

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 (3) Approved
American Progressive Life & Health Ins. Company	\$385.62	\$499.17	\$606.96	\$546.10	\$576.38	\$95.42	\$501.26				\$209.27	01/27/2017
Anthem Blue Cross & Blue Shield	\$477.38				\$259.45						\$146.19	09/30/2016
Cigna Health & Life Insurance Company	\$210.21				\$262.77	\$77.33	\$222.37				\$182.07	08/04/2017
Colonial Penn Life Insurance Company	\$878.21	\$769.14			\$582.23	\$60.68	\$446.44	\$129.57	\$329.96	\$456.10	\$306.62	10/25/2016
Combined Insurance Company of America	\$291.40				\$304.99		\$267.70				\$229.63	07/03/2017
Equitable Life & Casualty Insurance Company	\$234.83				\$383.25						\$231.67	12/09/2016
Globe Life & Accident Insurance Company	\$172.50				\$271.00	\$50.00	\$255.00				\$180.00	12/21/2016
Humana Insurance Company (5)	\$305.59				\$318.28	\$79.63	\$260.59	\$121.04	\$202.50		\$249.80	01/27/2017
Loyal American Life Insurance Company	\$258.31				\$287.01		\$239.48				\$186.79	04/04/2017
Omaha Insurance Company	\$524.71				\$374.79	\$83.66	\$316.97				\$178.16	04/27/2017
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
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
USAA Life Insurance Company	\$331.67				\$250.58						\$164.90	01/27/2017
Group Plans (4)												
United HealthCare Insurance Company/AARP	\$147.00	\$200.00	\$311.50		\$239.50		\$207.00	\$63.50	\$119.75		\$156.00	11/14/2016

- (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 **\$2,200 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.