

MONTHLY PREMIUMS FOR

**MEDICARE SUPPLEMENT
POLICIES**

AS OF JULY 1, 2025



Maryland

INSURANCE ADMINISTRATION

Monthly Premiums for Medicare Supplement Insurance Policies As of July 1, 2025

NOTE: This publication is updated twice a year for rates as of January 1 and July 1. For the most current list of participating insurance carriers, refer to <https://insurance.maryland.gov/Consumer/Documents/publicnew/medsupindpolicies.pdf>.

Scope of Guide

This publication provides: (1) names, addresses, telephone numbers and websites of insurance carriers that sell Medicare Supplement insurance in Maryland, (2) Plans A, B, C, D, F, high deductible F, G, high deductible G, K, L, M, and N monthly premiums for ages 65, 70, 75, 80 and 85 individuals, and (3) Plans A, C, and D monthly premiums for individuals under age 65 with a disability who are enrolled in Medicare Part B. Some insurance carriers sell other plans for individuals under age 65 with a disability who are enrolled in Medicare Part B. The plan options listed in this publication are for Standardized policies (and certificates) first offered on or after June 1, 2010 except for Plan G with High Deductible. The plan options listed for Plan G with High Deductible are for policies with an effective date for coverage on or after January 1, 2020. (Please note: Effective January 1, 2020, only applicants who are first eligible for Medicare before year 2020 may purchase Plans C, F, and high deductible F.) The premiums are subject to change, and the information in this Guide is for informational purposes only. For current premiums and more information about policies, contact your insurance producer (Insurance Producer or broker) or insurance carrier.

This publication only provides the rate information filed with the MIA. For general information about Medicare and Medicare Supplement Policies, you can view the MIA's webinar, *Medicare Supplement Insurance in Maryland* at: https://www.youtube.com/watch?v=qtVQgE_Abj4. You may also visit the website of the federal Centers for Medicare and Medicaid Services (CMS), which administers the Medicare program and can answer your questions regarding the Medicare Program.

The CMS website at www.cms.gov contains valuable information regarding Medicare, including a handbook on Medicare entitled *Medicare & You* that provides detailed information on Medicare program benefits, rights and obligations, and also a guide titled, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*. You also may contact CMS directly with your questions regarding the Medicare program by calling toll free 1-800-MEDICARE or visiting the Medicare website at www.medicare.gov.

General Information

Medicare Supplement is private insurance and can only be purchased through an insurance carrier. It is not sponsored by either federal or state government.

An insurance carrier writes a policy based on issue age, attained age, or community rating.

Issue Age means that premiums are based on your age at the time you purchase the policy. While premiums may periodically increase due to benefit changes, inflation, or increases in medical costs, they will not increase due to your advancing age.

Attained Age means that premiums are based on your age on the last policy anniversary date. Premiums are scheduled to increase at predetermined intervals (for example, every year or every five years). These increases are in addition to premium increases because of benefit changes, inflation, or increasing medical costs.

Community Rated means that premiums do not depend on your age, either at the time the policy is issued or upon renewal. Premiums depend on other factors and may increase because of benefit changes or overall premium adjustments.

Individual Medicare Supplement Plan Choices – Plans A, B, C, D, F, High Deductible F, G, High Deductible G, K, L, M and N
Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020.

This chart shows the benefits included in each of the standard Medicare Supplement plans. Some plans may not be available to all Original (Part A/Part B) Medicare beneficiaries. Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.
 Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								First eligible for Medicare before	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit					\$7,220 ²	\$3,610 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible (which is \$2,870 as of 1/1/2025) 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.

² 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.

³ Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

Medicare Supplement Birthday Rule

Starting on July 1, 2023, Medicare Supplement policyholders with policies issued in Maryland will be granted a once-yearly Open Enrollment Period that includes the policyholder's birthday and the 30-day period following the policyholder's birthday. A Medicare Supplement carrier may extend the length of this Open Enrollment Period at their own discretion, but the period must always include the policyholder's birthday and the following 30-days.

Previously, Marylanders had access to an Open Enrollment Period for Medicare Supplement plans only for a six-month period starting on their Medicare Part B Effective Date. The Maryland General Assembly has passed a law establishing a guaranteed issue period each year to allow a policyholder to change, without underwriting, to a Medicare Supplement policy of equal or lesser benefits. You do not have to stay with your current Medicare Supplement carrier.

Medicare Supplement policyholders who have been underwritten and received less than the preferred rate are entitled to the preferred rate during the guaranteed issue period.

Medicare Supplement policies are considered to have equal or lesser value unless:

- the policy contains one or more significant benefits not included in the Medicare Supplement policy being replaced; or
- the policy contains the same significant benefits included in the Medicare Supplement policy being replaced but it reduces the cost-sharing responsibilities of the enrollee for the benefits.

Insurers will be required to send each Medicare Supplement policyholder an annual notice of their right to switch policies at least 30 days, but not more than 60 days, before the policyholder's birthday.

Please see the chart for details regarding Existing Plans and the corresponding plans that have lesser or equal value:

Existing Plan	Lesser or Equal Plan	Existing Plan	Lesser or Equal Plan
Plan A	Plan A	Plan H	Plan A, B, D, K, L, M, or N
Plan B	Plan A or B	Plan I	Plan A, B, D, G, K, L, M, or N
Plan C	Plan A, B, C, D, K, L, M, or N	Plan J	Plan A, B, C, D, F, high deductible F, G, high deductible G, K, L, M, or N
Plan D	Plan A, B, D, K, L, M, or N	Plan J with a high deductible	Plan high deductible F or high deductible G
Plan E	Plan A, B, D, K, L, M, or N	Plan K	Plan K
Plan F	Plan A, B, C, D, F, high deductible F, G, high deductible G, K, L, M, or N	Plan L	Plan K or L
Plan F with a high deductible	Plan high deductible F or high deductible G	Plan M	Plan M or N
Plan G	Plan A, B, D, high deductible F, G, high deductible G, K, L, M, or N	Plan N	Plan N
Plan G with a high deductible	Plan high deductible G		

SHIP

Maryland's State Health Insurance Program

The State Health Insurance Program is a program that helps those on Medicare with personalized Medicare counseling, education, and access to financial assistance resources.

SHIP offices help Medicare beneficiaries identify and understand programs and plans such as Medicare prescription drug coverage, Medicare Advantage Plans, and Medicare supplemental insurance policies. SHIP can also help Medicare beneficiaries enroll in these plans. The services you receive through SHIP offices are confidential and free.

Allegany – 301-783-1710

Anne Arundel – 410-222-4257

Baltimore City – 410-396-2273

Baltimore County – 410-887-2059

Calvert – 410-535-4606

Caroline – 410-479-2535

Carroll – 410-386-3800

Cecil – 410-996-8174

Charles – 301-934-9305

Dorchester – 410-376-3662

Frederick – 301-600-1234

Garrett – 301-334-9431

Harford – 410-638-3025

Howard – 410-313-7392

Kent – 410-778-2564

Montgomery – 301-255-4250

Prince George's – 301-265-8471

Queen Anne's – 410-758-0848

Somerset – 410-742-0505

St. Mary's – 301-475-4200 ext. 1064

Talbot – 410-822-2869 ext. 231

Washington – 301-790-0275

Wicomico – 410-742-0505

Worcester – 410-742-0505

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
RATES FOR PLAN A, MEDICARE ELIGIBLE INDIVIDUALS DUE TO A DISABILITY
AS OF JULY 1, 2025**

<u>COMPANY NAME (PLAN A)</u>	<u>Male Non-Tobacco or Male Preferred Plan A < 65</u>	<u>Female Non-Tobacco or Female Preferred Plan A < 65</u>	<u>Male Tobacco or Male Standard Plan A < 65</u>	<u>Female Tobacco or Female Standard Plan A < 65</u>
ACE Property and Casualty Insurance Company	\$184	\$163	\$211	\$188
Aetna Health Insurance Company	\$464	\$404	N/A	N/A
American Benefit Life Insurance Company	\$283	\$246	\$325	\$283
American Home Life Insurance Company (The)	\$274	\$238	\$315	\$274
Bankers Fidelity Assurance Company	\$185	\$162	N/A	N/A
Bankers Reserve Life Insurance Company of Wisconsin	\$531	\$462	\$610	\$531
Cigna National Health Insurance Company	\$391	\$352	\$430	\$387
EPIC Life Insurance Company (The)	\$299	\$273	\$299	\$273
Erie Family Life Insurance Company	\$233	\$203	\$268	\$233
Everence Association, Inc.	\$447	\$406	\$514	\$467
Federal Life Insurance Company	\$300	\$300	\$344	\$344
First Care, Inc. (dba CareFirst MedPlus)	\$1,055	\$1,020	N/A	N/A
First Health Life and Health Insurance Company	\$214	\$196	\$236	\$216
Globe Life and Accident Insurance Company	\$288	\$288	\$288	\$288
GPM Health and Life Insurance Company	\$461	\$461	\$530	\$530
Guarantee Trust Life Insurance Company	\$309	\$275	\$387	\$343
Heartland National Life Insurance Company	\$257	\$223	\$295	\$257
Humana Benefit Plan of Illinois, Inc.	\$394	\$348	\$453	\$400
LifeShield National Insurance Company	\$240	\$208	\$276	\$240
Medico Insurance Company	\$369	\$321	\$406	\$353
Monitor Life Insurance Company of New York	\$247	\$214	\$284	\$247
Mutual of Omaha Insurance Company	\$202	\$175	\$232	\$202
Nassau Life Insurance Company of Kansas	\$270	\$235	\$311	\$270
National Health Insurance Company	\$246	\$218	\$295	\$261
Physicians Life Insurance Company	\$246	\$222	\$273	\$247
State Farm Mutual Automobile Insurance Company	\$281	\$281	\$281	\$281
Supreme Council of the Royal Arcanum	\$238	\$207	\$274	\$238
Tier One Insurance Company	\$299	\$260	\$344	\$299

Transamerica Life Insurance Company	\$258	\$232	\$284	\$256
Unified Life Insurance Company	\$344	\$299	\$396	\$344
United American Insurance Company	\$184	\$161	N/A	N/A
United Healthcare Insurance Company	\$510	\$452	\$560	\$497
USAA Life Insurance Company	\$350	\$350	\$385	\$385
Washington National Insurance Company	\$264	\$264	\$264	\$264

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
RATES FOR PLANS C AND D, MEDICARE ELIGIBLE INDIVIDUALS DUE TO A DISABILITY
AS OF JULY 1, 2025**

