McLaren MEDICARE SUPPLEMENT

2020 Outline of Coverage McLaren Medicare Supplement Plans

A, C, D, F, High Deductible-F, G,
High Deductible-G & N
Effective April 1, 2020

McLarenHealthPlan.org/MedicareSupplement
Call us toll-free 888-327-0671, Monday- Friday from 8 a.m. – 6 p.m.
TTY users should call 711
G-3245 Beecher Road • Flint, Michigan • 48532

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McLaren Health Plan Community- Medicare Supplement

Welcome to McLaren Health Plan!

McLaren Health Plan (MHP) Community is a Health Maintenance Organization dedicated to meeting the health care needs of each of our members. As a locally-based health plan carrier, MHP is proud to say our roots are here in Michigan. Michigan is where we were born. It is our home. It is where we work and where we live. We want to serve you, our community, as only Michiganders can.

We are happy to offer Medicare Supplement plans. Now that you're eligible for Medicare, you have new options for health care coverage. McLaren Medicare Supplement offers coverage that's simple and convenient with added benefits such as SaverPlus, a discount program for members. We want to help shield you from the high cost of health care so you can enjoy the things you love.

What is Medicare Supplement Coverage?

A Medicare supplement plan works with Original Medicare coverage, and depending on the plan, covers all or a part of your Medicare deductibles and coinsurances.

A supplement plan, also referred to as Medigap coverage, is health care coverage that is in addition to Original Medicare. A supplement plan helps to fill in the "gaps" in coverage in Original Medicare.

A supplement plan works in conjunction with Original Medicare Part A (hospital) and Part B (medical) to help cover certain costs Original Medicare does not. It can offer significant benefits, and it can lower your out-of-pocket costs. As your primary health coverage, Original Medicare provides hospital and medical coverage, but it does not cover all health care costs. Before Medicare pays any benefits, there are deductibles that you must pay. For some services, you also have to pay coinsurance. Medicare also limits coverage for certain services. Depending on the plan you select, a supplement plan can cover all or a portion of your Medicare deductibles and coinsurances.

There are 11 standard plans that health plans can offer, one of which is a high deductible plan. The 11 standard plans are A, B, C, D, F, F-HD, G, K, L, M and N. MHP offers Medicare supplement options for Plans A, C, D, F, F-HD, G, G-HD or N. **Note:** Plans C, F, and HD-F are only available to those eligible for Medicare prior to January 1, 2020 and may be subject to underwriting.

All plans include these basic essentials:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Original Medicare benefits end
- **Medical expenses:**
  - Part B coinsurance (generally 20% of Medicare-approved expenses) or copays
  - Plans K, L and N require insured to pay a portion of Part B coinsurance or copayments
- **Blood:** First three pints of blood each year
- **Hospice:** Part A for inpatient respite care and copays for prescription drugs

Premium information

For McLaren Medicare Supplement plans, certain factors may affect your monthly premium cost. We base your premium on the area you live in, your age and gender. A family discount may be available if another person in your household currently has a McLaren Medicare Supplement plan. You may also qualify for help with your monthly premium (monthly cost) through the Michigan Medigap Subsidy program. If you qualify, you will pay less for your Medigap coverage. The program pays part of your premium and you pay the rest. To see if you qualify, call 1-866-824-9772 (TTY: 1-866-824-7002), Monday to Friday, 8:00 a.m. to 6:00 p.m. Or go to MichiganMedigapSubsidy.com.

Please note: If you are submitting your application during a Special Enrollment Period, your rate will not be affected by your tobacco use, weight, height, receipt of health care or medical condition. We may change your premium if you move out of state. Other than premium adjustments due to age or relocation, we can only raise your premium if we raise the premium for all policies like yours. Your coverage will be automatically renewed each year as long as you pay your premiums. Disenrollment will occur if you do not pay your premiums.

McLaren Health Plan Supplement Plans Benefit Overview

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan A, C or F. Some plans may not be available in your state.

How to read this chart

A "yes" in a column indicates the supplement policy covers 100 percent of the described benefit. If a row lists a percentage, the indicated plan covers that percentage of the described benefit. If row indicates a "No", the policy doesn't cover that benefit. Note: The supplement policy covers coinsurance only after you have paid the deductible, unless the supplement policy also covers the deductible. The shaded columns are the Medicare Supplement plans that McLaren Health Plan offers (A, C, F, HD-F, G, N).

Medigap Benefits	A	B	C	D	F	HD-F*	G	HD-G*	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes***
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled Nursing Facility Care coinsurance	No	No	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A Deductible	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Part B Deductible	No	No	Yes	No	Yes	Yes	No	No	No	No	No	No
Medicare Part B Excess Charges	No	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No
Foreign Travel Emergency (up to plan limits)	No	No	80%	80%	80%	80%	80%	80%	No	No	80%	80%
Out of Pocket Annual Limit**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	$5,880	$2,940	N/A	N/A

* Plans F and G also offer a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,340 in 2020 before your Supplement plan pays anything.

**After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the supplement plan pays 100% of covered services for the rest of the calendar year.

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

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Guaranteed Issue

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	$260.94	$260.94	$260.94	$260.94	$287.03	$287.03	$287.03	$287.03
65	$111.46	$111.46	$111.04	$111.04	$122.61	$122.61	$122.14	$122.14
66	116.74	116.74	114.74	114.74	128.41	128.41	126.22	126.22
67	122.01	122.01	118.59	118.59	134.21	134.21	130.45	130.45
68	127.14	127.14	122.44	122.44	139.86	139.86	134.68	134.68
69	132.42	132.42	126.15	126.15	145.66	145.66	138.76	138.76
70	137.69	137.69	129.99	129.99	151.46	151.46	142.99	142.99
71	142.82	142.82	133.70	133.70	157.10	157.10	147.07	147.07
72	148.10	148.10	137.55	137.55	162.91	162.91	151.30	151.30
73	152.23	152.23	140.54	140.54	167.45	167.45	154.60	154.60
74	156.22	156.22	143.39	143.39	171.84	171.84	157.73	157.73
75	160.35	160.35	146.39	146.39	176.39	176.39	161.02	161.02
76	164.49	164.49	149.24	149.24	180.94	180.94	164.16	164.16
77	168.48	168.48	152.23	152.23	185.33	185.33	167.45	167.45
78	170.47	170.47	153.37	153.37	187.52	187.52	168.71	168.71
79	172.47	172.47	154.51	154.51	189.72	189.72	169.96	169.96
80	174.47	174.47	155.65	155.65	191.91	191.91	171.22	171.22
81	176.60	176.60	156.79	156.79	194.26	194.26	172.47	172.47
82	178.60	178.60	157.93	157.93	196.46	196.46	173.72	173.72
83	178.46	178.46	156.51	156.51	196.30	196.30	172.16	172.16
84	178.31	178.31	155.22	155.22	196.15	196.15	170.74	170.74
85+	178.31	178.31	153.94	153.94	196.15	196.15	169.33	169.33

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Tier 1

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$111.46	$122.61	$111.04	$122.14	$122.61	$134.87	$122.14	$134.35
66	116.74	128.41	114.74	126.22	128.41	141.25	126.22	138.84
67	122.01	134.21	118.59	130.45	134.21	147.63	130.45	143.49
68	127.14	139.86	122.44	134.68	139.86	153.84	134.68	148.15
69	132.42	145.66	126.15	138.76	145.66	160.22	138.76	152.64
70	137.69	151.46	129.99	142.99	151.46	166.61	142.99	157.29
71	142.82	157.10	133.70	147.07	157.10	172.81	147.07	161.78
72	148.10	162.91	137.55	151.30	162.91	179.20	151.30	166.43
73	152.23	167.45	140.54	154.60	167.45	184.20	154.60	170.06
74	156.22	171.84	143.39	157.73	171.84	189.03	157.73	173.50
75	160.35	176.39	146.39	161.02	176.39	194.03	161.02	177.13
76	164.49	180.94	149.24	164.16	180.94	199.03	164.16	180.58
77	168.48	185.33	152.23	167.45	185.33	203.86	167.45	184.20
78	170.47	187.52	153.37	168.71	187.52	206.27	168.71	185.58
79	172.47	189.72	154.51	169.96	189.72	208.69	169.96	186.96
80	174.47	191.91	155.65	171.22	191.91	211.10	171.22	188.34
81	176.60	194.26	156.79	172.47	194.26	213.69	172.47	189.72
82	178.60	196.46	157.93	173.72	196.46	216.10	173.72	191.10
83	178.46	196.30	156.51	172.16	196.30	215.93	172.16	189.37
84	178.31	196.15	155.22	170.74	196.15	215.76	170.74	187.82
85+	178.31	196.15	153.94	169.33	196.15	215.76	169.33	186.27

