

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	\$263.08				\$436.92						\$259.50	01/18/2018	04/18/2018
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	\$181.50				\$284.50	\$50.00	\$268.00				\$189.00	02/14/2018	03/01/2018
Humana Insurance Company (5)	\$323.93				\$331.01	\$79.63	\$271.01	\$121.04	\$210.60		\$259.79	01/25/2018	05/01/2018
Loyal American Life Insurance Company	\$258.31				\$287.01		\$239.48				\$186.79	04/04/2017	05/01/2017
Omaha Insurance Company	\$556.19				\$397.28	\$88.68	\$335.99				\$195.98	04/09/2018	07/01/2018
Transamerica Life Insurance Company	\$182.44			\$263.47	\$286.65		\$263.34	\$131.26	\$194.84	\$239.93	\$225.62	04/09/2018	08/01/2018
United American Insurance Company	\$198.00	\$299.00	\$347.00	\$342.00	\$295.00	\$53.00	\$335.00	\$135.00	\$189.00		\$196.00	01/30/2018	03/01/2018
USAA Life Insurance Company	\$331.67			\$291.72	\$263.16		\$307.19				\$164.90	01/30/2018	06/01/2018
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.**