<u>COMPANY NAME (PLAN C)</u>	<u>Male Non-Tobacco or Male Preferred Plan C < 65</u>	<u>Female Non-Tobacco or Female Preferred Plan C < 65</u>	<u>Male Tobacco or Male Standard Plan C < 65</u>	<u>Female Tobacco or Female Standard Plan C < 65</u>
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Heartland National Life Insurance Company	\$1,342	\$1,167	\$1,543	\$1,342
State Farm Mutual Automobile Insurance Company	\$676	\$676	\$676	\$676
United Healthcare Insurance Company	\$1,244	\$1,103	\$1,368	\$1,213

<u>COMPANY NAME (PLAN D)</u>	<u>Male Non-Tobacco or Male Preferred Plan D < 65</u>	<u>Female Non-Tobacco or Female Preferred Plan D < 65</u>	<u>Male Tobacco or Male Standard Plan D < 65</u>	<u>Female Tobacco or Female Standard Plan D < 65</u>
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State Farm Mutual Automobile Insurance Company	\$756	\$744	\$756	\$744
United American Insurance Company	\$769	\$667	N/A	N/A

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

ACE Property and Casualty Insurance Company
Attn: Medicare Supplement
436 Walnut Street
Philadelphia, PA 19106
1-800-601-3372

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$184	\$181	\$184	\$218	\$265	\$331
F		\$211	\$230	\$273	\$332	\$414
G		\$182	\$186	\$220	\$268	\$334
High G		\$ 67	\$ 69	\$ 81	\$ 99	\$123
N		\$139	\$145	\$172	\$209	\$260

Female Preferred

	<65	65	70	75	80	85
A	\$163	\$160	\$163	\$194	\$236	\$294
F		\$188	\$205	\$243	\$296	\$368
G		\$162	\$165	\$196	\$238	\$297
High G		\$ 60	\$ 61	\$ 72	\$ 88	\$109
N		\$124	\$129	\$153	\$186	\$231

A 7% household discount is available for applicants who qualify.

Male Standard*

	<65	65	70	75	80	85
A	\$211	\$208	\$211	\$251	\$305	\$380
F		\$243	\$265	\$314	\$382	\$476
G		\$210	\$213	\$253	\$308	\$384
High G		\$ 77	\$ 79	\$ 93	\$114	\$142
N		\$160	\$166	\$197	\$240	\$299

Female Standard*

	<65	65	70	75	80	85
A	\$188	\$185	\$188	\$223	\$271	\$338
F		\$216	\$235	\$279	\$340	\$424
G		\$186	\$190	\$225	\$274	\$341
High G		\$ 69	\$ 70	\$ 83	\$101	\$126
N		\$142	\$148	\$175	\$213	\$266

***Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

A 7% household discount is available for applicants who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Aetna Health Insurance Company
800 Crescent Centre Drive
Suite 200
Franklin, TN 37067
1-800-264-4000
www.aetnaseniorproducts.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$464	\$425	\$450	\$529	\$624	\$729
B		\$225	\$239	\$281	\$331	\$387
F		\$273	\$290	\$341	\$402	\$469
G		\$250	\$266	\$312	\$368	\$430
High G		\$ 54	\$ 57	\$ 67	\$ 79	\$ 93
N		\$161	\$181	\$213	\$251	\$293

Female Preferred

	<65	65	70	75	80	85
A	\$404	\$369	\$392	\$460	\$542	\$633
B		\$196	\$208	\$244	\$288	\$336
F		\$238	\$252	\$296	\$349	\$408
G		\$218	\$231	\$272	\$320	\$374
High G		\$ 47	\$ 50	\$ 58	\$ 69	\$ 80
N		\$141	\$157	\$186	\$218	\$255

A 7% Household Discount is available. In order to be eligible for the 7% Household Discount, an individual must enroll for a Medicare Supplement plan at the same time as another Medicare eligible adult, or the other Medicare eligible adult must currently be covered by an Aetna Medicare Supplement policy issued in Maryland.

Male Standard*

	<65	65	70	75	80	85
A	N/A	\$472	\$500	\$588	\$693	\$809
B		\$250	\$266	\$312	\$368	\$429
F		\$304	\$322	\$379	\$446	\$521
G		\$278	\$295	\$347	\$409	\$477
High G		\$ 60	\$ 64	\$ 75	\$ 88	\$103
N		\$179	\$201	\$237	\$279	\$326

Female Standard*

	<65	65	70	75	80	85
A	N/A	\$410	\$435	\$511	\$603	\$704
B		\$218	\$231	\$271	\$320	\$373
F		\$264	\$280	\$329	\$388	\$453
G		\$242	\$257	\$302	\$356	\$415
High G		\$ 52	\$ 55	\$ 65	\$ 76	\$ 89
N		\$156	\$175	\$206	\$242	\$283

***Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

A 7% Household Discount is available. In order to be eligible for the 7% Household Discount, an individual must enroll for a Medicare Supplement plan at the same time as another Medicare eligible adult or the other Medicare eligible adult must currently be covered by an Aetna Medicare Supplement policy issued in Maryland.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

American Benefit Life Insurance Company
1605 LBJ Freeway, Suite 7700
Dallas, TX 75234
1-833-504-0331
www.lbig.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$283	\$232	\$232	\$263	\$320	\$415
F		\$257	\$268	\$321	\$388	\$481
G		\$211	\$217	\$264	\$321	\$417
N		\$154	\$168	\$210	\$263	\$339

Female Preferred

	<65	65	70	75	80	85
A	\$246	\$202	\$202	\$228	\$278	\$361
F		\$223	\$233	\$279	\$337	\$418
G		\$183	\$188	\$230	\$279	\$363
N		\$134	\$146	\$183	\$228	\$295

A 10% Household Discount applies for eligible individuals.

Male Standard*

	<65	65	70	75	80	85
A	\$325	\$267	\$267	\$302	\$368	\$477
F		\$295	\$308	\$370	\$446	\$553
G		\$242	\$249	\$304	\$370	\$479
N		\$177	\$193	\$242	\$302	\$390

Female Standard*

	<65	65	70	75	80	85
A	\$283	\$232	\$232	\$263	\$320	\$415
F		\$257	\$268	\$321	\$388	\$481
G		\$211	\$217	\$264	\$321	\$417
N		\$154	\$168	\$210	\$263	\$339

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 10% Household Discount applies for eligible individuals.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

American Home Life Insurance Company (The)
400 S. Kansas Avenue
Topeka, KS 66601
1-833-504-0334
www.amhlifeco.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$274	\$210	\$210	\$242	\$303	\$378
F		\$236	\$244	\$302	\$375	\$464
G		\$190	\$197	\$243	\$304	\$380
N		\$142	\$160	\$200	\$247	\$312

Female Preferred

	<65	65	70	75	80	85
A	\$238	\$183	\$183	\$210	\$263	\$329
F		\$205	\$212	\$262	\$326	\$404
G		\$165	\$171	\$211	\$265	\$330
N		\$124	\$139	\$173	\$215	\$271

A 7% Household Discount applies for eligible individuals.

Male Standard*

	<65	65	70	75	80	85
A	\$315	\$241	\$241	\$278	\$348	\$435
F		\$272	\$280	\$347	\$431	\$534
G		\$218	\$227	\$280	\$350	\$437
N		\$164	\$184	\$229	\$284	\$359

Female Standard*

	<65	65	70	75	80	85
A	\$274	\$210	\$210	\$242	\$303	\$378
F		\$236	\$244	\$302	\$375	\$464
G		\$190	\$197	\$243	\$304	\$380
N		\$142	\$160	\$200	\$247	\$312

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 7% Household Discount applies for eligible individuals.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Bankers Fidelity Assurance Company
4370 Peachtree Road, NE
Atlanta, GA 30348-5185
1-866-458-7500
www.bankersfidelity.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$185	\$185	\$192	\$228	\$271	\$313
F		\$186	\$192	\$229	\$271	\$313
G		\$157	\$163	\$193	\$229	\$265
High G		\$ 53	\$ 54	\$ 65	\$ 77	\$ 89
K		\$ 95	\$ 99	\$117	\$139	\$161
N		\$124	\$128	\$152	\$180	\$209

Female Preferred

	<65	65	70	75	80	85
A	\$162	\$162	\$167	\$199	\$236	\$273
F		\$162	\$168	\$199	\$236	\$273
G		\$137	\$142	\$168	\$200	\$231
High G		\$ 46	\$ 48	\$ 57	\$ 67	\$ 78
K		\$ 83	\$ 86	\$102	\$121	\$140
N		\$108	\$112	\$133	\$157	\$182

A household discount of 7% is available.

Male Standard*

	<65	65	70	75	80	85
A	N/A	\$231	\$240	\$285	\$338	\$391
F		\$232	\$240	\$285	\$338	\$391
G		\$196	\$203	\$241	\$286	\$331
High G		\$ 65	\$ 68	\$ 80	\$ 95	\$110
K		\$119	\$123	\$146	\$173	\$200
N		\$154	\$160	\$190	\$225	\$260

Female Standard*

	<65	65	70	75	80	85
A	N/A	\$202	\$209	\$248	\$294	\$340
F		\$202	\$209	\$248	\$294	\$341
G		\$171	\$177	\$210	\$249	\$288
High G		\$ 57	\$ 59	\$ 70	\$ 83	\$ 96
K		\$103	\$107	\$127	\$151	\$175
N		\$134	\$139	\$165	\$196	\$227

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A household discount of 7% is available.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

**Bankers Reserve Life Insurance Company
Of Wisconsin**
P.O. Box 16895
Clearwater, FL 33766
1-833-441-1564
www.wellcare.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$531	\$338	\$363	\$420	\$504	\$590
F		\$219	\$233	\$272	\$336	\$409
G		\$191	\$198	\$235	\$296	\$364
N		\$141	\$154	\$187	\$235	\$290

Female Preferred

	<65	65	70	75	80	85
A	\$462	\$294	\$315	\$365	\$439	\$513
F		\$191	\$203	\$237	\$292	\$356
G		\$166	\$172	\$204	\$257	\$317
N		\$123	\$134	\$163	\$205	\$252

A 10% Household Discount is available if the applicant has a household resident (at least one but no more than three), with whom they have continuously resided with for the past 12 months.