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Tier 2

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$122.61	$134.87	$122.14	$134.35	$134.87	$148.36	$134.35	$147.79
66	128.41	141.25	126.22	138.84	141.25	155.38	138.84	152.72
67	134.21	147.63	130.45	143.49	147.63	162.40	143.49	157.84
68	139.86	153.84	134.68	148.15	153.84	169.23	148.15	162.97
69	145.66	160.22	138.76	152.64	160.22	176.25	152.64	167.90
70	151.46	166.61	142.99	157.29	166.61	183.27	157.29	173.02
71	157.10	172.81	147.07	161.78	172.81	190.10	161.78	177.95
72	162.91	179.20	151.30	166.43	179.20	197.12	166.43	183.08
73	167.45	184.20	154.60	170.06	184.20	202.62	170.06	187.06
74	171.84	189.03	157.73	173.50	189.03	207.93	173.50	190.85
75	176.39	194.03	161.02	177.13	194.03	213.43	177.13	194.84
76	180.94	199.03	164.16	180.58	199.03	218.93	180.58	198.63
77	185.33	203.86	167.45	184.20	203.86	224.25	184.20	202.62
78	187.52	206.27	168.71	185.58	206.27	226.90	185.58	204.14
79	189.72	208.69	169.96	186.96	208.69	229.56	186.96	205.65
80	191.91	211.10	171.22	188.34	211.10	232.21	188.34	207.17
81	194.26	213.69	172.47	189.72	213.69	235.06	189.72	208.69
82	196.46	216.10	173.72	191.10	216.10	237.71	191.10	210.21
83	196.30	215.93	172.16	189.37	215.93	237.53	189.37	208.31
84	196.15	215.76	170.74	187.82	215.76	237.34	187.82	206.60
85+	196.15	215.76	169.33	186.27	215.76	237.34	186.27	204.89

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Tier 3

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$150.48	$165.52	$149.90	$164.89	$165.52	$182.08	$164.89	$181.38
66	157.60	173.36	154.90	170.39	173.36	190.69	170.39	187.43
67	164.72	181.19	160.10	176.11	181.19	199.31	176.11	193.72
68	171.64	188.81	165.29	181.82	188.81	207.69	181.82	200.00
69	178.76	196.64	170.30	187.33	196.64	216.30	187.33	206.06
70	185.88	204.47	175.49	193.04	204.47	224.92	193.04	212.34
71	192.81	212.09	180.49	198.54	212.09	233.30	198.54	218.40
72	199.93	219.92	185.69	204.26	219.92	241.91	204.26	224.68
73	205.51	226.06	189.73	208.70	226.06	248.67	208.70	229.57
74	210.90	231.99	193.58	212.94	231.99	255.19	212.94	234.23
75	216.48	238.13	197.62	217.38	238.13	261.94	217.38	239.12
76	222.06	244.26	201.47	221.62	244.26	268.69	221.62	243.78
77	227.45	250.19	205.51	226.06	250.19	275.21	226.06	248.67
78	230.14	253.15	207.05	227.75	253.15	278.47	227.75	250.53
79	232.83	256.12	208.59	229.45	256.12	281.73	229.45	252.39
80	235.53	259.08	210.13	231.14	259.08	284.99	231.14	254.25
81	238.41	262.26	211.67	232.83	262.26	288.48	232.83	256.12
82	241.11	265.22	213.21	234.53	265.22	291.74	234.53	257.98
83	240.92	265.01	211.28	232.41	265.01	291.51	232.41	255.65
84	240.72	264.80	209.55	230.51	264.80	291.28	230.51	253.56
85+	240.72	264.80	207.82	228.60	264.80	291.28	228.60	251.46

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Guaranteed Issue *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	$341.77	$341.77	$341.77	$341.77	$375.94	$375.94	$375.94	$375.94
65	$148.44	$148.44	$145.43	$145.43	$163.29	$163.29	$159.98	$159.98
66	155.46	155.46	150.85	150.85	171.01	171.01	165.93	165.93
67	162.28	162.28	156.26	156.26	178.51	178.51	171.89	171.89
68	169.10	169.10	161.48	161.48	186.01	186.01	177.63	177.63
69	176.12	176.12	166.90	166.90	193.74	193.74	183.59	183.59
70	182.94	182.94	172.11	172.11	201.24	201.24	189.32	189.32
71	189.76	189.76	177.53	177.53	208.74	208.74	195.28	195.28
72	196.78	196.78	182.94	182.94	216.46	216.46	201.24	201.24
73	203.60	203.60	188.56	188.56	223.97	223.97	207.42	207.42
74	210.43	210.43	194.38	194.38	231.47	231.47	213.82	213.82
75	217.25	217.25	200.19	200.19	238.97	238.97	220.21	220.21
76	224.07	224.07	205.81	205.81	246.47	246.47	226.39	226.39
77	230.89	230.89	211.63	211.63	253.97	253.97	232.79	232.79
78	236.90	236.90	216.64	216.64	260.59	260.59	238.31	238.31
79	242.92	242.92	221.66	221.66	267.21	267.21	243.82	243.82
80	248.94	248.94	226.67	226.67	273.83	273.83	249.34	249.34
81	254.96	254.96	231.69	231.69	280.45	280.45	254.86	254.86
82	260.98	260.98	236.70	236.70	287.07	287.07	260.37	260.37
83	273.81	273.81	247.74	247.74	301.19	301.19	272.51	272.51
84	286.65	286.65	258.77	258.77	315.32	315.32	284.65	284.65
85+	299.29	299.29	269.80	269.80	329.22	329.22	296.78	296.78

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Tier 1 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$148.44	$163.29	$145.43	$159.98	$163.29	$179.61	$159.98	$175.97
66	155.46	171.01	150.85	165.93	171.01	188.11	165.93	182.53
67	162.28	178.51	156.26	171.89	178.51	196.36	171.89	189.08
68	169.10	186.01	161.48	177.63	186.01	204.61	177.63	195.39
69	176.12	193.74	166.90	183.59	193.74	213.11	183.59	201.94
70	182.94	201.24	172.11	189.32	201.24	221.36	189.32	208.25
71	189.76	208.74	177.53	195.28	208.74	229.61	195.28	214.81
72	196.78	216.46	182.94	201.24	216.46	238.11	201.24	221.36
73	203.60	223.97	188.56	207.42	223.97	246.36	207.42	228.16
74	210.43	231.47	194.38	213.82	231.47	254.61	213.82	235.20
75	217.25	238.97	200.19	220.21	238.97	262.87	220.21	242.24
76	224.07	246.47	205.81	226.39	246.47	271.12	226.39	249.03
77	230.89	253.97	211.63	232.79	253.97	279.37	232.79	256.07
78	236.90	260.59	216.64	238.31	260.59	286.65	238.31	262.14
79	242.92	267.21	221.66	243.82	267.21	293.94	243.82	268.21
80	248.94	273.83	226.67	249.34	273.83	301.22	249.34	274.27
81	254.96	280.45	231.69	254.86	280.45	308.50	254.86	280.34
82	260.98	287.07	236.70	260.37	287.07	315.78	260.37	286.41
83	273.81	301.19	247.74	272.51	301.19	331.31	272.51	299.76
84	286.65	315.32	258.77	284.65	315.32	346.85	284.65	313.11
85+	299.29	329.22	269.80	296.78	329.22	362.14	296.78	326.46

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Tier 2 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$163.29	$179.61	$159.98	$175.97	$179.61	$197.58	$175.97	$193.57
66	171.01	188.11	165.93	182.53	188.11	206.92	182.53	200.78
67	178.51	196.36	171.89	189.08	196.36	216.00	189.08	207.99
68	186.01	204.61	177.63	195.39	204.61	225.08	195.39	214.93
69	193.74	213.11	183.59	201.94	213.11	234.42	201.94	222.14
70	201.24	221.36	189.32	208.25	221.36	243.50	208.25	229.08
71	208.74	229.61	195.28	214.81	229.61	252.58	214.81	236.29
72	216.46	238.11	201.24	221.36	238.11	261.92	221.36	243.50
73	223.97	246.36	207.42	228.16	246.36	271.00	228.16	250.97
74	231.47	254.61	213.82	235.20	254.61	280.08	235.20	258.72
75	238.97	262.87	220.21	242.24	262.87	289.15	242.24	266.46
76	246.47	271.12	226.39	249.03	271.12	298.23	249.03	273.94
77	253.97	279.37	232.79	256.07	279.37	307.31	256.07	281.68
78	260.59	286.65	238.31	262.14	286.65	315.32	262.14	288.35
79	267.21	293.94	243.82	268.21	293.94	323.33	268.21	295.03
80	273.83	301.22	249.34	274.27	301.22	331.34	274.27	301.70
81	280.45	308.50	254.86	280.34	308.50	339.35	280.34	308.38
82	287.07	315.78	260.37	286.41	315.78	347.36	286.41	315.05
83	301.19	331.31	272.51	299.76	331.31	364.45	299.76	329.74
84	315.32	346.85	284.65	313.11	346.85	381.53	313.11	344.42
85+	329.22	362.14	296.78	326.46	362.14	398.35	326.46	359.11

