

Monthly Medicare Supplement rates for Standardized Plans

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

Company/Individual Plans	A (1)	B (1)	C (1)	D	F	F (2) High Deductible	G	K	L	M	N	Date Approved (3)	Effective On or After
Anthem Blue Cross & Blue Shield	\$573.26				\$259.45		\$190.05				\$146.19	10/10/2017	01/01/2018
Cigna Health & Life Insurance Company	\$210.21				\$262.77	\$77.33	\$222.37				\$182.07	08/04/2017	10/01/2017
Colonial Penn Life Insurance Company	\$983.47	\$811.38			\$617.11	\$60.68	\$482.08	\$129.57	\$348.05	\$481.13	\$318.05	09/28/2017	01/01/2018
Combined Insurance Company of America	\$291.40				\$304.99		\$267.70				\$229.63	07/03/2017	08/01/2017
Equitable Life & Casualty Insurance Company	\$234.83				\$383.25						\$231.67	12/09/2016	06/01/2017
First Health Life and Health Insurance Company	\$192.59	\$236.74			\$278.97		\$259.48				\$203.75	09/18/2017	01/01/2018
Globe Life & Accident Insurance Company	\$172.50				\$271.00	\$50.00	\$255.00				\$180.00	12/21/2016	01/01/2017
Humana Insurance Company (5)	\$305.59				\$318.28	\$79.63	\$260.59	\$121.04	\$202.50		\$249.80	01/27/2017	05/01/2017
Loyal American Life Insurance Company	\$258.31				\$287.01		\$239.48				\$186.79	04/04/2017	05/01/2017
Omaha Insurance Company	\$524.71				\$374.79	\$83.66	\$316.97				\$178.16	04/27/2017	07/01/2017
Transamerica Life Insurance Company	\$165.86	\$218.98	\$259.09	\$239.51	\$260.60		\$239.40	\$119.33	\$177.14	\$218.12	\$205.10	01/13/2017	05/01/2017
United American Insurance Company	\$192.00	\$299.00	\$347.00	\$342.00	\$295.00	\$53.00	\$335.00	\$135.00	\$189.00		\$196.00	11/03/2016	01/01/2017
USAA Life Insurance Company	\$331.67				\$250.58						\$164.90	01/27/2017	08/01/2017
Group Plans (4)													
United HealthCare Insurance Company/AARP	\$152.25	\$219.75	\$321.75		\$239.50		\$207.00	\$63.50	\$123.50		\$156.00	10/04/2017	01/01/2018

- (1) Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) B and/or C, then it must also offer the plan(s) to disabled Medicare beneficiaries.
- (2) High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible of **\$2,240 for 2018** (\$2,200 for 2017). Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B deductibles, but not the foreign travel emergency deductibles.
- (3) The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.
- (4) These are group plans that are available to group members enrolled in Medicare. Payment of a group membership fee is required.
- (5) Company also offers Plans A, F, HDF, K and N with dental and vision benefits for an additional monthly cost of **\$13.25**.

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