Male Standard*

	<65	65	70	75	80	85
A	\$610	\$389	\$417	\$483	\$580	\$678
F		\$252	\$268	\$313	\$387	\$470
G		\$219	\$227	\$270	\$340	\$419
N		\$162	\$177	\$215	\$271	\$333

Female Standard*

	<65	65	70	75	80	85
A	\$531	\$338	\$363	\$420	\$504	\$590
F		\$219	\$233	\$272	\$336	\$409
G		\$191	\$198	\$235	\$296	\$364
N		\$141	\$154	\$187	\$235	\$290

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 10% Household Discount is available if the applicant has a household resident (at least one but no more than three), with whom they have continuously resided with for the past 12 months.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Cigna National Health Insurance Company
P.O. Box 5725
Scranton, PA 18505-5725
1-866-459-4272
www.Cigna.com/Medicare

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited/Direct Response

Male Preferred

	<65	65	70	75	80	85
A	\$391	\$359	\$391	\$471	\$573	\$697
F		\$220	\$248	\$299	\$364	\$443
G		\$201	\$218	\$263	\$320	\$389
N		\$134	\$150	\$181	\$220	\$268

Female Preferred

	<65	65	70	75	80	85
A	\$352	\$324	\$352	\$424	\$516	\$628
F		\$199	\$224	\$269	\$328	\$399
G		\$181	\$197	\$237	\$288	\$351
N		\$120	\$135	\$163	\$199	\$242

There is a 6% discount which will be applied to eligible new business on all underwriting classes when a policyholder resides in a Household with another adult who is age 18 or older, which includes a legal spouse, civil union partner, or domestic partner. We may request additional documentation to determine eligibility.

There is an additional 14% discount applied to eligible new business on all underwriting classes when more than one member of the Household enrolls or is enrolled in a Medicare Supplement policy provided by or through an Affiliate of Cigna National Health Insurance Company.

Male Standard*

	<65	65	70	75	80	85
A	\$430	\$395	\$430	\$518	\$630	\$766
F		\$243	\$273	\$329	\$400	\$487
G		\$221	\$240	\$289	\$352	\$428
N		\$147	\$165	\$199	\$242	\$295

Female Standard*

	<65	65	70	75	80	85
A	\$387	\$356	\$387	\$466	\$567	\$690
F		\$218	\$246	\$296	\$361	\$439
G		\$199	\$216	\$261	\$317	\$386
N		\$132	\$149	\$180	\$218	\$266

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

There is a 6% discount which will be applied to eligible new business on all underwriting classes when a policyholder resides in a Household with another adult who is age 18 or older, which includes a legal spouse, civil union partner, or domestic partner. We may request additional documentation to determine eligibility.

There is an additional 14% discount applied to eligible new business on all underwriting classes when more than one member of the Household enrolls or is enrolled in a Medicare Supplement policy provided by or through an Affiliate of Cigna National Health Insurance Company.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

EPIC Life Insurance Company (The)
1717 W. Broadway
Madison, WI 53713
1-800-236-8809
www.mywpsmedicare.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male

	<65	65	70	75	80	85
A	\$299	\$259	\$309	\$362	\$413	\$489
F		\$260	\$310	\$363	\$415	\$491
G		\$214	\$255	\$299	\$341	\$404
N		\$191	\$228	\$268	\$306	\$362

Female

	<65	65	70	75	80	85
A	\$273	\$235	\$281	\$329	\$375	\$445
F		\$236	\$282	\$330	\$377	\$447
G		\$194	\$232	\$272	\$310	\$367
N		\$174	\$208	\$244	\$278	\$329

Two individuals living in the same household who each purchase a Medicare supplement policy from EPIC will receive a 7% discount.

Members enrolled in ACH payments will receive a 2% discount from the displayed rates.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Erie Family Life Insurance Company
100 Erie Insurance Place
Erie, PA 16530
1-800-458-0811
www.erieinsurance.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$233	\$207	\$226	\$265	\$303	\$342
F		\$243	\$270	\$312	\$365	\$425
G		\$200	\$225	\$264	\$306	\$356
N		\$169	\$188	\$223	\$260	\$299

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$203	\$180	\$196	\$230	\$263	\$297
F		\$211	\$235	\$271	\$318	\$370
G		\$174	\$195	\$229	\$266	\$310
N		\$147	\$163	\$194	\$226	\$260

A 5% household discount will be offered to applicants who (a) live in an eligible household and (b) the applicant lives in the same household with another person who is over the age of 18 and is either the applicant's spouse, someone with whom the applicant is in a civil union partnership, or is a permanent resident in the applicant's home and has resided there for a minimum of 12 months.

Male Tobacco*

	<65	65	70	75	80	85
A	\$268	\$238	\$260	\$304	\$348	\$393
F		\$279	\$310	\$358	\$420	\$489
G		\$230	\$258	\$303	\$352	\$410
N		\$194	\$216	\$257	\$300	\$344

Female Tobacco*

	<65	65	70	75	80	85
A	\$233	\$207	\$226	\$265	\$303	\$342
F		\$243	\$270	\$312	\$365	\$425
G		\$200	\$225	\$264	\$306	\$356
N		\$169	\$188	\$223	\$260	\$299

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 5% household discount will be offered to applicants who (a) live in an eligible household and (b) the applicant lives in the same household with another person who is over the age of 18 and is either the applicant's spouse, someone with whom the applicant is in a civil union partnership, or is a permanent resident in the applicant's home and has resided there for a minimum of 12 months.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Everence Association, Inc.
1110 N. Main Street
P.O. Box 483
Goshen, IN 46527
1-800-348-7468
www.everence.com

Individual Market-Issue Age/Attained Age
Marketing Method: Members Only
Insurance Producer Solicited/Direct Response

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$447	\$424	\$458	\$481	\$510	\$532
F		\$326	\$354	\$375	\$406	\$438
G		\$235	\$254	\$271	\$290	\$303
L		\$142	\$155	\$166	\$180	\$194
N		\$155*	\$185*	\$210*	\$230*	\$246*

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$406	\$385	\$416	\$437	\$463	\$483
F		\$297	\$322	\$341	\$369	\$398
G		\$214	\$231	\$247	\$263	\$275
L		\$129	\$141	\$151	\$164	\$176
N		\$141*	\$169*	\$191*	\$209*	\$224*

***Plan N premiums are Attained Age.**

Male Tobacco**

	<65	65	70	75	80	85
A	\$514	\$487	\$527	\$553	\$586	\$612
F		\$375	\$407	\$432	\$467	\$504
G		\$270	\$292	\$312	\$333	\$348
L		\$163	\$179	\$191	\$207	\$223
N		\$178*	\$213*	\$242*	\$264*	\$283*

Female Tobacco**

	<65	65	70	75	80	85
A	\$467	\$443	\$479	\$502	\$533	\$556
F		\$341	\$370	\$392	\$424	\$458
G		\$246	\$266	\$284	\$303	\$316
L		\$148	\$163	\$173	\$188	\$202
N		\$162*	\$194*	\$220*	\$240*	\$258*

*Plan N premiums are Attained Age.

**Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Federal Life Insurance Company
3750 W. Deerfield Road
Riverwoods, IL 60015
1-888-747-3760
www.federallife.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$300	\$198	\$219	\$262	\$303	\$337
F		\$230	\$245	\$299	\$345	\$384
G		\$192	\$212	\$254	\$293	\$326
N		\$139	\$151	\$182	\$210	\$234

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$300	\$177	\$196	\$234	\$270	\$301
F		\$205	\$219	\$267	\$308	\$343
G		\$172	\$189	\$227	\$261	\$291
N		\$124	\$135	\$163	\$188	\$209

A discount of 7% will be applied if for the past twelve months the certificate holder has resided with at least one, but no more than three, other adults aged 60 or older, or if the certificate holder lives with another adult who is his or her legal spouse or civil union partner.

Male Tobacco*

	<65	65	70	75	80	85
A	\$344	\$228	\$252	\$302	\$348	\$387
F		\$264	\$282	\$343	\$396	\$441
G		\$221	\$244	\$292	\$336	\$375
N		\$159	\$174	\$209	\$241	\$269

Female Tobacco*

	<65	65	70	75	80	85
A	\$344	\$204	\$225	\$269	\$311	\$346
F		\$236	\$251	\$307	\$354	\$394
G		\$197	\$218	\$260	\$300	\$335
N		\$142	\$155	\$187	\$216	\$240

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A discount of 7% will be applied if for the past twelve months the certificate holder has resided with at least one, but no more than three, other adults aged 60 or older, or if the certificate holder lives with another adult who is his or her legal spouse or civil union partner.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

FirstCare, Inc. (d.b.a. CareFirst MedPlus)

10455 Mill Run Circle

Owings Mills, MD 21117-5559

1-800-275-3802

410-356-8123 (Local)

www.carefirst.com

Individual Market-Attained Age

Marketing Method: Direct Response

Male Level 1 without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,055	\$932	\$1,178	\$1,429	\$1,693	\$1,916
B		\$232	\$ 294	\$ 356	\$ 423	\$ 478
F		\$261	\$ 330	\$ 400	\$ 475	\$ 537
High F		\$ 64	\$ 81	\$ 98	\$ 116	\$ 131
G		\$219	\$ 276	\$ 335	\$ 397	\$ 449
High G		\$ 63	\$ 80	\$ 97	\$ 114	\$ 130
L		\$168	\$ 212	\$ 257	\$ 305	\$ 345
M		\$221	\$ 280	\$ 339	\$ 402	\$ 455
N		\$187	\$ 236	\$ 287	\$ 340	\$ 385

Female Level 1 without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,020	\$875	\$1,106	\$1,341	\$1,578	\$1,719
B		\$218	\$ 276	\$ 335	\$ 394	\$ 429
F		\$245	\$ 310	\$ 376	\$ 442	\$ 482
High F		\$ 60	\$ 76	\$ 92	\$ 108	\$ 118
G		\$205	\$ 259	\$ 315	\$ 370	\$ 403
High G		\$ 59	\$ 75	\$ 91	\$ 107	\$ 116
L		\$157	\$ 199	\$ 241	\$ 284	\$ 309
M		\$208	\$ 263	\$ 319	\$ 375	\$ 408
N		\$176	\$ 222	\$ 269	\$ 317	\$ 345

*Level 1 rates apply if application is made during the 6-month open enrollment period, or during the guaranteed issue period.

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 1 without Household Discount Eastern & Southern MD*

	<65	65	70	75	80	85
A	\$1,024	\$904	\$1,143	\$1,386	\$1,643	\$1,859
B		\$226	\$ 285	\$ 346	\$ 410	\$ 464
F		\$253	\$ 320	\$ 389	\$ 461	\$ 521
High F		\$ 62	\$ 78	\$ 95	\$ 113	\$ 127
G		\$212	\$ 268	\$ 325	\$ 385	\$ 436
High G		\$ 61	\$ 77	\$ 94	\$ 111	\$ 126
L		\$163	\$ 206	\$ 249	\$ 296	\$ 334
M		\$215	\$ 271	\$ 329	\$ 390	\$ 442
N		\$181	\$ 229	\$ 278	\$ 330	\$ 373

Female Level 1 without Household Discount Eastern & Southern MD*

	<65	65	70	75	80	85
A	\$990	\$848	\$1,073	\$1,301	\$1,531	\$1,668
B		\$212	\$ 268	\$ 325	\$ 382	\$ 416
F		\$238	\$ 301	\$ 365	\$ 429	\$ 468
High F		\$ 58	\$ 74	\$ 89	\$ 105	\$ 114
G		\$199	\$ 252	\$ 305	\$ 359	\$ 391
High G		\$ 57	\$ 73	\$ 88	\$ 103	\$ 113
L		\$153	\$ 193	\$ 234	\$ 275	\$ 300
M		\$202	\$ 255	\$ 309	\$ 364	\$ 396
N		\$170	\$ 215	\$ 261	\$ 307	\$ 335

*Level 1 rates apply if application is made during the 6-month open enrollment period, or during the guaranteed issue period.