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Tier 3 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$200.40	$220.43	$196.33	$215.97	$220.43	$242.48	$215.97	$237.56
66	209.87	230.86	203.65	224.01	230.86	253.95	224.01	246.41
67	219.08	240.99	210.96	232.05	240.99	265.09	232.05	255.26
68	228.29	251.12	218.00	239.80	251.12	276.23	239.80	263.78
69	237.77	261.54	225.31	247.84	261.54	287.70	247.84	272.62
70	246.97	271.67	232.35	255.59	271.67	298.84	255.59	281.14
71	256.18	281.80	239.66	263.63	281.80	309.98	263.63	289.99
72	265.66	292.23	246.97	271.67	292.23	321.45	271.67	298.84
73	274.87	302.35	254.56	280.01	302.35	332.59	280.01	308.01
74	284.07	312.48	262.41	288.65	312.48	343.73	288.65	317.52
75	293.28	322.61	270.26	297.29	322.61	354.87	297.29	327.02
76	302.49	332.74	277.85	305.63	332.74	366.01	305.63	336.19
77	311.70	342.87	285.70	314.27	342.87	377.15	314.27	345.70
78	319.82	351.80	292.47	321.72	351.80	386.98	321.72	353.89
79	327.94	360.74	299.24	329.16	360.74	396.81	329.16	362.08
80	336.07	369.68	306.01	336.61	369.68	406.64	336.61	370.27
81	344.19	378.61	312.78	344.06	378.61	416.47	344.06	378.46
82	352.32	387.55	319.55	351.50	387.55	426.30	351.50	386.65
83	369.65	406.61	334.44	367.89	406.61	447.27	367.89	404.68
84	386.98	425.68	349.34	384.27	425.68	468.25	384.27	422.70
85+	404.04	444.44	364.23	400.66	444.44	488.89	400.66	440.72

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Guaranteed Issue

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	$281.84	$281.84	$281.84	$281.84	$310.02	$310.02	$310.02	$310.02
65	$121.83	$121.83	$119.93	$119.93	$134.01	$134.01	$131.93	$131.93
66	128.38	128.38	124.93	124.93	141.21	141.21	137.42	137.42
67	134.92	134.92	130.10	130.10	148.42	148.42	143.11	143.11
68	141.47	141.47	135.10	135.10	155.62	155.62	148.61	148.61
69	148.02	148.02	140.27	140.27	162.82	162.82	154.29	154.29
70	154.57	154.57	145.26	145.26	170.02	170.02	159.79	159.79
71	161.12	161.12	150.43	150.43	177.23	177.23	165.48	165.48
72	167.66	167.66	155.43	155.43	184.43	184.43	170.97	170.97
73	174.04	174.04	160.94	160.94	191.44	191.44	177.04	177.04
74	180.59	180.59	166.46	166.46	198.65	198.65	183.10	183.10
75	186.96	186.96	171.80	171.80	205.66	205.66	188.98	188.98
76	193.51	193.51	177.31	177.31	212.86	212.86	195.04	195.04
77	200.06	200.06	182.83	182.83	220.06	220.06	201.11	201.11
78	205.75	205.75	187.48	187.48	226.32	226.32	206.23	206.23
79	211.43	211.43	192.30	192.30	232.58	232.58	211.54	211.54
80	217.12	217.12	196.96	196.96	238.83	238.83	216.65	216.65
81	222.98	222.98	201.78	201.78	245.27	245.27	221.96	221.96
82	228.66	228.66	206.61	206.61	251.53	251.53	227.27	227.27
83	240.90	240.90	217.12	217.12	264.99	264.99	238.83	238.83
84	252.96	252.96	227.63	227.63	278.26	278.26	250.39	250.39
85+	265.19	265.19	238.14	238.14	291.71	291.71	261.95	261.95

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Tier 1

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$121.83	$134.01	$119.93	$131.93	$134.01	$147.41	$131.93	$145.12
66	128.38	141.21	124.93	137.42	141.21	155.33	137.42	151.16
67	134.92	148.42	130.10	143.11	148.42	163.26	143.11	157.42
68	141.47	155.62	135.10	148.61	155.62	171.18	148.61	163.47
69	148.02	162.82	140.27	154.29	162.82	179.10	154.29	169.72
70	154.57	170.02	145.26	159.79	170.02	187.03	159.79	175.77
71	161.12	177.23	150.43	165.48	177.23	194.95	165.48	182.02
72	167.66	184.43	155.43	170.97	184.43	202.87	170.97	188.07
73	174.04	191.44	160.94	177.04	191.44	210.59	177.04	194.74
74	180.59	198.65	166.46	183.10	198.65	218.51	183.10	201.41
75	186.96	205.66	171.80	188.98	205.66	226.23	188.98	207.88
76	193.51	212.86	177.31	195.04	212.86	234.15	195.04	214.55
77	200.06	220.06	182.83	201.11	220.06	242.07	201.11	221.22
78	205.75	226.32	187.48	206.23	226.32	248.95	206.23	226.85
79	211.43	232.58	192.30	211.54	232.58	255.83	211.54	232.69
80	217.12	238.83	196.96	216.65	238.83	262.71	216.65	238.32
81	222.98	245.27	201.78	221.96	245.27	269.80	221.96	244.16
82	228.66	251.53	206.61	227.27	251.53	276.68	227.27	249.99
83	240.90	264.99	217.12	238.83	264.99	291.49	238.83	262.71
84	252.96	278.26	227.63	250.39	278.26	306.08	250.39	275.43
85+	265.19	291.71	238.14	261.95	291.71	320.89	261.95	288.15

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Tier 2

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$134.01	$147.41	$131.93	$145.12	$147.41	$162.15	$145.12	$159.63
66	141.21	155.33	137.42	151.16	155.33	170.87	151.16	166.28
67	148.42	163.26	143.11	157.42	163.26	179.58	157.42	173.16
68	155.62	171.18	148.61	163.47	171.18	188.30	163.47	179.81
69	162.82	179.10	154.29	169.72	179.10	197.01	169.72	186.69
70	170.02	187.03	159.79	175.77	187.03	205.73	175.77	193.34
71	177.23	194.95	165.48	182.02	194.95	214.44	182.02	200.22
72	184.43	202.87	170.97	188.07	202.87	223.16	188.07	206.88
73	191.44	210.59	177.04	194.74	210.59	231.65	194.74	214.22
74	198.65	218.51	183.10	201.41	218.51	240.36	201.41	221.55
75	205.66	226.23	188.98	207.88	226.23	248.85	207.88	228.66
76	212.86	234.15	195.04	214.55	234.15	257.56	214.55	236.00
77	220.06	242.07	201.11	221.22	242.07	266.28	221.22	243.34
78	226.32	248.95	206.23	226.85	248.95	273.85	226.85	249.54
79	232.58	255.83	211.54	232.69	255.83	281.42	232.69	255.96
80	238.83	262.71	216.65	238.32	262.71	288.98	238.32	262.15
81	245.27	269.80	221.96	244.16	269.80	296.78	244.16	268.57
82	251.53	276.68	227.27	249.99	276.68	304.35	249.99	274.99
83	264.99	291.49	238.83	262.71	291.49	320.64	262.71	288.98
84	278.26	306.08	250.39	275.43	306.08	336.69	275.43	302.97
85+	291.71	320.89	261.95	288.15	320.89	352.97	288.15	316.97

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Tier 3

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$164.47	$180.91	$161.91	$178.10	$180.91	$199.01	$178.10	$195.91
66	173.31	190.64	168.65	185.52	190.64	209.70	185.52	204.07
67	182.15	200.36	175.63	193.20	200.36	220.40	193.20	212.52
68	190.99	210.09	182.38	200.62	210.09	231.09	200.62	220.68
69	199.83	219.81	189.36	208.29	219.81	241.79	208.29	229.12
70	208.67	229.53	196.10	215.71	229.53	252.49	215.71	237.29
71	217.51	239.26	203.08	223.39	239.26	263.18	223.39	245.73
72	226.35	248.98	209.83	230.81	248.98	273.88	230.81	253.89
73	234.95	258.45	217.27	239.00	258.45	284.29	239.00	262.90
74	243.79	268.17	224.72	247.19	268.17	294.99	247.19	271.91
75	252.40	277.64	231.93	255.12	277.64	305.40	255.12	280.63
76	261.24	287.36	239.37	263.31	287.36	316.10	263.31	289.64
77	270.08	297.09	246.82	271.50	297.09	326.80	271.50	298.65
78	277.76	305.53	253.10	278.41	305.53	336.09	278.41	306.25
79	285.43	313.98	259.61	285.57	313.98	345.37	285.57	314.13
80	293.11	322.42	265.89	292.48	322.42	354.66	292.48	321.73
81	301.02	331.12	272.41	299.65	331.12	364.23	299.65	329.61
82	308.70	339.57	278.92	306.81	339.57	373.52	306.81	337.49
83	325.21	357.73	293.11	322.42	357.73	393.51	322.42	354.66
84	341.50	375.65	307.30	338.03	375.65	413.21	338.03	371.83
85+	358.01	393.81	321.49	353.64	393.81	433.20	353.64	389.00

