## 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)	М	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 Health & Life Insurance Co.	\$369.20			\$336.51					\$239.74		\$419.55	\$77.33	06/28/2022	12/01/2023
Colonial Penn Life Insurance Co.	\$1,671.16	\$1075.3		\$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	\$267.53		\$247.71	\$60.00				\$160.00		\$260.00	\$75.00	10/24/2019	08/01/2020
First Health Life & Health Ins Co.	\$204.17	\$250.98		\$275.06					\$155.86		\$295.72		12/13/2023	04/01/2024
Globe Life & Accident Insurance Co.	\$271.00	\$327.00		\$358.00	\$49.50				\$198.50	\$377.00	\$380.50	\$49.50	03/03/2023	04/01/2023
Humana Benefit Plan of Illinois, Inc.	\$453.84			\$226.92	\$67.35				\$169.56		\$293.55		04/18/2023	04/18/2023
Loyal American Life Insurance Co.	\$364.62			\$328.36					\$191.70		\$322.82		03/10/2023	08/01/2023
Omaha Insurance Company	\$816.35			\$428.72	\$55.00				\$277.64		\$466.51	\$88.68	05/23/2023	07/01/2023
Transamerica Life Insurance Co.	\$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 Co.	\$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	\$547.23			\$301.07					\$178.33		\$284.24		01/27/2023	09/01/2023
Washington National Insurance Co.	\$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	к	L	м	N	C (1)	F	F (2) High Deductible	Date Approved (3)	Effective On or After
United HealthCare Ins. Co./AARP	\$206.50	\$363.75		\$231.00		\$74.50	\$135.25		\$179.50	\$432.25	\$309.50		03/21/2023	06/01/2023

(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.