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 2 Non-Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,161	\$1,165	\$1,366	\$1,572	\$1,863	\$2,108
B		\$ 291	\$ 341	\$ 392	\$ 465	\$ 526
F		\$ 326	\$ 383	\$ 441	\$ 522	\$ 591
High F		\$ 80	\$ 94	\$ 108	\$ 128	\$ 145
G		\$ 273	\$ 320	\$ 369	\$ 437	\$ 494
High G		\$ 79	\$ 92	\$ 106	\$ 126	\$ 142
L		\$ 210	\$ 246	\$ 283	\$ 335	\$ 379
M		\$ 277	\$ 325	\$ 373	\$ 443	\$ 501
N		\$ 234	\$ 274	\$ 316	\$ 374	\$ 423

Female Level 2 Non-Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,122	\$1,093	\$1,283	\$1,475	\$1,736	\$1,891
B		\$ 273	\$ 320	\$ 368	\$ 433	\$ 472
F		\$ 306	\$ 360	\$ 414	\$ 487	\$ 530
High F		\$ 75	\$ 88	\$ 101	\$ 119	\$ 130
G		\$ 256	\$ 301	\$ 346	\$ 407	\$ 444
High G		\$ 74	\$ 87	\$ 100	\$ 117	\$ 128
L		\$ 197	\$ 231	\$ 265	\$ 312	\$ 340
M		\$ 260	\$ 305	\$ 351	\$ 412	\$ 449
N		\$ 220	\$ 258	\$ 296	\$ 349	\$ 380

*Premiums listed above for Male Level 2 Non-Smoker and Female Level 2 Non-Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 2 Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,450	\$1,455	\$1,707	\$1,964	\$2,328	\$2,634
B		\$ 363	\$ 426	\$ 490	\$ 581	\$ 657
F		\$ 408	\$ 479	\$ 551	\$ 653	\$ 738
High F		\$ 100	\$ 117	\$ 135	\$ 160	\$ 181
G		\$ 341	\$ 401	\$ 461	\$ 546	\$ 618
High G		\$ 98	\$ 115	\$ 133	\$ 157	\$ 178
L		\$ 262	\$ 307	\$ 353	\$ 419	\$ 474
M		\$ 346	\$ 406	\$ 467	\$ 553	\$ 626
N		\$ 292	\$ 343	\$ 394	\$ 467	\$ 529

Female Level 2 Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,402	\$1,366	\$1,603	\$1,844	\$2,169	\$2,363
B		\$ 341	\$ 400	\$ 460	\$ 541	\$ 590
F		\$ 383	\$ 449	\$ 517	\$ 608	\$ 662
High F		\$ 94	\$ 110	\$ 126	\$ 149	\$ 162
G		\$ 321	\$ 376	\$ 433	\$ 509	\$ 554
High G		\$ 92	\$ 108	\$ 125	\$ 147	\$ 160
L		\$ 246	\$ 288	\$ 332	\$ 390	\$ 425
M		\$ 325	\$ 381	\$ 438	\$ 515	\$ 561
N		\$ 274	\$ 322	\$ 370	\$ 436	\$ 475

*Premiums listed above for Male Level 2 Smoker and Female Level 2 Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 2 Non-Smoker without Household Discount Eastern & Southern MD*

	<65	65	70	75	80	85
A	\$1,126	\$1,130	\$1,325	\$1,525	\$1,807	\$2,045
B		\$ 282	\$ 331	\$ 380	\$ 451	\$ 510
F		\$ 317	\$ 372	\$ 427	\$ 507	\$ 573
High F		\$ 77	\$ 91	\$ 105	\$ 124	\$ 140
G		\$ 265	\$ 311	\$ 358	\$ 424	\$ 480
High G		\$ 76	\$ 90	\$ 103	\$ 122	\$ 138
L		\$ 203	\$ 238	\$ 274	\$ 325	\$ 368
M		\$ 268	\$ 315	\$ 362	\$ 429	\$ 486
N		\$ 227	\$ 266	\$ 306	\$ 363	\$ 411

Female Level 2 Non-Smoker without Household Discount Eastern & Southern MD*

	<65	65	70	75	80	85
A	\$1,088	\$1,061	\$1,244	\$1,431	\$1,684	\$1,834
B		\$ 265	\$ 310	\$ 357	\$ 420	\$ 458
F		\$ 297	\$ 349	\$ 401	\$ 472	\$ 514
High F		\$ 73	\$ 85	\$ 98	\$ 116	\$ 126
G		\$ 249	\$ 292	\$ 336	\$ 395	\$ 430
High G		\$ 72	\$ 84	\$ 97	\$ 114	\$ 124
L		\$ 191	\$ 224	\$ 258	\$ 303	\$ 330
M		\$ 252	\$ 296	\$ 340	\$ 400	\$ 436
N		\$ 213	\$ 250	\$ 287	\$ 338	\$ 368

*Premiums listed above for Male Level 2 Non-Smoker and Female Level 2 Non-Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 2 Smoker without Household Discount Eastern & Southern MD*

	<65	65	70	75	80	85
A	\$1,407	\$1,412	\$1,656	\$1,905	\$2,259	\$2,555
B		\$ 352	\$ 413	\$ 475	\$ 564	\$ 638
F		\$ 396	\$ 464	\$ 534	\$ 633	\$ 716
High F		\$ 97	\$ 114	\$ 131	\$ 155	\$ 175
G		\$ 331	\$ 389	\$ 447	\$ 530	\$ 599
High G		\$ 95	\$ 112	\$ 129	\$ 153	\$ 173
L		\$ 254	\$ 298	\$ 343	\$ 406	\$ 460
M		\$ 335	\$ 393	\$ 453	\$ 537	\$ 607
N		\$ 283	\$ 333	\$ 383	\$ 454	\$ 513

Female Level 2 Smoker without Household Discount Eastern & Southern MD*

	<65	65	70	75	80	85
A	\$1,360	\$1,325	\$1,555	\$1,789	\$2,105	\$2,293
B		\$ 331	\$ 388	\$ 446	\$ 525	\$ 572
F		\$ 372	\$ 436	\$ 501	\$ 590	\$ 643
High F		\$ 91	\$ 107	\$ 123	\$ 144	\$ 157
G		\$ 311	\$ 365	\$ 420	\$ 494	\$ 538
High G		\$ 90	\$ 105	\$ 121	\$ 142	\$ 155
L		\$ 238	\$ 280	\$ 322	\$ 379	\$ 412
M		\$ 315	\$ 369	\$ 425	\$ 500	\$ 545
N		\$ 266	\$ 312	\$ 359	\$ 423	\$ 460

*Premiums listed above for Male Level 2 Smoker and Female Level 2 Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 3 Non-Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,688	\$1,863	\$2,120	\$2,286	\$2,710	\$3,066
B		\$ 465	\$ 529	\$ 570	\$ 676	\$ 765
F		\$ 522	\$ 594	\$ 641	\$ 760	\$ 859
High F		\$ 128	\$ 145	\$ 157	\$ 186	\$ 210
G		\$ 437	\$ 497	\$ 536	\$ 636	\$ 719
High G		\$ 126	\$ 143	\$ 155	\$ 183	\$ 207
L		\$ 335	\$ 381	\$ 411	\$ 488	\$ 552
M		\$ 443	\$ 504	\$ 543	\$ 644	\$ 728
N		\$ 374	\$ 426	\$ 459	\$ 544	\$ 616

Female Level 3 Non-Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$1,632	\$1,749	\$1,990	\$2,146	\$2,525	\$2,750
B		\$ 436	\$ 497	\$ 535	\$ 630	\$ 686
F		\$ 490	\$ 558	\$ 602	\$ 708	\$ 771
High F		\$ 120	\$ 136	\$ 147	\$ 173	\$ 189
G		\$ 410	\$ 467	\$ 503	\$ 592	\$ 645
High G		\$ 118	\$ 135	\$ 145	\$ 171	\$ 186
L		\$ 315	\$ 358	\$ 386	\$ 454	\$ 495
M		\$ 416	\$ 473	\$ 510	\$ 600	\$ 653
N		\$ 351	\$ 400	\$ 431	\$ 507	\$ 552

***Premiums listed above for Male Level 3 Non-Smoker and Female Level 3 Non-Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.**

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 3 Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$2,110	\$2,329	\$2,649	\$2,857	\$3,386	\$3,831
B		\$ 581	\$ 661	\$ 713	\$ 845	\$ 956
F		\$ 653	\$ 743	\$ 801	\$ 949	\$1,074
High F		\$ 160	\$ 182	\$ 196	\$ 232	\$ 263
G		\$ 546	\$ 621	\$ 670	\$ 794	\$ 899
High G		\$ 157	\$ 179	\$ 193	\$ 229	\$ 259
L		\$ 419	\$ 477	\$ 514	\$ 609	\$ 689
M		\$ 553	\$ 629	\$ 679	\$ 804	\$ 910
N		\$ 468	\$ 532	\$ 574	\$ 680	\$ 769

Female Level 3 Smoker without Household Discount Baltimore Metro, D.C. Metro & Western MD*

	<65	65	70	75	80	85
A	\$2,039	\$2,186	\$2,487	\$2,682	\$3,155	\$3,437
B		\$ 545	\$ 621	\$ 669	\$ 787	\$ 858
F		\$ 613	\$ 697	\$ 752	\$ 884	\$ 964
High F		\$ 150	\$ 171	\$ 184	\$ 216	\$ 236
G		\$ 513	\$ 583	\$ 629	\$ 740	\$ 806
High G		\$ 148	\$ 168	\$ 181	\$ 213	\$ 232
L		\$ 393	\$ 447	\$ 483	\$ 568	\$ 618
M		\$ 519	\$ 591	\$ 637	\$ 750	\$ 817
N		\$ 439	\$ 499	\$ 539	\$ 634	\$ 690

***Premiums listed above for Male Level 3 Smoker and Female Level 3 Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.**

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 3 Non-Smoker without Household Discount Eastern & Southern MD

	<65	65	70	75	80	85
A	\$1,638	\$1,808	\$2,057	\$2,218	\$2,629	\$2,974
B		\$ 451	\$ 513	\$ 553	\$ 656	\$ 742
F		\$ 507	\$ 576	\$ 622	\$ 737	\$ 834
High F		\$ 124	\$ 141	\$ 152	\$ 180	\$ 204
G		\$ 424	\$ 482	\$ 520	\$ 617	\$ 698
High G		\$ 122	\$ 139	\$ 150	\$ 178	\$ 201
L		\$ 325	\$ 370	\$ 399	\$ 473	\$ 535
M		\$ 429	\$ 489	\$ 527	\$ 625	\$ 707
N		\$ 363	\$ 413	\$ 445	\$ 528	\$ 597