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Guaranteed Issue *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$149.01	$149.01	$145.99	$145.99	$163.91	$163.91	$160.59	$160.59
66	156.05	156.05	151.42	151.42	171.66	171.66	166.57	166.57
67	162.90	162.90	156.86	156.86	179.19	179.19	172.55	172.55
68	169.75	169.75	162.10	162.10	186.72	186.72	178.31	178.31
69	176.80	176.80	167.53	167.53	194.47	194.47	184.29	184.29
70	183.64	183.64	172.97	172.97	202.01	202.01	190.27	190.27
71	190.69	190.69	178.20	178.20	209.76	209.76	196.03	196.03
72	197.54	197.54	183.64	183.64	217.29	217.29	202.01	202.01
73	204.38	204.38	189.48	189.48	224.82	224.82	208.43	208.43
74	211.23	211.23	195.12	195.12	232.35	232.35	214.63	214.63
75	218.07	218.07	200.96	200.96	239.88	239.88	221.05	221.05
76	224.92	224.92	206.60	206.60	247.41	247.41	227.26	227.26
77	231.77	231.77	212.44	212.44	254.94	254.94	233.68	233.68
78	237.81	237.81	217.47	217.47	261.59	261.59	239.22	239.22
79	243.85	243.85	222.50	222.50	268.23	268.23	244.75	244.75
80	249.89	249.89	227.54	227.54	274.88	274.88	250.29	250.29
81	255.93	255.93	232.57	232.57	281.52	281.52	255.83	255.83
82	261.97	261.97	237.40	237.40	288.17	288.17	261.15	261.15
83	274.66	274.66	248.48	248.48	302.12	302.12	273.33	273.33
84	287.54	287.54	259.55	259.55	316.30	316.30	285.51	285.51
85+	300.43	300.43	270.63	270.63	330.47	330.47	297.69	297.69

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Tier 1 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$149.01	$163.91	$145.99	$160.59	$163.91	$180.30	$160.59	$176.64
66	156.05	171.66	151.42	166.57	171.66	188.83	166.57	183.22
67	162.90	179.19	156.86	172.55	179.19	197.11	172.55	189.80
68	169.75	186.72	162.10	178.31	186.72	205.39	178.31	196.14
69	176.80	194.47	167.53	184.29	194.47	213.92	184.29	202.71
70	183.64	202.01	172.97	190.27	202.01	222.21	190.27	209.29
71	190.69	209.76	178.20	196.03	209.76	230.73	196.03	215.63
72	197.54	217.29	183.64	202.01	217.29	239.02	202.01	222.21
73	204.38	224.82	189.48	208.43	224.82	247.30	208.43	229.27
74	211.23	232.35	195.12	214.63	232.35	255.59	214.63	236.09
75	218.07	239.88	200.96	221.05	239.88	263.87	221.05	243.16
76	224.92	247.41	206.60	227.26	247.41	272.15	227.26	249.98
77	231.77	254.94	212.44	233.68	254.94	280.44	233.68	257.05
78	237.81	261.59	217.47	239.22	261.59	287.75	239.22	263.14
79	243.85	268.23	222.50	244.75	268.23	295.06	244.75	269.23
80	249.89	274.88	227.54	250.29	274.88	302.37	250.29	275.32
81	255.93	281.52	232.57	255.83	281.52	309.68	255.83	281.41
82	261.97	288.17	237.40	261.15	288.17	316.98	261.15	287.26
83	274.66	302.12	248.48	273.33	302.12	332.33	273.33	300.66
84	287.54	316.30	259.55	285.51	316.30	347.93	285.51	314.06
85+	300.43	330.47	270.63	297.69	330.47	363.52	297.69	327.46

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Tier 2 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$163.91	$180.30	$160.59	$176.64	$180.30	$198.33	$176.64	$194.31
66	171.66	188.83	166.57	183.22	188.83	207.71	183.22	201.54
67	179.19	197.11	172.55	189.80	197.11	216.82	189.80	208.78
68	186.72	205.39	178.31	196.14	205.39	225.93	196.14	215.75
69	194.47	213.92	184.29	202.71	213.92	235.31	202.71	222.99
70	202.01	222.21	190.27	209.29	222.21	244.43	209.29	230.22
71	209.76	230.73	196.03	215.63	230.73	253.81	215.63	237.19
72	217.29	239.02	202.01	222.21	239.02	262.92	222.21	244.43
73	224.82	247.30	208.43	229.27	247.30	272.03	229.27	252.20
74	232.35	255.59	214.63	236.09	255.59	281.14	236.09	259.70
75	239.88	263.87	221.05	243.16	263.87	290.26	243.16	267.48
76	247.41	272.15	227.26	249.98	272.15	299.37	249.98	274.98
77	254.94	280.44	233.68	257.05	280.44	308.48	257.05	282.75
78	261.59	287.75	239.22	263.14	287.75	316.52	263.14	289.45
79	268.23	295.06	244.75	269.23	295.06	324.56	269.23	296.15
80	274.88	302.37	250.29	275.32	302.37	332.60	275.32	302.85
81	281.52	309.68	255.83	281.41	309.68	340.64	281.41	309.55
82	288.17	316.98	261.15	287.26	316.98	348.68	287.26	315.99
83	302.12	332.33	273.33	300.66	332.33	365.57	300.66	330.73
84	316.30	347.93	285.51	314.06	347.93	382.72	314.06	345.47
85+	330.47	363.52	297.69	327.46	363.52	399.87	327.46	360.21

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Tier 3 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$201.16	$221.28	$197.08	$216.79	$221.28	$243.40	$216.79	$238.47
66	210.67	231.74	204.42	224.86	231.74	254.92	224.86	247.35
67	219.92	241.91	211.76	232.94	241.91	266.10	232.94	256.23
68	229.16	252.07	218.83	240.71	252.07	277.28	240.71	264.78
69	238.67	262.54	226.17	248.79	262.54	288.79	248.79	273.66
70	247.92	272.71	233.51	256.86	272.71	299.98	256.86	282.55
71	257.43	283.17	240.58	264.63	283.17	311.49	264.63	291.10
72	266.67	293.34	247.92	272.71	293.34	322.67	272.71	299.98
73	275.92	303.51	255.80	281.38	303.51	333.86	281.38	309.52
74	285.16	313.67	263.41	289.75	313.67	345.04	289.75	318.73
75	294.40	323.84	271.29	298.42	323.84	356.22	298.42	328.27
76	303.64	334.01	278.91	306.80	334.01	367.41	306.80	337.48
77	312.89	344.17	286.79	315.47	344.17	378.59	315.47	347.01
78	321.04	353.14	293.58	322.94	353.14	388.46	322.94	355.24
79	329.20	362.11	300.38	330.42	362.11	398.33	330.42	363.46
80	337.35	371.09	307.18	337.89	371.09	408.19	337.89	371.68
81	345.51	380.06	313.97	345.37	380.06	418.06	345.37	379.91
82	353.66	389.03	320.50	352.55	389.03	427.93	352.55	387.80
83	370.79	407.87	335.45	368.99	407.87	448.65	368.99	405.89
84	388.18	427.00	350.40	385.44	427.00	469.70	385.44	423.98
85+	405.58	446.14	365.35	401.88	446.14	490.75	401.88	442.07

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Guaranteed Issue *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$63.55	$63.55	$63.30	$63.30	$69.90	$69.90	$69.63	$69.63
66	66.55	66.55	65.42	65.42	73.21	73.21	71.96	71.96
67	69.56	69.56	67.61	67.61	76.52	76.52	74.37	74.37
68	72.49	72.49	69.80	69.80	79.73	79.73	76.78	76.78
69	75.49	75.49	71.92	71.92	83.04	83.04	79.11	79.11
70	78.50	78.50	74.11	74.11	86.35	86.35	81.52	81.52
71	81.42	81.42	76.22	76.22	89.57	89.57	83.85	83.85
72	84.43	84.43	78.42	78.42	92.87	92.87	86.26	86.26
73	86.79	86.79	80.12	80.12	95.47	95.47	88.14	88.14
74	89.06	89.06	81.75	81.75	97.97	97.97	89.92	89.92
75	91.42	91.42	83.46	83.46	100.56	100.56	91.80	91.80
76	93.78	93.78	85.08	85.08	103.15	103.15	93.59	93.59
77	96.05	96.05	86.79	86.79	105.66	105.66	95.47	95.47
78	97.19	97.19	87.44	87.44	106.91	106.91	96.18	96.18
79	98.33	98.33	88.09	88.09	108.16	108.16	96.90	96.90
80	99.46	99.46	88.74	88.74	109.41	109.41	97.61	97.61
81	100.68	100.68	89.39	89.39	110.75	110.75	98.33	98.33
82	101.82	101.82	90.04	90.04	112.00	112.00	99.04	99.04
83	101.74	101.74	89.23	89.23	111.91	111.91	98.15	98.15
84	101.66	101.66	88.49	88.49	111.82	111.82	97.34	97.34
85+	101.66	101.66	87.76	87.76	111.82	111.82	96.54	96.54

