138.12</b> |
|  | <b>Skilled Nursing</b> | Yes | <b>Part B Deductible</b>        | No  |   |
|  | <b>Part B Excess</b>   | Yes | <b>Foreign Travel Emergency</b> | Yes |   |


[View Plan Details](#)

**Plan F - Medicare Supplement (SUPP)**

|  |                        |     |                                 |     |   |
|--|------------------------|-----|---------------------------------|-----|---|
| <br>Gerber Life Insurance Company | <b>Basic Benefits</b>  | Yes | <b>Part A Deductible</b>        | Yes | <b>Monthly Price</b><br><b>\$150.00</b> |
|  | <b>Skilled Nursing</b> | Yes | <b>Part B Deductible</b>        | Yes |   |
|  | <b>Part B Excess</b>   | Yes | <b>Foreign Travel Emergency</b> | Yes |   |

[View Plan Details](#)

**Plan F - Medicare Supplement (Supp)**

|  |                        |     |                                 |     |   |
|--|------------------------|-----|---------------------------------|-----|---|
| <br>UNITED OF OMAHA LIFE INSURANCE COMPANY<br>A MUTUAL OF OMAHA COMPANY | <b>Basic Benefits</b>  | Yes | <b>Part A Deductible</b>        | Yes | <b>Monthly Price</b><br><b>\$155.20</b> |
|  | <b>Skilled Nursing</b> | Yes | <b>Part B Deductible</b>        | Yes |   |
|  | <b>Part B Excess</b>   | Yes | <b>Foreign Travel Emergency</b> | Yes |   |





**Your Logo**

Your Personal Info:

Coverage for:  
**Applicant 67 , M**

State & ZIP:  
**CA , 92123**

County:  
**SAN DIEGO**

City:  
**SAN DIEGO**

Coverage Start Date:  
**9/01/2011**



**Insurance Plan Benefit Details and Comparison**

Print | Save PDF file  
**Your Phone No.**

**Go Back** to add or remove plans, and re-select.

| <b>Insurance Plan Summary</b>  |  |  |
|--------------------------------|--|--|
| <b>Insurer</b>                 | <br><b>UNITED OF OMAHA LIFE INSURANCE COMPANY</b><br>A MUTUAL OF OMAHA COMPANY | <br><b>Gerber Life Insurance Company</b> |
| <b>Plan</b>                    | Plan F - Medicare Supplement   | Plan F - Medicare Supplement             |
| <b>Estimated Monthly Price</b> | \$155.20   | \$150.00                                 |
| <b>Plan Brochure</b>           | Summary Of Benefits  | Summary Of Benefits                      |
| <b>Application</b>             | Application  | Application                              |
| <b>Email Client</b>            | Not available  | Not available                            |

| <b>Benefits</b>                         |     |     |
|---|-----|-----|
| <b>Basic Benefits - Hospitalization</b> | Yes | Yes |
| <b>Basic Benefits - All Other</b>       | Yes | Yes |
| <b>Skilled Nursing Coinsurance</b>      | Yes | Yes |
| <b>Medicare Part A Deductible</b>       | Yes | Yes |
| <b>Medicare Part B Deductible</b>       | Yes | Yes |
| <b>Medicare Part B Excess</b>           | Yes | Yes |
| <b>Foreign Travel Emergency</b>         | Yes | Yes |
| <b>High Deductable Plan F</b>           | No  | No  |

| <b>Enrollment Info</b>    |  |                              |
|---------------------------|--|------------------------------|
| <b>Underwriting Guide</b> | Underwriting Guide                         | Underwriting Guide           |
| <b>Application Fee</b>    |  | \$25 one time enrollment fee |
| <b>Broker Hot Line</b>    | 800-995-9324                               | 877-617-5592                 |
| <b>RX Search</b>          | RX Lookup                                  | RX Lookup                    |
| <b>Household Discount</b> | 7% off of monthly premium, Missouri is 12% | No                           |

[Click here for the U.S. government pdf guide to health insurance for people with Medicare \("Medicare & You", 2011\).](#)  
[Click here for the U.S. government pdf guide to choosing a Medigap policy.](#)

**Important notice regarding the use of information provided on this website**

This is not a complete listing of plans available in your service area. For a complete listing please contact 1-800-MEDICARE or consult [www.medicare.gov](http://www.medicare.gov).

This page directs you to information regarding the Medicare benefit plans of various independent health insurance carriers for