Female Level 3 Non-Smoker without Household Discount Eastern & Southern MD

	<65	65	70	75	80	85
A	\$1,583	\$1,697	\$1,931	\$2,082	\$2,449	\$2,668
B		\$ 423	\$ 482	\$ 519	\$ 611	\$ 666
F		\$ 476	\$ 541	\$ 584	\$ 687	\$ 748
High F		\$ 116	\$ 132	\$ 143	\$ 168	\$ 183
G		\$ 398	\$ 453	\$ 488	\$ 575	\$ 626
High G		\$ 115	\$ 131	\$ 141	\$ 166	\$ 180
L		\$ 305	\$ 347	\$ 375	\$ 441	\$ 480
M		\$ 403	\$ 459	\$ 495	\$ 582	\$ 634
N		\$ 341	\$ 388	\$ 418	\$ 492	\$ 536

***Premiums listed above for Male Level 3 Non-Smoker and Female Level 3 Non-Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.**

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

Male Level 3 Smoker without Household Discount Eastern & Southern MD

	<65	65	70	75	80	85
A	\$2,047	\$2,259	\$2,570	\$2,771	\$3,285	\$3,717
B		\$ 564	\$ 641	\$ 691	\$ 820	\$ 927
F		\$ 633	\$ 720	\$ 777	\$ 921	\$1,042
High F		\$ 155	\$ 176	\$ 190	\$ 225	\$ 255
G		\$ 530	\$ 603	\$ 650	\$ 771	\$ 872
High G		\$ 153	\$ 174	\$ 187	\$ 222	\$ 251
L		\$ 406	\$ 462	\$ 499	\$ 591	\$ 669
M		\$ 537	\$ 611	\$ 658	\$ 780	\$ 883
N		\$ 454	\$ 516	\$ 556	\$ 660	\$ 746

Female Level 3 Smoker without Household Discount Eastern & Southern MD

	<65	65	70	75	80	85
A	\$1,979	\$2,121	\$2,413	\$2,602	\$3,061	\$3,335
B		\$ 529	\$ 602	\$ 649	\$ 764	\$ 832
F		\$ 594	\$ 676	\$ 729	\$ 858	\$ 935
High F		\$ 145	\$ 165	\$ 178	\$ 210	\$ 229
G		\$ 498	\$ 566	\$ 610	\$ 718	\$ 782
High G		\$ 143	\$ 163	\$ 176	\$ 207	\$ 225
L		\$ 382	\$ 434	\$ 468	\$ 551	\$ 600
M		\$ 504	\$ 573	\$ 618	\$ 727	\$ 792
N		\$ 426	\$ 484	\$ 522	\$ 615	\$ 670

***Premiums listed above for Male Level 3 Smoker and Female Level 3 Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday. Premiums are for individuals who are required to go through medical underwriting for coverage.**

A 10% Household Discount is available if the policyholder resides with another person who is eligible and has enrolled in a MedPlus Medicare Supplement plan with CareFirst.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

First Health Life and Health Insurance Company
 MEDICARE SUPPLEMENT ADMINISTRATIVE OFFICE
 3200 Highland Avenue
 Downers Grove, IL 60515
 1-866-465-1023
www.aetnaseniorproducts.com

Individual Market-Attained Age
 Marketing Method: Direct Response

Male Preferred

	<65	65	70	75	80	85
A	\$214	\$173	\$198	\$220	\$233	\$242
B		\$194	\$227	\$258	\$284	\$306
F		\$211	\$247	\$284	\$316	\$345
G		\$208	\$245	\$282	\$316	\$347
N		\$121	\$143	\$166	\$187	\$208

Female Preferred

	<65	65	70	75	80	85
A	\$196	\$159	\$181	\$202	\$214	\$222
B		\$178	\$208	\$236	\$260	\$280
F		\$194	\$227	\$261	\$290	\$317
G		\$192	\$226	\$260	\$291	\$321
N		\$112	\$133	\$154	\$173	\$192

Male Standard*

	<65	65	70	75	80	85
A	\$236	\$190	\$218	\$242	\$257	\$267
B		\$214	\$249	\$284	\$313	\$336
F		\$232	\$272	\$312	\$347	\$379
G		\$229	\$269	\$310	\$347	\$382
N		\$133	\$157	\$182	\$205	\$228

Female Standard*

	<65	65	70	75	80	85
A	\$216	\$174	\$199	\$222	\$235	\$244
B		\$196	\$228	\$260	\$286	\$308
F		\$213	\$250	\$287	\$319	\$349
G		\$211	\$249	\$287	\$321	\$353
N		\$123	\$146	\$169	\$191	\$212

***Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Globe Life and Accident Insurance Company
3700 S. Stonebridge Drive
P.O. Box 8080
McKinney, TX 75070
1-800-801-6831
www.globecaremedsupp.com

Individual Market-Attained Age
Marketing Method: Direct Response

Unisex

	<65	65	70	75	80	85
A	\$288*	\$201	\$269	\$286	\$288	\$288
B		\$235	\$297	\$338	\$342	\$342
F		\$279	\$343	\$404	\$427	\$427
High F		\$ 34	\$ 47	\$ 56	\$ 67	\$ 67
G		\$242	\$302	\$360	\$383	\$383
High G		\$ 34	\$ 47	\$ 56	\$ 67	\$ 67
N		\$170	\$214	\$258	\$281	\$281

* Plan A for Individuals with a Disability is offered only during Open Enrollment/Guaranteed Issue periods.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

GPM Health and Life Insurance Company
P.O. Box 2679
Omaha, NE 68103
1-866-242-7573
www.gpmhealthandlife.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$461	\$329	\$363	\$435	\$501	\$558
F		\$357	\$395	\$473	\$545	\$607
G		\$329	\$363	\$434	\$501	\$558
N		\$248	\$274	\$328	\$379	\$422

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$461	\$286	\$316	\$378	\$436	\$486
F		\$311	\$343	\$411	\$474	\$528
G		\$286	\$316	\$378	\$436	\$485
N		\$216	\$238	\$285	\$329	\$367

A 7% Household Discount will be applied if for the past twelve months the policyholder has resided with at least one, but no more than three, other adults aged 60 or older, or if the policyholder lives with another adult who is his or her legal spouse or civil union partner.

Male Tobacco*

	<65	65	70	75	80	85
A	\$530	\$378	\$417	\$500	\$576	\$642
F		\$411	\$454	\$543	\$627	\$698
G		\$378	\$417	\$499	\$576	\$641
N		\$285	\$315	\$377	\$435	\$485

Female Tobacco*

	<65	65	70	75	80	85
A	\$530	\$328	\$363	\$434	\$501	\$558
F		\$357	\$395	\$472	\$545	\$607
G		\$329	\$363	\$434	\$501	\$558
N		\$248	\$274	\$328	\$378	\$421

***Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

A 7% Household Discount will be applied if for the past twelve months the policyholder has resided with at least one, but no more than three, other adults aged 60 or older, or if the policyholder lives with another adult who is his or her legal spouse or civil union partner.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025
1-800-338-7452
1-847-699-0600
www.gtlic.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$309	\$270	\$287	\$325	\$377	\$408
F		\$348	\$370	\$440	\$550	\$619
High F		\$ 78	\$ 83	\$ 99	\$124	\$139
G		\$270	\$287	\$341	\$426	\$480
N		\$226	\$240	\$285	\$356	\$401

Female Preferred

	<65	65	70	75	80	85
A	\$275	\$241	\$255	\$288	\$333	\$360
F		\$311	\$330	\$393	\$491	\$553
High F		\$ 70	\$ 74	\$ 88	\$110	\$124
G		\$241	\$256	\$304	\$381	\$428
N		\$202	\$214	\$254	\$318	\$358

A household discount of 7% is available if two or more policyholders with an inforce Medicare Supplement policy from the Company are currently residing together.

Male Standard*

	<65	65	70	75	80	85
A	\$387	\$337	\$358	\$406	\$472	\$510
F		\$436	\$463	\$550	\$688	\$774
High F		\$ 98	\$104	\$124	\$155	\$174
G		\$337	\$358	\$426	\$533	\$600
N		\$282	\$300	\$356	\$446	\$502

Female Standard*

	<65	65	70	75	80	85
A	\$343	\$301	\$319	\$360	\$416	\$450
F		\$389	\$413	\$491	\$614	\$691
High F		\$ 87	\$ 93	\$110	\$138	\$155
G		\$301	\$320	\$380	\$476	\$535
N		\$252	\$268	\$318	\$398	\$448

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A household discount of 7% is available if two or more policyholders with an inforce Medicare Supplement policy from the Company are currently residing together.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Heartland National Life Insurance Company
P.O. Box 2878
Salt Lake City, UT 84110-2878
1-888-616-0015
www.heartlandnational.net

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$ 257	\$217	\$217	\$262	\$301	\$337
C	\$1,342	\$279	\$279	\$333	\$390	\$449
G		\$218	\$218	\$265	\$316	\$372
N		\$163	\$171	\$208	\$247	\$290

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$ 223	\$188	\$188	\$228	\$261	\$293
C	\$1,167	\$242	\$242	\$290	\$339	\$391
G		\$189	\$189	\$230	\$275	\$324
N		\$142	\$148	\$181	\$215	\$252

A 7% Household Discount is available to those that qualify.

Male Tobacco*

	<65	65	70	75	80	85
A	\$ 295	\$249	\$249	\$301	\$346	\$388
C	\$1,543	\$320	\$320	\$383	\$449	\$517
G		\$250	\$250	\$304	\$363	\$428
N		\$188	\$196	\$239	\$284	\$333

Female Tobacco*

	<65	65	70	75	80	85
A	\$ 257	\$217	\$217	\$262	\$301	\$337
C	\$1,342	\$279	\$279	\$333	\$390	\$449
G		\$218	\$218	\$265	\$316	\$372
N		\$163	\$171	\$208	\$247	\$290

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 7% Household Discount is available to those that qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Humana Benefit Plan of Illinois, Inc.
500 West Main Street
Louisville, KY 40202
1-800-984-9095
www.Humana-Medicare.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$394	\$360	\$382	\$451	\$549	\$643
F		\$200	\$213	\$251	\$306	\$358
G		\$171	\$182	\$215	\$262	\$306
High G		\$ 62	\$ 66	\$ 78	\$ 95	\$111
N		\$124	\$139	\$171	\$206	\$239

Female Preferred

	<65	65	70	75	80	85
A	\$348	\$318	\$338	\$399	\$486	\$569
F		\$177	\$188	\$222	\$271	\$317
G		\$152	\$161	\$190	\$231	\$271
High G		\$ 55	\$ 58	\$ 69	\$ 84	\$ 98
N		\$110	\$123	\$152	\$183	\$212

A 12% household discount is available for applicants who qualify.