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Tier 1 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$63.55	$69.90	$63.30	$69.63	$69.90	$76.89	$69.63	$76.60
66	66.55	73.21	65.42	71.96	73.21	80.53	71.96	79.15
67	69.56	76.52	67.61	74.37	76.52	84.17	74.37	81.81
68	72.49	79.73	69.80	76.78	79.73	87.71	76.78	84.46
69	75.49	83.04	71.92	79.11	83.04	91.35	79.11	87.02
70	78.50	86.35	74.11	81.52	86.35	94.98	81.52	89.67
71	81.42	89.57	76.22	83.85	89.57	98.52	83.85	92.23
72	84.43	92.87	78.42	86.26	92.87	102.16	86.26	94.89
73	86.79	95.47	80.12	88.14	95.47	105.01	88.14	96.95
74	89.06	97.97	81.75	89.92	97.97	107.77	89.92	98.92
75	91.42	100.56	83.46	91.80	100.56	110.62	91.80	100.98
76	93.78	103.15	85.08	93.59	103.15	113.47	93.59	102.95
77	96.05	105.66	86.79	95.47	105.66	116.22	95.47	105.01
78	97.19	106.91	87.44	96.18	106.91	117.60	96.18	105.80
79	98.33	108.16	88.09	96.90	108.16	118.98	96.90	106.59
80	99.46	109.41	88.74	97.61	109.41	120.35	97.61	107.37
81	100.68	110.75	89.39	98.33	110.75	121.83	98.33	108.16
82	101.82	112.00	90.04	99.04	112.00	123.20	99.04	108.95
83	101.74	111.91	89.23	98.15	111.91	123.11	98.15	107.96
84	101.66	111.82	88.49	97.34	111.82	123.01	97.34	107.08
85+	101.66	111.82	87.76	96.54	111.82	123.01	96.54	106.19

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Tier 2 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$69.90	$76.89	$69.63	$76.60	$76.89	$84.58	$76.60	$84.26
66	73.21	80.53	71.96	79.15	80.53	88.58	79.15	87.07
67	76.52	84.17	74.37	81.81	84.17	92.58	81.81	89.99
68	79.73	87.71	76.78	84.46	87.71	96.48	84.46	92.91
69	83.04	91.35	79.11	87.02	91.35	100.48	87.02	95.72
70	86.35	94.98	81.52	89.67	94.98	104.48	89.67	98.64
71	89.57	98.52	83.85	92.23	98.52	108.38	92.23	101.45
72	92.87	102.16	86.26	94.89	102.16	112.38	94.89	104.37
73	95.47	105.01	88.14	96.95	105.01	115.51	96.95	106.65
74	97.97	107.77	89.92	98.92	107.77	118.54	98.92	108.81
75	100.56	110.62	91.80	100.98	110.62	121.68	100.98	111.08
76	103.15	113.47	93.59	102.95	113.47	124.82	102.95	113.24
77	105.66	116.22	95.47	105.01	116.22	127.84	105.01	115.51
78	106.91	117.60	96.18	105.80	117.60	129.36	105.80	116.38
79	108.16	118.98	96.90	106.59	118.98	130.87	106.59	117.25
80	109.41	120.35	97.61	107.37	120.35	132.39	107.37	118.11
81	110.75	121.83	98.33	108.16	121.83	134.01	108.16	118.98
82	112.00	123.20	99.04	108.95	123.20	135.52	108.95	119.84
83	111.91	123.11	98.15	107.96	123.11	135.42	107.96	118.76
84	111.82	123.01	97.34	107.08	123.01	135.31	107.08	117.79
85+	111.82	123.01	96.54	106.19	123.01	135.31	106.19	116.81

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Tier 3 *

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$85.79	$94.37	$85.46	$94.01	$94.37	$103.80	$94.01	$103.41
66	89.85	98.83	88.31	97.14	98.83	108.72	97.14	106.86
67	93.91	103.30	91.27	100.40	103.30	113.63	100.40	110.44
68	97.86	107.64	94.24	103.66	107.64	118.41	103.66	114.03
69	101.91	112.11	97.09	106.80	112.11	123.32	106.80	117.48
70	105.97	116.57	100.05	110.05	116.57	128.23	110.05	121.06
71	109.92	120.92	102.90	113.19	120.92	133.01	113.19	124.51
72	113.98	125.38	105.86	116.45	125.38	137.92	116.45	128.10
73	117.16	128.88	108.17	118.98	128.88	141.77	118.98	130.88
74	120.24	132.26	110.36	121.40	132.26	145.48	121.40	133.54
75	123.42	135.76	112.67	123.93	135.76	149.33	123.93	136.33
76	126.60	139.26	114.86	126.35	139.26	153.18	126.35	138.98
77	129.67	142.64	117.16	128.88	142.64	156.90	128.88	141.77
78	131.21	144.33	118.04	129.85	144.33	158.76	129.85	142.83
79	132.74	146.02	118.92	130.81	146.02	160.62	130.81	143.89
80	134.28	147.71	119.80	131.78	147.71	162.48	131.78	144.95
81	135.92	149.52	120.67	132.74	149.52	164.47	132.74	146.02
82	137.46	151.20	121.55	133.71	151.20	166.33	133.71	147.08
83	137.35	151.08	120.45	132.50	151.08	166.19	132.50	145.75
84	137.24	150.96	119.47	131.41	150.96	166.06	131.41	144.56
85+	137.24	150.96	118.48	130.33	150.96	166.06	130.33	143.36

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Guaranteed Issue

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$122.34	$122.34	$120.44	$120.44	$134.57	$134.57	$132.48	$132.48
66	128.91	128.91	125.63	125.63	141.81	141.81	138.19	138.19
67	135.49	135.49	130.65	130.65	149.04	149.04	143.71	143.71
68	142.07	142.07	135.84	135.84	156.27	156.27	149.42	149.42
69	148.64	148.64	140.85	140.85	163.51	163.51	154.94	154.94
70	155.22	155.22	146.05	146.05	170.74	170.74	160.65	160.65
71	161.79	161.79	151.06	151.06	177.97	177.97	166.17	166.17
72	168.37	168.37	156.26	156.26	185.20	185.20	171.88	171.88
73	174.77	174.77	161.62	161.62	192.25	192.25	177.78	177.78
74	181.35	181.35	167.16	167.16	199.48	199.48	183.87	183.87
75	187.92	187.92	172.69	172.69	206.71	206.71	189.96	189.96
76	194.32	194.32	178.06	178.06	213.76	213.76	195.86	195.86
77	200.90	200.90	183.60	183.60	220.99	220.99	201.95	201.95
78	206.61	206.61	188.27	188.27	227.27	227.27	207.09	207.09
79	212.32	212.32	193.11	193.11	233.55	233.55	212.42	212.42
80	218.03	218.03	197.78	197.78	239.83	239.83	217.56	217.56
81	223.91	223.91	202.63	202.63	246.30	246.30	222.89	222.89
82	229.62	229.62	207.30	207.30	252.59	252.59	228.03	228.03
83	241.74	241.74	217.86	217.86	265.91	265.91	239.64	239.64
84	253.85	253.85	228.41	228.41	279.23	279.23	251.25	251.25
85+	266.14	266.14	238.97	238.97	292.75	292.75	262.86	262.86

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Tier 1

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$122.34	$134.57	$120.44	$132.48	$134.57	$148.03	$132.48	$145.73
66	128.91	141.81	125.63	138.19	141.81	155.99	138.19	152.01
67	135.49	149.04	130.65	143.71	149.04	163.94	143.71	158.08
68	142.07	156.27	135.84	149.42	156.27	171.90	149.42	164.36
69	148.64	163.51	140.85	154.94	163.51	179.86	154.94	170.43
70	155.22	170.74	146.05	160.65	170.74	187.81	160.65	176.72
71	161.79	177.97	151.06	166.17	177.97	195.77	166.17	182.79
72	168.37	185.20	156.26	171.88	185.20	203.73	171.88	189.07
73	174.77	192.25	161.62	177.78	192.25	211.47	177.78	195.56
74	181.35	199.48	167.16	183.87	199.48	219.43	183.87	202.26
75	187.92	206.71	172.69	189.96	206.71	227.38	189.96	208.96
76	194.32	213.76	178.06	195.86	213.76	235.13	195.86	215.45
77	200.90	220.99	183.60	201.95	220.99	243.09	201.95	222.15
78	206.61	227.27	188.27	207.09	227.27	250.00	207.09	227.80
79	212.32	233.55	193.11	212.42	233.55	256.91	212.42	233.67
80	218.03	239.83	197.78	217.56	239.83	263.82	217.56	239.32
81	223.91	246.30	202.63	222.89	246.30	270.94	222.89	245.18
82	229.62	252.59	207.30	228.03	252.59	277.84	228.03	250.84
83	241.74	265.91	217.86	239.64	265.91	292.50	239.64	263.61
84	253.85	279.23	228.41	251.25	279.23	307.16	251.25	276.38
85+	266.14	292.75	238.97	262.86	292.75	322.02	262.86	289.15

