

Monthly Medicare Supplement rates for Standardized Plans

NOTE: The rates shown may vary by mode of payment. Check with the company for more information.

| COMPANIES | PLANS AVAILABLE TO ALL APPLICANTS (See Footnote 1 if Eligible Due to Disability) | | | | | | | | | ONLY AVAILABLE TO THOSE ELIGIBLE FOR MEDICARE PRIOR TO 2020 | | | KEY DATES | |
|---|---|-----------|----------|----------|-----------------------------|----------|----------|----------|----------|---|----------|-----------------------------|----------------------|--------------------------|
| Company/Individual Plans | A (1) | B (1) | D (1) | G | G (2) High Deductible | K (6) | L (6) | M | N | C (1) | F | F (2) High Deductible | Date Approved (3) | Effective On or After |
| Anthem Blue Cross & Blue Shield | \$1,209.93 | | | \$263.25 | | | | | \$199.91 | | \$343.15 | \$92.68 | 06/27/2023 | 01/01/2024 |
| Cigna National Health Insurance Company | \$434.25 | | | \$220.05 | \$84.80 | | | | \$171.19 | | \$301.95 | | 03/14/2024 | 08/01/2024 |
| Colonial Penn Life Insurance Company | \$1,671.16 | \$1075.13 | | \$661.44 | \$66.65 | \$136.00 | \$491.85 | \$640.42 | \$449.80 | | \$887.01 | \$60.68 | 11/16/2023 | 01/01/2024 |
| ConnectiCare | \$303.00 | \$321.02 | | \$247.71 | \$60.00 | | | | \$160.00 | | \$260.00 | \$75.00 | 04/19/2024 | 06/01/2024 |
| First Health Life & Health Ins Company | \$204.17 | \$250.98 | | \$275.06 | | | | | \$155.86 | | \$295.72 | | 12/13/2023 | 04/01/2024 |
| Globe Life & Accident Insurance Company | \$295.50 | \$350.00 | | \$390.50 | \$49.50 | | | | \$198.50 | \$411.50 | \$415.00 | \$49.50 | 03/15/2024 | 05/01/2024 |
| Humana Benefit Plan of Illinois, Inc. | \$453.84 | | | \$240.54 | \$67.35 | | | | \$169.56 | | \$293.55 | | 02/01/2024 | 06/01/2024 |
| Loyal American Life Insurance Company | \$391.02 | | | \$341.09 | | | | | \$191.70 | | \$335.33 | | 03/14/2024 | 08/01/2024 |
| Omaha Insurance Company | \$857.17 | | | \$428.72 | \$55.00 | | | | \$277.64 | | \$466.51 | \$88.68 | 05/23/2023 | 07/01/2023 |
| Transamerica Life Insurance Company | \$299.10 | \$448.76 | \$263.47 | \$263.34 | | \$124.69 | \$185.11 | \$227.93 | \$214.33 | \$529.37 | \$371.50 | | 12/15/2023 | 03/15/2024 |
| United American Insurance Company | \$222.00 | \$346.00 | \$440.00 | \$411.00 | \$50.00 | \$135.00 | \$200.00 | | \$207.00 | \$442.00 | \$392.00 | \$56.00 | 11/16/2023 | 01/01/2024 |
| USAA Life Insurance Company | \$601.97 | | | \$316.20 | | | | | \$196.18 | | \$307.02 | | 02/06/2024 | 09/01/2024 |
| Washington National Insurance Company | \$466.80 | | | \$430.19 | \$66.53 | | | | \$311.53 | | \$376.76 | | 07/24/2023 | 01/01/2024 |
| Group Plans (4) | A (1) | B (1) | D | G | G (2) High Deductible | K | L | M | N | C (1) | F | F (2) High Deductible | Date Approved (3) | Effective On or After |
| United HealthCare Ins. Company/AARP | \$245.50 | \$416.00 | | \$263.25 | | \$83.50 | \$153.25 | | \$204.00 | \$494.50 | \$353.50 | | 02/06/2024 | 06/01/2024 |

- (1)
 Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) B, C and/or D, then it must also offer the plan(s) to disabled Medicare beneficiaries. However, Plan C is only available to disabled individuals who become eligible for Medicare prior to 1/1/20.
- (2)
 Plans F and G also have a high deductible option which first requires paying a deductible of **\$2,800 for 2024** before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, these plans credit your payment of the Medicare Part B deductible (but not the foreign travel deductible) towards meeting the plan high deductible.
- (3)
 Highlighted rates are the most recently approved rate and not necessarily the current rate. The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company to confirm current rate and effective date for change.
- (4)
 These are group plans that are available to group members enrolled in Medicare. Payment of a group membership fee is required.
- (5)
 Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit. The Out-of-Pocket Limits for 2024 are \$7,060 for Plan K and \$3,530 for Plan L.

* The rates on this chart are monthly electronic funds transfer (EFT) rates in most cases.