Male Standard*

	<65	65	70	75	80	85
A	\$453	\$414	\$439	\$519	\$632	\$739
F		\$230	\$244	\$289	\$352	\$412
G		\$197	\$209	\$247	\$301	\$352
High G		\$ 71	\$ 76	\$ 90	\$109	\$127
N		\$143	\$160	\$197	\$237	\$275

Female Standard*

	<65	65	70	75	80	85
A	\$400	\$366	\$389	\$459	\$559	\$654
F		\$204	\$216	\$256	\$311	\$364
G		\$174	\$185	\$219	\$266	\$312
High G		\$ 63	\$ 67	\$ 79	\$ 96	\$113
N		\$126	\$142	\$174	\$210	\$244

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 12% household discount is available for applicants who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

LifeShield National Insurance Company
5500 N. Western Avenue
Suite 200
Oklahoma City, OK 73118
1-833-989-0033
www.lifeshieldnational.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$240	\$228	\$228	\$255	\$297	\$323
F		\$210	\$219	\$263	\$320	\$392
G		\$172	\$178	\$219	\$269	\$334
N		\$128	\$141	\$176	\$215	\$259

Female Preferred

	<65	65	70	75	80	85
A	\$208	\$199	\$199	\$222	\$259	\$281
F		\$183	\$191	\$229	\$278	\$341
G		\$149	\$155	\$190	\$234	\$290
N		\$111	\$122	\$153	\$187	\$225

A 7% household discount is available for those who qualify.

Male Standard*

	<65	65	70	75	80	85
A	\$276	\$263	\$263	\$293	\$342	\$371
F		\$242	\$252	\$302	\$368	\$451
G		\$197	\$204	\$251	\$309	\$384
N		\$147	\$162	\$203	\$248	\$298

Female Standard*

	<65	65	70	75	80	85
A	\$240	\$228	\$228	\$255	\$297	\$323
F		\$210	\$219	\$263	\$320	\$392
G		\$172	\$178	\$219	\$269	\$334
N		\$128	\$141	\$176	\$215	\$259

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 7% household discount is available for those who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Medico Insurance Company
601 6th Avenue
Des Moines, IA 50309
1-800-228-6080
www.wellabe.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$369	\$212	\$214	\$229	\$270	\$329
F		\$266	\$269	\$287	\$339	\$412
High F		\$ 80	\$ 81	\$ 86	\$102	\$124
G		\$197	\$199	\$212	\$251	\$305
High G		\$ 68	\$ 69	\$ 73	\$ 87	\$105
N		\$139	\$140	\$150	\$177	\$215

Female Preferred

	<65	65	70	75	80	85
A	\$321	\$185	\$186	\$199	\$235	\$286
F		\$231	\$234	\$249	\$295	\$358
High F		\$ 69	\$ 70	\$ 75	\$ 88	\$108
G		\$171	\$173	\$185	\$218	\$265
High G		\$ 59	\$ 60	\$ 64	\$ 75	\$ 92
N		\$121	\$122	\$130	\$154	\$187

A household discount of 12.3% is available to those that qualify.

Male Standard*

	<65	65	70	75	80	85
A	\$406	\$234	\$236	\$252	\$297	\$362
F		\$293	\$296	\$315	\$373	\$453
High F		\$ 88	\$ 89	\$ 95	\$112	\$136
G		\$217	\$219	\$233	\$276	\$336
High G		\$ 75	\$ 76	\$ 81	\$ 95	\$116
N		\$153	\$154	\$165	\$195	\$237

Female Standard*

	<65	65	70	75	80	85
A	\$353	\$203	\$205	\$219	\$259	\$315
F		\$255	\$257	\$274	\$324	\$394
High F		\$ 76	\$ 77	\$ 82	\$ 97	\$118
G		\$188	\$190	\$203	\$240	\$292
High G		\$ 65	\$ 66	\$ 70	\$ 83	\$101
N		\$133	\$134	\$143	\$169	\$206

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A household discount of 12.3% is available to those that qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Monitor Life Insurance Company of New York
305 Madison Avenue
Morristown, NJ 07962
1-877-759-5762

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$247	\$186	\$186	\$224	\$281	\$338
F		\$227	\$227	\$270	\$333	\$408
G		\$187	\$187	\$225	\$283	\$351
High G		\$ 68	\$ 68	\$ 82	\$101	\$123
N		\$143	\$143	\$178	\$212	\$248

Female Preferred

	<65	65	70	75	80	85
A	\$214	\$161	\$161	\$195	\$245	\$294
F		\$198	\$198	\$235	\$290	\$355
G		\$162	\$162	\$196	\$246	\$305
High G		\$ 59	\$ 59	\$ 71	\$ 88	\$107
N		\$125	\$125	\$155	\$184	\$216

A 7% household discount is available for applicants who qualify.

Male Standard*

	<65	65	70	75	80	85
A	\$284	\$214	\$214	\$258	\$324	\$389
F		\$262	\$262	\$310	\$383	\$469
G		\$215	\$215	\$259	\$325	\$404
High G		\$ 78	\$ 78	\$ 94	\$116	\$142
N		\$165	\$165	\$205	\$244	\$285

Female Standard*

	<65	65	70	75	80	85
A	\$247	\$186	\$186	\$224	\$281	\$338
F		\$227	\$227	\$270	\$333	\$408
G		\$187	\$187	\$225	\$283	\$351
High G		\$ 68	\$ 68	\$ 82	\$101	\$123
N		\$143	\$143	\$178	\$212	\$248

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 7% household discount is available for applicants who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Mutual of Omaha Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175
1-800-667-2937
www.mutualofomaha.com/states

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$202	\$199	\$220	\$264	\$319	\$382
F		\$223	\$240	\$283	\$343	\$415
G		\$193	\$214	\$257	\$311	\$372
High G		\$ 50	\$ 56	\$ 67	\$ 81	\$ 97
N		\$137	\$151	\$180	\$218	\$261

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$175	\$173	\$191	\$230	\$278	\$332
F		\$194	\$209	\$246	\$298	\$361
G		\$168	\$186	\$223	\$270	\$324
High G		\$ 44	\$ 49	\$ 58	\$ 71	\$ 84
N		\$119	\$131	\$157	\$190	\$227

A 12% household discount is available for applicants who qualify.

Male Tobacco*

	<65	65	70	75	80	85
A	\$232	\$228	\$253	\$303	\$367	\$439
F		\$256	\$276	\$326	\$394	\$477
G		\$222	\$246	\$295	\$357	\$428
High G		\$ 58	\$ 64	\$ 77	\$ 93	\$112
N		\$157	\$173	\$207	\$251	\$300

Female Tobacco*

	<65	65	70	75	80	85
A	\$202	\$199	\$220	\$264	\$319	\$382
F		\$223	\$240	\$283	\$343	\$415
G		\$193	\$214	\$257	\$311	\$372
High G		\$ 50	\$ 56	\$ 67	\$ 81	\$ 97
N		\$137	\$151	\$180	\$218	\$261

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 12% household discount is available for applicants who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Nassau Life Insurance Company of Kansas
1 American Row
Hartford, CT 06102
1-800-420-5382, (select Option 3)
www.nfq.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$270	\$201	\$215	\$263	\$306	\$353
F		\$213	\$231	\$277	\$326	\$417
G		\$179	\$192	\$233	\$277	\$357
N		\$136	\$146	\$179	\$214	\$276

Female Preferred

	<65	65	70	75	80	85
A	\$235	\$175	\$187	\$229	\$267	\$307
F		\$185	\$201	\$241	\$284	\$363
G		\$156	\$167	\$203	\$241	\$311
N		\$119	\$127	\$156	\$186	\$240

A 7% Household Discount is available if there are between 2 and 4 adults residing at the same residential address.

Male Standard*

	<65	65	70	75	80	85
A	\$311	\$231	\$248	\$302	\$352	\$406
F		\$245	\$265	\$318	\$375	\$480
G		\$206	\$220	\$269	\$319	\$411
N		\$157	\$168	\$206	\$246	\$318

Female Standard*

	<65	65	70	75	80	85
A	\$270	\$201	\$216	\$263	\$306	\$353
F		\$213	\$231	\$277	\$326	\$417
G		\$179	\$192	\$234	\$277	\$357
N		\$136	\$146	\$179	\$214	\$277

***Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

A 7% Household Discount is available if there are between 2 and 4 adults residing at the same residential address.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

National Health Insurance Company
P.O. Box 3450
Salt Lake City, UT 84110-3450
1-833-976-2628
www.allstatehealth.com/contact-us

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred II

	<65	65	70	75	80	85
A	\$246	\$202	\$208	\$243	\$295	\$349
F		\$264	\$272	\$318	\$386	\$457
High F		\$ 67	\$ 69	\$ 81	\$ 98	\$116
G		\$218	\$225	\$263	\$319	\$378
N		\$158	\$163	\$190	\$231	\$274

Female Preferred II

	<65	65	70	75	80	85
A	\$218	\$178	\$184	\$215	\$261	\$309
F		\$233	\$241	\$281	\$342	\$404
High F		\$ 60	\$ 61	\$ 72	\$ 87	\$103
G		\$193	\$199	\$233	\$283	\$334
N		\$140	\$144	\$169	\$205	\$242

A household discount of 7% may be available.

Male Preferred

	<65	65	70	75	80	85
A	\$246	\$202	\$235	\$272	\$316	\$364
F		\$264	\$307	\$356	\$413	\$476
High F		\$ 67	\$ 78	\$ 91	\$105	\$121
G		\$218	\$254	\$295	\$342	\$394
N		\$158	\$184	\$213	\$247	\$285

Female Preferred

	<65	65	70	75	80	85
A	\$218	\$178	\$208	\$241	\$279	\$322
F		\$233	\$272	\$315	\$366	\$422
High F		\$ 60	\$ 69	\$ 80	\$ 93	\$107
G		\$193	\$225	\$261	\$302	\$348
N		\$140	\$163	\$189	\$219	\$252

A household discount of 7% may be available.