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Tier 2

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$134.57	$148.03	$132.48	$145.73	$148.03	$162.83	$145.73	$160.30
66	141.81	155.99	138.19	152.01	155.99	171.59	152.01	167.21
67	149.04	163.94	143.71	158.08	163.94	180.34	158.08	173.89
68	156.27	171.90	149.42	164.36	171.90	189.09	164.36	180.80
69	163.51	179.86	154.94	170.43	179.86	197.84	170.43	187.48
70	170.74	187.81	160.65	176.72	187.81	206.59	176.72	194.39
71	177.97	195.77	166.17	182.79	195.77	215.35	182.79	201.07
72	185.20	203.73	171.88	189.07	203.73	224.10	189.07	207.98
73	192.25	211.47	177.78	195.56	211.47	232.62	195.56	215.12
74	199.48	219.43	183.87	202.26	219.43	241.37	202.26	222.49
75	206.71	227.38	189.96	208.96	227.38	250.12	208.96	229.86
76	213.76	235.13	195.86	215.45	235.13	258.64	215.45	237.00
77	220.99	243.09	201.95	222.15	243.09	267.40	222.15	244.37
78	227.27	250.00	207.09	227.80	250.00	275.00	227.80	250.58
79	233.55	256.91	212.42	233.67	256.91	282.60	233.67	257.03
80	239.83	263.82	217.56	239.32	263.82	290.20	239.32	263.25
81	246.30	270.94	222.89	245.18	270.94	298.03	245.18	269.70
82	252.59	277.84	228.03	250.84	277.84	305.63	250.84	275.92
83	265.91	292.50	239.64	263.61	292.50	321.75	263.61	289.97
84	279.23	307.16	251.25	276.38	307.16	337.87	276.38	304.02
85+	292.75	322.02	262.86	289.15	322.02	354.23	289.15	318.07

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Tier 3

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$165.16	$181.67	$162.59	$178.85	$181.67	$199.84	$178.85	$196.73
66	174.03	191.44	169.60	186.56	191.44	210.58	186.56	205.21
67	182.91	201.20	176.37	194.01	201.20	221.32	194.01	213.41
68	191.79	210.97	183.38	201.72	210.97	232.06	201.72	221.89
69	200.67	220.73	190.15	209.17	220.73	242.81	209.17	230.09
70	209.54	230.50	197.16	216.88	230.50	253.55	216.88	238.57
71	218.42	240.26	203.94	224.33	240.26	264.29	224.33	246.76
72	227.30	250.03	210.94	232.04	250.03	275.03	232.04	255.24
73	235.94	259.53	218.19	240.00	259.53	285.49	240.00	264.01
74	244.82	269.30	225.66	248.23	269.30	296.23	248.23	273.05
75	253.69	279.06	233.14	256.45	279.06	306.97	256.45	282.10
76	262.34	288.57	240.38	264.42	288.57	317.43	264.42	290.86
77	271.21	298.34	247.85	272.64	298.34	328.17	272.64	299.90
78	278.92	306.82	254.16	279.58	306.82	337.50	279.58	307.53
79	286.63	315.30	260.70	286.77	315.30	346.82	286.77	315.45
80	294.34	323.77	267.01	293.71	323.77	356.15	293.71	323.08
81	302.28	332.51	273.55	300.91	332.51	365.76	300.91	331.00
82	309.99	340.99	279.86	307.84	340.99	375.09	307.84	338.63
83	326.34	358.98	294.11	323.52	358.98	394.88	323.52	355.87
84	342.70	376.97	308.36	339.19	376.97	414.66	339.19	373.11
85+	359.28	395.21	322.61	354.87	395.21	434.73	354.87	390.35

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Guaranteed Issue

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$59.09	$59.09	$58.86	$58.86	$65.00	$65.00	$64.75	$64.75
66	61.89	61.89	60.83	60.83	68.08	68.08	66.91	66.91
67	64.68	64.68	62.87	62.87	71.15	71.15	69.16	69.16
68	67.40	67.40	64.91	64.91	74.14	74.14	71.40	71.40
69	70.20	70.20	66.87	66.87	77.22	77.22	73.56	73.56
70	73.00	73.00	68.92	68.92	80.30	80.30	75.81	75.81
71	75.72	75.72	70.88	70.88	83.29	83.29	77.97	77.97
72	78.51	78.51	72.92	72.92	86.36	86.36	80.21	80.21
73	80.70	80.70	74.51	74.51	88.77	88.77	81.96	81.96
74	82.82	82.82	76.02	76.02	91.10	91.10	83.62	83.62
75	85.01	85.01	77.60	77.60	93.51	93.51	85.37	85.37
76	87.20	87.20	79.12	79.12	95.92	95.92	87.03	87.03
77	89.32	89.32	80.70	80.70	98.25	98.25	88.77	88.77
78	90.38	90.38	81.31	81.31	99.41	99.41	89.44	89.44
79	91.43	91.43	81.91	81.91	100.58	100.58	90.10	90.10
80	92.49	92.49	82.52	82.52	101.74	101.74	90.77	90.77
81	93.62	93.62	83.12	83.12	102.99	102.99	91.43	91.43
82	94.68	94.68	83.73	83.73	104.15	104.15	92.10	92.10
83	94.61	94.61	82.97	82.97	104.07	104.07	91.27	91.27
84	94.53	94.53	82.29	82.29	103.98	103.98	90.52	90.52
85+	94.53	94.53	81.61	81.61	103.98	103.98	89.77	89.77

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Tier 1

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$59.09	$65.00	$58.86	$64.75	$65.00	$71.50	$64.75	$71.23
66	61.89	68.08	60.83	66.91	68.08	74.88	66.91	73.60
67	64.68	71.15	62.87	69.16	71.15	78.27	69.16	76.07
68	67.40	74.14	64.91	71.40	74.14	81.56	71.40	78.54
69	70.20	77.22	66.87	73.56	77.22	84.94	73.56	80.92
70	73.00	80.30	68.92	75.81	80.30	88.32	75.81	83.39
71	75.72	83.29	70.88	77.97	83.29	91.62	77.97	85.76
72	78.51	86.36	72.92	80.21	86.36	95.00	80.21	88.23
73	80.70	88.77	74.51	81.96	88.77	97.65	81.96	90.15
74	82.82	91.10	76.02	83.62	91.10	100.21	83.62	91.98
75	85.01	93.51	77.60	85.37	93.51	102.86	85.37	93.90
76	87.20	95.92	79.12	87.03	95.92	105.51	87.03	95.73
77	89.32	98.25	80.70	88.77	98.25	108.07	88.77	97.65
78	90.38	99.41	81.31	89.44	99.41	109.35	89.44	98.38
79	91.43	100.58	81.91	90.10	100.58	110.63	90.10	99.11
80	92.49	101.74	82.52	90.77	101.74	111.91	90.77	99.85
81	93.62	102.99	83.12	91.43	102.99	113.29	91.43	100.58
82	94.68	104.15	83.73	92.10	104.15	114.57	92.10	101.31
83	94.61	104.07	82.97	91.27	104.07	114.47	91.27	100.39
84	94.53	103.98	82.29	90.52	103.98	114.38	90.52	99.57
85+	94.53	103.98	81.61	89.77	103.98	114.38	89.77	98.75

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Tier 2

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$65.00	$71.50	$64.75	$71.23	$71.50	$78.65	$71.23	$78.35
66	68.08	74.88	66.91	73.60	74.88	82.37	73.60	80.96
67	71.15	78.27	69.16	76.07	78.27	86.09	76.07	83.68
68	74.14	81.56	71.40	78.54	81.56	89.71	78.54	86.40
69	77.22	84.94	73.56	80.92	84.94	93.44	80.92	89.01
70	80.30	88.32	75.81	83.39	88.32	97.16	83.39	91.73
71	83.29	91.62	77.97	85.76	91.62	100.78	85.76	94.34
72	86.36	95.00	80.21	88.23	95.00	104.50	88.23	97.06
73	88.77	97.65	81.96	90.15	97.65	107.42	90.15	99.17
74	91.10	100.21	83.62	91.98	100.21	110.23	91.98	101.18
75	93.51	102.86	85.37	93.90	102.86	113.15	93.90	103.29
76	95.92	105.51	87.03	95.73	105.51	116.07	95.73	105.30
77	98.25	108.07	88.77	97.65	108.07	118.88	97.65	107.42
78	99.41	109.35	89.44	98.38	109.35	120.29	98.38	108.22
79	100.58	110.63	90.10	99.11	110.63	121.70	99.11	109.03
80	101.74	111.91	90.77	99.85	111.91	123.11	99.85	109.83
81	102.99	113.29	91.43	100.58	113.29	124.61	100.58	110.63
82	104.15	114.57	92.10	101.31	114.57	126.02	101.31	111.44
83	104.07	114.47	91.27	100.39	114.47	125.92	100.39	110.43
84	103.98	114.38	90.52	99.57	114.38	125.82	99.57	109.53
85+	103.98	114.38	89.77	98.75	114.38	125.82	98.75	108.62