Male Standard*

	<65	65	70	75	80	85
A	\$295	\$242	\$282	\$326	\$378	\$436
F		\$316	\$369	\$427	\$495	\$571
High F		\$ 81	\$ 94	\$109	\$126	\$145
G		\$262	\$305	\$353	\$410	\$472
N		\$190	\$221	\$256	\$297	\$342

Female Standard*

	<65	65	70	75	80	85
A	\$261	\$214	\$249	\$289	\$335	\$386
F		\$280	\$326	\$378	\$438	\$505
High F		\$ 71	\$ 83	\$ 96	\$112	\$129
G		\$232	\$270	\$313	\$363	\$418
N		\$168	\$195	\$226	\$263	\$303

*Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A household discount of 7% may be available.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Physicians Life Insurance Company

2600 Dodge Street

Omaha, NE 68131

1-800-325-6300

www.physiciansmutual.com/web/medsupp

Individual Market-Attained Age/Issue Age

Marketing Method: Insurance Producer Solicited/Direct Response

Issue Age rates are available for all plans

Male Non-Tobacco

	<65	65	70	75	80	85
A*	\$246*	\$246*	\$246*	\$246*	\$246*	\$246*
F		\$267	\$288	\$334	\$364	\$374
High F		\$ 84	\$ 92	\$114	\$143	\$178
G		\$227	\$245	\$284	\$310	\$318
High G		\$ 81	\$ 89	\$111	\$138	\$172

Female Non-Tobacco

	<65	65	70	75	80	85
A*	\$222*	\$222*	\$222*	\$222*	\$222*	\$222*
F		\$241	\$260	\$302	\$329	\$338
High F		\$ 76	\$ 83	\$104	\$129	\$161
G		\$205	\$222	\$257	\$280	\$288
High G		\$ 74	\$ 80	\$100	\$125	\$155

***Plan A is Issue Age. Other Plans are Attained Age.**

An applicant who resides in a household either with a spouse, or with another person (but no more than three) that is age 60 or older and has continuously resided with the applicant for the last 12 months, is eligible for a 10% household discount.

All Medicare Supplement plans from Physicians Life Insurance Company except Plan A provide additional innovative benefits for preventive care and hearing loss testing. We also offer a Deductible Discount Rider on Plans F and G that applies the high deductible for only 2-3 years, with a premium discount off of the base plan that applies for the life of the policy.

Male Tobacco**

	<65	65	70	75	80	85
A*	\$273*	\$273*	\$273*	\$273*	\$273*	\$273*
F		\$296	\$320	\$371	\$404	\$416
High F		\$ 93	\$102	\$127	\$158	\$198
G		\$252	\$272	\$316	\$344	\$354
High G		\$ 90	\$ 99	\$123	\$153	\$191

Female Tobacco**

	<65	65	70	75	80	85
A*	\$247*	\$247*	\$247*	\$247*	\$247*	\$247*
F		\$268	\$289	\$335	\$366	\$376
High F		\$ 85	\$ 92	\$115	\$143	\$179
G		\$228	\$246	\$285	\$311	\$320
High G		\$ 82	\$ 89	\$111	\$139	\$173

*Plan A is Issue Age. Other Plans are Attained Age.

**Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

An applicant who resides in a household either with a spouse, or with another person (but no more than three) that is age 60 or older and has continuously resided with the applicant for the last 12 months, is eligible for a 10% household discount.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710-0001
Contact local State Farm Agent
www.statefarm.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$281	\$215	\$270	\$313	\$352	\$367
C	\$676	\$303	\$381	\$442	\$496	\$517
D	\$756	\$202	\$267	\$322	\$372	\$416
F		\$252	\$318	\$368	\$414	\$431
G		\$202	\$267	\$322	\$372	\$417
N		\$156	\$205	\$248	\$289	\$329

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$281	\$198	\$250	\$290	\$325	\$339
C	\$676	\$279	\$352	\$408	\$458	\$478
D	\$744	\$197	\$242	\$285	\$324	\$359
F		\$233	\$293	\$340	\$382	\$398
G		\$198	\$242	\$285	\$324	\$359
N		\$150	\$183	\$218	\$251	\$284

***Plans A and D for individuals with a disability under age 65 with a disability premiums are offered during Open Enrollment/Guaranteed Issue periods only.**

Male Tobacco*

	<65	65	70	75	80	85
A	\$281	\$236	\$297	\$345	\$387	\$404
C	\$676	\$333	\$419	\$486	\$546	\$569
D	\$756	\$222	\$293	\$354	\$409	\$458
F		\$277	\$349	\$405	\$455	\$474
G		\$222	\$294	\$355	\$410	\$459
N		\$172	\$226	\$273	\$318	\$362

Female Tobacco*

	<65	65	70	75	80	85
A	\$281	\$218	\$275	\$318	\$358	\$373
C	\$676	\$307	\$387	\$448	\$504	\$525
D	\$744	\$217	\$266	\$313	\$356	\$395
F		\$256	\$323	\$374	\$420	\$438
G		\$217	\$267	\$314	\$357	\$395
N		\$165	\$201	\$239	\$276	\$312

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Supreme Council of the Royal Arcanum
61 Batterymarch Street
Boston, MA 02110-3208
1-888-272-2686
royalarcanum.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$238	\$209	\$209	\$242	\$288	\$318
F		\$218	\$227	\$271	\$339	\$371
G		\$193	\$199	\$240	\$295	\$326
N		\$151	\$157	\$188	\$257	\$292

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$207	\$182	\$182	\$210	\$251	\$277
F		\$189	\$198	\$236	\$295	\$323
G		\$168	\$173	\$209	\$257	\$283
N		\$132	\$137	\$163	\$224	\$254

A 7% Household Discount is available to those that qualify.

Male Tobacco*

	<65	65	70	75	80	85
A	\$274	\$240	\$240	\$278	\$331	\$365
F		\$250	\$261	\$311	\$390	\$427
G		\$222	\$229	\$276	\$340	\$375
N		\$174	\$180	\$216	\$295	\$336

Female Tobacco*

	<65	65	70	75	80	85
A	\$238	\$209	\$209	\$242	\$288	\$318
F		\$218	\$227	\$271	\$339	\$371
G		\$193	\$199	\$240	\$295	\$326
N		\$151	\$157	\$188	\$257	\$292

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 7% Household Discount is available to those that qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Tier One Insurance Company

Administrative Office

1021 Reams Blvd.

Franklin, TN 37064

1-833-504-0336

www.Aflac.com

Individual Market-Attained Age

Marketing Method: Insurance Producer Solicited

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$299	\$238	\$261	\$307	\$353	\$396
F		\$234	\$253	\$312	\$386	\$497
G		\$203	\$215	\$261	\$340	\$472
N		\$140	\$154	\$192	\$251	\$340

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$260	\$208	\$228	\$268	\$308	\$346
F		\$204	\$221	\$272	\$337	\$434
G		\$177	\$187	\$227	\$297	\$412
N		\$123	\$134	\$168	\$219	\$296

A 10% household discount is available for those who qualify.

Male Tobacco*

	<65	65	70	75	80	85
A	\$344	\$274	\$300	\$353	\$405	\$455
F		\$269	\$291	\$359	\$444	\$572
G		\$234	\$247	\$299	\$391	\$542
N		\$161	\$177	\$221	\$288	\$390

Female Tobacco*

	<65	65	70	75	80	85
A	\$299	\$239	\$262	\$308	\$354	\$397
F		\$235	\$254	\$313	\$388	\$499
G		\$204	\$215	\$261	\$341	\$473
N		\$141	\$154	\$193	\$252	\$341

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 10% household discount is available for those who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Transamerica Life Insurance Company
6400 C Street, SW
Cedar Rapids, IA 52499
1-800-752-9797
www.transamerica.com

Individual Market-Issue Age
Marketing Method: Direct Response

Male Non-Tobacco

	<65	65	70	75	80	85
A	\$258	\$221	\$283	\$352	\$417	\$468
B		\$286	\$366	\$455	\$540	\$605
F		\$347	\$444	\$553	\$656	\$735
G		\$214	\$273	\$340	\$403	\$452
K		\$101	\$129	\$161	\$191	\$214
L		\$150	\$192	\$239	\$283	\$318
M		\$185	\$236	\$294	\$349	\$391
N		\$174	\$222	\$277	\$328	\$368

Female Non-Tobacco

	<65	65	70	75	80	85
A	\$232	\$202	\$253	\$309	\$364	\$410
B		\$261	\$328	\$399	\$471	\$530
F		\$317	\$398	\$485	\$572	\$644
G		\$195	\$245	\$298	\$351	\$396
K		\$ 92	\$116	\$141	\$166	\$188
L		\$137	\$172	\$210	\$247	\$278
M		\$169	\$212	\$258	\$304	\$343
N		\$159	\$199	\$243	\$286	\$322

Male Tobacco*

	<65	65	70	75	80	85
A	\$284	\$243	\$311	\$387	\$459	\$515
B		\$315	\$402	\$501	\$594	\$666
F		\$382	\$489	\$608	\$721	\$809
G		\$235	\$300	\$374	\$443	\$497
K		\$111	\$142	\$177	\$210	\$235
L		\$165	\$211	\$263	\$312	\$349
M		\$203	\$260	\$324	\$384	\$430
N		\$191	\$245	\$304	\$361	\$405

Female Tobacco*

	<65	65	70	75	80	85
A	\$256	\$222	\$279	\$339	\$400	\$451
B		\$287	\$361	\$439	\$518	\$583
F		\$349	\$438	\$533	\$629	\$709
G		\$214	\$269	\$328	\$387	\$436
K		\$101	\$128	\$155	\$183	\$206
L		\$151	\$189	\$230	\$272	\$306
M		\$185	\$233	\$284	\$335	\$377
N		\$174	\$219	\$267	\$315	\$355

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Unified Life Insurance Company
7201 W. 129th Street, Suite 300
Overland Park, KS 66213
1-833-657-1452
www.unifiedlife.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$344	\$296	\$333	\$383	\$427	\$470
F		\$371	\$415	\$484	\$557	\$640
High F		\$ 86	\$101	\$119	\$139	\$162
G		\$293	\$332	\$392	\$455	\$526
N		\$235	\$266	\$315	\$368	\$430

Female Preferred

	<65	65	70	75	80	85
A	\$299	\$257	\$290	\$333	\$371	\$408
F		\$323	\$361	\$421	\$484	\$557
High F		\$ 75	\$ 88	\$103	\$121	\$140
G		\$255	\$289	\$341	\$396	\$458
N		\$205	\$231	\$274	\$320	\$374

A 7% Household Discount is available if there are between 2 and 3 adults residing at the same residential address.