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Tier 3

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$79.77	$87.75	$79.47	$87.41	$87.75	$96.53	$87.41	$96.16
66	83.55	91.90	82.12	90.33	91.90	101.09	90.33	99.37
67	87.32	96.05	84.87	93.36	96.05	105.66	93.36	102.70
68	91.00	100.09	87.63	96.39	100.09	110.10	96.39	106.03
69	94.77	104.25	90.28	99.31	104.25	114.67	99.31	109.24
70	98.54	108.40	93.04	102.34	108.40	119.24	102.34	112.57
71	102.22	112.44	95.69	105.26	112.44	123.68	105.26	115.78
72	105.99	116.59	98.44	108.29	116.59	128.25	108.29	119.11
73	108.95	119.84	100.58	110.64	119.84	131.83	110.64	121.71
74	111.81	122.99	102.62	112.89	122.99	135.28	112.89	124.18
75	114.76	126.24	104.77	115.24	126.24	138.86	115.24	126.77
76	117.72	129.49	106.81	117.49	129.49	142.44	117.49	129.24
77	120.58	132.64	108.95	119.84	132.64	145.90	119.84	131.83
78	122.01	134.21	109.77	120.74	134.21	147.63	120.74	132.82
79	123.43	135.78	110.58	121.64	135.78	149.36	121.64	133.80
80	124.86	137.35	111.40	122.54	137.35	151.08	122.54	134.79
81	126.39	139.03	112.21	123.43	139.03	152.94	123.43	135.78
82	127.82	140.60	113.03	124.33	140.60	154.66	124.33	136.77
83	127.72	140.49	112.01	123.21	140.49	154.54	123.21	135.53
84	127.62	140.38	111.09	122.20	140.38	154.42	122.20	134.42
85+	127.62	140.38	110.17	121.19	140.38	154.42	121.19	133.31

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Guaranteed Issue

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$108.51	$108.51	$106.50	$106.50	$119.36	$119.36	$117.14	$117.14
66	114.39	114.39	110.98	110.98	125.83	125.83	122.08	122.08
67	120.27	120.27	115.63	115.63	132.30	132.30	127.19	127.19
68	126.15	126.15	120.27	120.27	138.77	138.77	132.30	132.30
69	132.04	132.04	124.76	124.76	145.24	145.24	137.24	137.24
70	137.92	137.92	129.40	129.40	151.71	151.71	142.34	142.34
71	143.80	143.80	134.05	134.05	158.18	158.18	147.45	147.45
72	149.68	149.68	138.54	138.54	164.65	164.65	152.39	152.39
73	155.56	155.56	143.64	143.64	171.12	171.12	158.01	158.01
74	161.45	161.45	148.75	148.75	177.59	177.59	163.63	163.63
75	167.48	167.48	153.71	153.71	184.23	184.23	169.08	169.08
76	173.36	173.36	158.81	158.81	190.70	190.70	174.70	174.70
77	179.25	179.25	163.92	163.92	197.17	197.17	180.31	180.31
78	184.66	184.66	168.41	168.41	203.13	203.13	185.25	185.25
79	190.08	190.08	172.90	172.90	209.09	209.09	190.19	190.19
80	195.50	195.50	177.54	177.54	215.05	215.05	195.30	195.30
81	200.92	200.92	182.03	182.03	221.01	221.01	200.24	200.24
82	206.33	206.33	186.52	186.52	226.97	226.97	205.17	205.17
83	218.25	218.25	197.05	197.05	240.08	240.08	216.75	216.75
84	230.17	230.17	207.57	207.57	253.19	253.19	228.33	228.33
85+	242.09	242.09	217.94	217.94	266.30	266.30	239.74	239.74

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Tier 1

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$108.51	$119.36	$106.50	$117.14	$119.36	$131.29	$117.14	$128.86
66	114.39	125.83	110.98	122.08	125.83	138.41	122.08	134.29
67	120.27	132.30	115.63	127.19	132.30	145.53	127.19	139.91
68	126.15	138.77	120.27	132.30	138.77	152.65	132.30	145.53
69	132.04	145.24	124.76	137.24	145.24	159.76	137.24	150.96
70	137.92	151.71	129.40	142.34	151.71	166.88	142.34	156.58
71	143.80	158.18	134.05	147.45	158.18	174.00	147.45	162.20
72	149.68	164.65	138.54	152.39	164.65	181.11	152.39	167.63
73	155.56	171.12	143.64	158.01	171.12	188.23	158.01	173.81
74	161.45	177.59	148.75	163.63	177.59	195.35	163.63	179.99
75	167.48	184.23	153.71	169.08	184.23	202.65	169.08	185.98
76	173.36	190.70	158.81	174.70	190.70	209.77	174.70	192.17
77	179.25	197.17	163.92	180.31	197.17	216.89	180.31	198.35
78	184.66	203.13	168.41	185.25	203.13	223.44	185.25	203.78
79	190.08	209.09	172.90	190.19	209.09	230.00	190.19	209.21
80	195.50	215.05	177.54	195.30	215.05	236.55	195.30	214.83
81	200.92	221.01	182.03	200.24	221.01	243.11	200.24	220.26
82	206.33	226.97	186.52	205.17	226.97	249.67	205.17	225.69
83	218.25	240.08	197.05	216.75	240.08	264.09	216.75	238.43
84	230.17	253.19	207.57	228.33	253.19	278.51	228.33	251.16
85+	242.09	266.30	217.94	239.74	266.30	292.93	239.74	263.71

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Tier 2

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$119.36	$131.29	$117.14	$128.86	$131.29	$144.42	$128.86	$141.75
66	125.83	138.41	122.08	134.29	138.41	152.25	134.29	147.72
67	132.30	145.53	127.19	139.91	145.53	160.08	139.91	153.90
68	138.77	152.65	132.30	145.53	152.65	167.91	145.53	160.08
69	145.24	159.76	137.24	150.96	159.76	175.74	150.96	166.06
70	151.71	166.88	142.34	156.58	166.88	183.57	156.58	172.24
71	158.18	174.00	147.45	162.20	174.00	191.40	162.20	178.42
72	164.65	181.11	152.39	167.63	181.11	199.23	167.63	184.39
73	171.12	188.23	158.01	173.81	188.23	207.06	173.81	191.19
74	177.59	195.35	163.63	179.99	195.35	214.88	179.99	197.99
75	184.23	202.65	169.08	185.98	202.65	222.92	185.98	204.58
76	190.70	209.77	174.70	192.17	209.77	230.75	192.17	211.38
77	197.17	216.89	180.31	198.35	216.89	238.58	198.35	218.18
78	203.13	223.44	185.25	203.78	223.44	245.79	203.78	224.16
79	209.09	230.00	190.19	209.21	230.00	253.00	209.21	230.13
80	215.05	236.55	195.30	214.83	236.55	260.21	214.83	236.31
81	221.01	243.11	200.24	220.26	243.11	267.42	220.26	242.29
82	226.97	249.67	205.17	225.69	249.67	274.63	225.69	248.26
83	240.08	264.09	216.75	238.43	264.09	290.50	238.43	262.27
84	253.19	278.51	228.33	251.16	278.51	306.36	251.16	276.28
85+	266.30	292.93	239.74	263.71	292.93	322.22	263.71	290.08

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Tier 3

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$146.49	$161.13	$143.77	$158.15	$161.13	$177.25	$158.15	$173.96
66	154.43	169.87	149.83	164.81	169.87	186.86	164.81	181.29
67	162.37	178.60	156.10	171.71	178.60	196.46	171.71	188.88
68	170.31	187.34	162.37	178.60	187.34	206.07	178.60	196.46
69	178.25	196.07	168.43	185.27	196.07	215.68	185.27	203.80
70	186.19	204.81	174.70	192.17	204.81	225.29	192.17	211.38
71	194.13	213.54	180.96	199.06	213.54	234.90	199.06	218.97
72	202.07	222.28	187.02	205.73	222.28	244.51	205.73	226.30
73	210.01	231.01	193.92	213.31	231.01	254.11	213.31	234.64
74	217.95	239.75	200.82	220.90	239.75	263.72	220.90	242.99
75	226.10	248.71	207.50	228.25	248.71	273.58	228.25	251.08
76	234.04	257.45	214.40	235.84	257.45	283.19	235.84	259.42
77	241.98	266.18	221.30	243.42	266.18	292.80	243.42	267.77
78	249.30	274.23	227.36	250.09	274.23	301.65	250.09	275.10
79	256.61	282.27	233.42	256.76	282.27	310.50	256.76	282.43
80	263.92	290.32	239.68	263.65	290.32	319.35	263.65	290.02
81	271.24	298.36	245.74	270.32	298.36	328.20	270.32	297.35
82	278.55	306.41	251.80	276.98	306.41	337.05	276.98	304.68
83	294.64	324.11	266.01	292.62	324.11	356.52	292.62	321.88
84	310.73	341.81	280.22	308.25	341.81	375.99	308.25	339.07
85+	326.82	359.51	294.22	323.65	359.51	395.46	323.65	356.01