Male Standard*

	<65	65	70	75	80	85
A	\$396	\$340	\$383	\$441	\$491	\$540
F		\$427	\$478	\$557	\$641	\$736
High F		\$ 99	\$116	\$137	\$159	\$186
G		\$337	\$382	\$451	\$523	\$605
N		\$271	\$305	\$362	\$423	\$495

Female Standard*

	<65	65	70	75	80	85
A	\$344	\$296	\$333	\$383	\$427	\$470
F		\$371	\$415	\$484	\$557	\$640
High F		\$ 86	\$101	\$119	\$139	\$162
G		\$293	\$332	\$392	\$455	\$526
N		\$235	\$266	\$315	\$368	\$430

***Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

A 7% Household Discount is available if there are between 2 and 3 adults residing at the same residential address.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

United American Insurance Company
3700 S. Stonebridge Drive, P.O. Box 8080
McKinney, TX 75070
1-800-755-2137
www.unitedamerican.com

Individual Market-Issue Age/Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$184	\$124	\$163	\$183	\$185	\$185
B		\$228	\$305	\$351	\$359	\$359
C		\$266	\$357	\$421	\$459	\$459
D	\$769	\$227	\$311	\$371	\$406	\$406
F		\$295	\$395	\$465	\$507	\$507
High F		\$ 61	\$ 84	\$100	\$120	\$120
G		\$262	\$358	\$426	\$467	\$467
High G		\$ 61	\$ 84	\$100	\$120	\$120
K		\$ 95	\$129	\$154	\$168	\$168
L		\$136	\$186	\$222	\$244	\$244
N		\$205	\$282	\$339	\$376	\$376

Female Preferred

	<65	65	70	75	80	85
A	\$161	\$108	\$142	\$159	\$161	\$161
B		\$198	\$265	\$305	\$312	\$312
C		\$232	\$310	\$366	\$399	\$399
D	\$667	\$198	\$271	\$322	\$353	\$353
F		\$256	\$343	\$405	\$441	\$441
High F		\$ 53	\$ 73	\$ 88	\$104	\$104
G		\$228	\$311	\$370	\$406	\$406
High G		\$ 53	\$ 73	\$ 88	\$104	\$104
K		\$ 82	\$112	\$134	\$146	\$146
L		\$119	\$162	\$193	\$212	\$212
N		\$179	\$246	\$295	\$327	\$327

***Plan A for individuals under age 65 with a disability premiums are Issue Age. This Plan is offered during Open Enrollment/Guaranteed Issue periods only.**

Male Standard**

	<65	65	70	75	80	85
A	N/A	\$142	\$187	\$210	\$212	\$212
B		\$262	\$350	\$404	\$413	\$413
C		\$306	\$411	\$484	\$528	\$528
D	N/A	\$261	\$359	\$427	\$468	\$468
F		\$339	\$454	\$536	\$584	\$584
High F		\$ 70	\$ 96	\$115	\$138	\$138
G		\$301	\$412	\$490	\$537	\$537
High G		\$ 70	\$ 96	\$115	\$138	\$138
K		\$109	\$149	\$177	\$193	\$193
L		\$157	\$214	\$255	\$280	\$280
N		\$236	\$325	\$390	\$433	\$433

Female Standard**

	<65	65	70	75	80	85
A	N/A	\$124	\$163	\$183	\$185	\$185
B		\$228	\$305	\$351	\$359	\$359
C		\$266	\$357	\$421	\$459	\$459
D	N/A	\$227	\$311	\$371	\$406	\$406
F		\$295	\$395	\$465	\$507	\$507
High F		\$ 61	\$ 84	\$100	\$120	\$120
G		\$262	\$358	\$426	\$467	\$467
High G		\$ 61	\$ 84	\$100	\$120	\$120
K		\$ 95	\$129	\$154	\$168	\$168
L		\$136	\$186	\$222	\$244	\$244
N		\$205	\$282	\$339	\$376	\$376

****Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES AS OF JULY 1, 2025

UnitedHealthcare Insurance Company
(AARP Medicare Supplement Plans)
P.O. Box 9003
Huntingdon Valley, PA 19006-9998
1-800-523-5800
www.aarpmedicaresupplement.com

Group Market-Community Rated
Marketing Method: AARP Members Only
Insurance Producer Solicited/Direct Response

Male Non-Tobacco Age 65 and Older

	<i>Base Rate</i>	<i>Tier I Rate</i>
A	\$660	\$726
B	\$374	\$411
C	\$662	\$728
F	\$441	\$485
G	\$362	\$398
K	\$166	\$183
L	\$272	\$299
N	\$312	\$343

Female Non-Tobacco Age 65 and Older

	<i>Base Rate</i>	<i>Tier I Rate</i>
A	\$585	\$644
B	\$331	\$364
C	\$587	\$645
F	\$391	\$430
G	\$321	\$353
K	\$147	\$162
L	\$241	\$265
N	\$276	\$304

Early Enrollment: Individuals who enroll within six months after their 65th birthday or Medicare Part B Effective Date, if later, will be eligible for the Early Enrollment Discount Program. The discount will be 39% at age 65 through 68, 36% at age 69, 33% at age 70, etc., decreasing by 3% after each 12-month period, until the discount decreases to 0% at age 81 when they will pay the Base Rate thereafter.

Individuals who enroll more than six months and less than ten years after their 65th birthday or Medicare Part B Effective Date, if later, will pay the Base Rate reduced by the Early Enrollment Discount if their acceptance is guaranteed or if their responses to health status questions when they apply for coverage indicate they do not have a serious medical condition.

Individuals who enroll more than ten years after their 65th birthday or Medicare Part B Effective Date, if later, will pay the Tier I Rate if their acceptance is guaranteed or if their responses to health status questions when they apply for coverage indicate they do not have a serious medical condition.

10% Multi-Insured Discount when two or more insured on one account have at least one eligible plan of insurance issued under a group master policy between the Trustee of AARP and UnitedHealthCare Insurance Company.

Male Tobacco*
Age 65 and Older

	<i>Base Rate</i>	<i>Tier I Rate</i>
A	\$726	\$798
B	\$411	\$452
C	\$728	\$800
F	\$485	\$534
G	\$398	\$437
K	\$183	\$201
L	\$299	\$329
N	\$343	\$377

Female Tobacco*
Age 65 and Older

	<i>Base Rate</i>	<i>Tier I Rate</i>
A	\$644	\$708
B	\$364	\$401
C	\$645	\$710
F	\$430	\$473
G	\$353	\$388
K	\$162	\$178
L	\$265	\$292
N	\$304	\$334

Early Enrollment: Individuals who enroll within six months after their 65th birthday or Medicare Part B Effective Date, if later, will be eligible for the Early Enrollment Discount Program. The discount will be 39% at age 65 through 68, 36% at age 69, 33% at age 70, etc., decreasing by 3% after each 12-month period, until the discount decreases to 0% at age 81 when they will pay the Base Rate thereafter.

Individuals who enroll more than six months and less than ten years after their 65th birthday or Medicare Part B Effective Date, if later, will pay the Base Rate reduced by the Early Enrollment Discount if their acceptance is guaranteed or if their responses to health status questions when they apply for coverage indicate they do not have a serious medical condition.

Individuals who enroll more than ten years after their 65th birthday or Medicare Part B Effective Date, if later, will pay the Tier I Rate if their acceptance is guaranteed or if their responses to health status questions when they apply for coverage indicate they do not have a serious medical condition.

*Premiums listed above for Male Tobacco and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

10% Multi-Insured Discount when two or more insured on one account have at least one eligible plan of insurance issued under a group master policy between the Trustee of AARP and UnitedHealthCare Insurance Company.

**Male Non-Tobacco
Under Age 65**

<i>Base Rate</i>	
A	\$ 510
C	\$1,244

**Male Tobacco*
Under Age 65**

<i>Base Rate</i>	
A*	\$ 560
C*	\$1,368

**Female Non-Tobacco
Under Age 65**

<i>Base Rate</i>	
A	\$ 452
C	\$1,103

**Female Tobacco*
Under Age 65**

<i>Base Rate</i>	
A*	\$ 497
C*	\$1,213

*Premiums listed above for Plans A and C Male and Female Tobacco cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

10% Multi-Insured Discount when two or more insured on one account have at least one eligible plan of insurance issued under a group master policy between the Trustee of AARP and UnitedHealthCare Insurance Company.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

USAA Life Insurance Company
9800 Fredericksburg Road
San Antonio, TX 78288
1-800-531-2915
www.usaa.com

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Unisex Non-Smoker

	<65	65	70	75	80	85
A	\$350	\$350	\$409	\$488	\$566	\$625
F		\$233	\$273	\$326	\$379	\$418
G		\$215	\$238	\$287	\$356	\$461
N		\$185	\$216	\$258	\$300	\$331

Unisex Smoker*

	<65	65	70	75	80	85
A	\$385	\$383	\$448	\$536	\$621	\$685
F		\$256	\$299	\$357	\$414	\$457
G		\$266	\$295	\$357	\$441	\$572
N		\$203	\$236	\$283	\$328	\$362

*Premiums listed above for Unisex Smoker cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.

A 5% household discount is available for those who qualify.

**MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICIES
AS OF JULY 1, 2025**

Washington National Insurance Company
11825 N. Pennsylvania Street
Carmel, IN 46032
1-800-852-6285

Individual Market-Attained Age
Marketing Method: Insurance Producer Solicited

Male Preferred

	<65	65	70	75	80	85
A	\$264	\$246	\$318	\$408	\$510	\$622
F		\$278	\$337	\$409	\$487	\$573
G		\$217	\$281	\$359	\$450	\$548
High G		\$ 57	\$ 69	\$ 84	\$100	\$118
N		\$161	\$208	\$267	\$334	\$407

Female Preferred

	<65	65	70	75	80	85
A	\$264	\$222	\$287	\$367	\$459	\$559
F		\$251	\$303	\$368	\$439	\$516
G		\$196	\$253	\$324	\$405	\$493
High G		\$ 52	\$ 63	\$ 76	\$ 90	\$106
N		\$145	\$188	\$240	\$301	\$366

Male Standard*

	<65	65	70	75	80	85
A	\$264	\$274	\$354	\$453	\$567	\$690
F		\$309	\$374	\$454	\$541	\$637
G		\$241	\$312	\$399	\$499	\$609
High G		\$ 64	\$ 77	\$ 93	\$111	\$130
N		\$179	\$232	\$296	\$371	\$452

Female Standard*

	<65	65	70	75	80	85
A	\$264	\$246	\$318	\$408	\$510	\$622
F		\$278	\$337	\$409	\$487	\$573
G		\$217	\$281	\$359	\$450	\$548
High G		\$ 57	\$ 69	\$ 84	\$100	\$118
N		\$161	\$208	\$267	\$334	\$407

***Premiums listed above for Male Standard and Female Standard cannot be used if an application for a Medicare supplement policy or certificate is submitted during the 6-month open enrollment period, or if an application for an available Medicare supplement policy is submitted during the guaranteed issue period, or if the policy or certificate is submitted during the 30-day annual open enrollment period triggered by a policyholder's birthday.**

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listed below.**



Maryland

INSURANCE ADMINISTRATION

200 St. Paul Place, Suite 2700

Baltimore, MD 21202

410-468-2000

800-492-6116

800-735-2258 TTY

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