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Guaranteed Issue - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$98.10	$98.10	$97.72	$97.72	$107.91	$107.91	$107.49	$107.49
66	102.74	102.74	100.98	100.98	113.01	113.01	111.08	111.08
67	107.38	107.38	104.37	104.37	118.12	118.12	114.81	114.81
68	111.90	111.90	107.76	107.76	123.09	123.09	118.53	118.53
69	116.54	116.54	111.02	111.02	128.19	128.19	122.12	122.12
70	121.18	121.18	114.40	114.40	133.30	133.30	125.84	125.84
71	125.69	125.69	117.67	117.67	138.26	138.26	129.43	129.43
72	130.34	130.34	121.05	121.05	143.37	143.37	133.16	133.16
73	133.97	133.97	123.69	123.69	147.37	147.37	136.06	136.06
74	137.49	137.49	126.20	126.20	151.23	151.23	138.82	138.82
75	141.12	141.12	128.83	128.83	155.24	155.24	141.71	141.71
76	144.76	144.76	131.34	131.34	159.24	159.24	144.47	144.47
77	148.27	148.27	133.97	133.97	163.10	163.10	147.37	147.37
78	150.03	150.03	134.98	134.98	165.03	165.03	148.47	148.47
79	151.79	151.79	135.98	135.98	166.97	166.97	149.58	149.58
80	153.54	153.54	136.98	136.98	168.90	168.90	150.68	150.68
81	155.42	155.42	137.99	137.99	170.97	170.97	151.79	151.79
82	157.18	157.18	138.99	138.99	172.90	172.90	152.89	152.89
83	157.06	157.06	137.74	137.74	172.76	172.76	151.51	151.51
84	156.93	156.93	136.61	136.61	172.62	172.62	150.27	150.27
85+	156.93	156.93	135.48	135.48	172.62	172.62	149.03	149.03

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Tier 1 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$98.10	$107.91	$97.72	$107.49	$107.91	$118.70	$107.49	$118.24
66	102.74	113.01	100.98	111.08	113.01	124.31	111.08	122.19
67	107.38	118.12	104.37	114.81	118.12	129.93	114.81	126.29
68	111.90	123.09	107.76	118.53	123.09	135.39	118.53	130.38
69	116.54	128.19	111.02	122.12	128.19	141.01	122.12	134.33
70	121.18	133.30	114.40	125.84	133.30	146.63	125.84	138.43
71	125.69	138.26	117.67	129.43	138.26	152.09	129.43	142.38
72	130.34	143.37	121.05	133.16	143.37	157.71	133.16	146.47
73	133.97	147.37	123.69	136.06	147.37	162.11	136.06	149.66
74	137.49	151.23	126.20	138.82	151.23	166.36	138.82	152.70
75	141.12	155.24	128.83	141.71	155.24	170.76	141.71	155.88
76	144.76	159.24	131.34	144.47	159.24	175.16	144.47	158.92
77	148.27	163.10	133.97	147.37	163.10	179.41	147.37	162.11
78	150.03	165.03	134.98	148.47	165.03	181.54	148.47	163.32
79	151.79	166.97	135.98	149.58	166.97	183.66	149.58	164.54
80	153.54	168.90	136.98	150.68	168.90	185.79	150.68	165.75
81	155.42	170.97	137.99	151.79	170.97	188.06	151.79	166.97
82	157.18	172.90	138.99	152.89	172.90	190.19	152.89	168.18
83	157.06	172.76	137.74	151.51	172.76	190.04	151.51	166.66
84	156.93	172.62	136.61	150.27	172.62	189.89	150.27	165.30
85+	156.93	172.62	135.48	149.03	172.62	189.89	149.03	163.93

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Tier 2 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$107.91	$118.70	$107.49	$118.24	$118.70	$130.57	$118.24	$130.07
66	113.01	124.31	111.08	122.19	124.31	136.74	122.19	134.41
67	118.12	129.93	114.81	126.29	129.93	142.92	126.29	138.92
68	123.09	135.39	118.53	130.38	135.39	148.93	130.38	143.42
69	128.19	141.01	122.12	134.33	141.01	155.11	134.33	147.76
70	133.30	146.63	125.84	138.43	146.63	161.29	138.43	152.27
71	138.26	152.09	129.43	142.38	152.09	167.30	142.38	156.61
72	143.37	157.71	133.16	146.47	157.71	173.48	146.47	161.12
73	147.37	162.11	136.06	149.66	162.11	178.32	149.66	164.63
74	151.23	166.36	138.82	152.70	166.36	182.99	152.70	167.97
75	155.24	170.76	141.71	155.88	170.76	187.84	155.88	171.47
76	159.24	175.16	144.47	158.92	175.16	192.68	158.92	174.81
77	163.10	179.41	147.37	162.11	179.41	197.35	162.11	178.32
78	165.03	181.54	148.47	163.32	181.54	199.69	163.32	179.65
79	166.97	183.66	149.58	164.54	183.66	202.03	164.54	180.99
80	168.90	185.79	150.68	165.75	185.79	204.37	165.75	182.33
81	170.97	188.06	151.79	166.97	188.06	206.87	166.97	183.66
82	172.90	190.19	152.89	168.18	190.19	209.21	168.18	185.00
83	172.76	190.04	151.51	166.66	190.04	209.04	166.66	183.33
84	172.62	189.89	150.27	165.30	189.89	208.87	165.30	181.83
85+	172.62	189.89	149.03	163.93	189.89	208.87	163.93	180.32

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan A - Tier 3 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$132.43	$145.67	$131.92	$145.11	$145.67	$160.24	$145.11	$159.63
66	138.70	152.57	136.33	149.96	152.57	167.82	149.96	164.95
67	144.96	159.46	140.90	154.99	159.46	175.40	154.99	170.49
68	151.06	166.16	145.47	160.02	166.16	182.78	160.02	176.02
69	157.32	173.06	149.87	164.86	173.06	190.36	164.86	181.35
70	163.59	179.95	154.45	169.89	179.95	197.94	169.89	186.88
71	169.69	186.66	158.85	174.73	186.66	205.32	174.73	192.21
72	175.95	193.55	163.42	179.76	193.55	212.90	179.76	197.74
73	180.86	198.95	166.98	183.68	198.95	218.85	183.68	202.04
74	185.61	204.17	170.36	187.40	204.17	224.58	187.40	206.14
75	190.52	209.57	173.92	191.31	209.57	230.53	191.31	210.44
76	195.43	214.97	177.31	195.04	214.97	236.47	195.04	214.54
77	200.17	220.19	180.86	198.95	220.19	242.21	198.95	218.85
78	202.54	222.80	182.22	200.44	222.80	245.07	200.44	220.49
79	204.91	225.40	183.57	201.93	225.40	247.94	201.93	222.12
80	207.28	228.01	184.93	203.42	228.01	250.81	203.42	223.76
81	209.82	230.81	186.28	204.91	230.81	253.89	204.91	225.40
82	212.19	233.41	187.64	206.40	233.41	256.75	206.40	227.04
83	212.02	233.23	185.94	204.54	233.23	256.55	204.54	224.99
84	211.86	233.04	184.42	202.86	233.04	256.34	202.86	223.15
85+	211.86	233.04	182.90	201.19	233.04	256.34	201.19	221.30

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Guaranteed Issue* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$130.64	$130.64	$127.99	$127.99	$143.70	$143.70	$140.79	$140.79
66	136.82	136.82	132.76	132.76	150.50	150.50	146.03	146.03
67	142.82	142.82	137.52	137.52	157.10	157.10	151.28	151.28
68	148.82	148.82	142.11	142.11	163.71	163.71	156.33	156.33
69	155.00	155.00	146.88	146.88	170.50	170.50	161.57	161.57
70	161.00	161.00	151.47	151.47	177.10	177.10	166.62	166.62
71	167.01	167.01	156.24	156.24	183.71	183.71	171.86	171.86
72	173.19	173.19	161.00	161.00	190.50	190.50	177.10	177.10
73	179.19	179.19	165.95	165.95	197.11	197.11	182.54	182.54
74	185.19	185.19	171.07	171.07	203.71	203.71	188.17	188.17
75	191.19	191.19	176.19	176.19	210.31	210.31	193.81	193.81
76	197.20	197.20	181.13	181.13	216.91	216.91	199.24	199.24
77	203.20	203.20	186.25	186.25	223.52	223.52	204.87	204.87
78	208.49	208.49	190.66	190.66	229.34	229.34	209.73	209.73
79	213.79	213.79	195.08	195.08	235.17	235.17	214.58	214.58
80	219.09	219.09	199.49	199.49	240.99	240.99	219.44	219.44
81	224.38	224.38	203.90	203.90	246.82	246.82	224.29	224.29
82	229.68	229.68	208.32	208.32	252.65	252.65	229.15	229.15
83	240.98	240.98	218.03	218.03	265.07	265.07	239.83	239.83
84	252.28	252.28	227.74	227.74	277.50	277.50	250.51	250.51
85+	263.40	263.40	237.45	237.45	289.74	289.74	261.19	261.19

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Tier 1* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$130.64	$143.70	$127.99	$140.79	$143.70	$158.07	$140.79	$154.87
66	136.82	150.50	132.76	146.03	150.50	165.55	146.03	160.64
67	142.82	157.10	137.52	151.28	157.10	172.81	151.28	166.40
68	148.82	163.71	142.11	156.33	163.71	180.08	156.33	171.96
69	155.00	170.50	146.88	161.57	170.50	187.55	161.57	177.73
70	161.00	177.10	151.47	166.62	177.10	194.82	166.62	183.28
71	167.01	183.71	156.24	171.86	183.71	202.08	171.86	189.05
72	173.19	190.50	161.00	177.10	190.50	209.55	177.10	194.82
73	179.19	197.11	165.95	182.54	197.11	216.82	182.54	200.80
74	185.19	203.71	171.07	188.17	203.71	224.08	188.17	206.99
75	191.19	210.31	176.19	193.81	210.31	231.34	193.81	213.19
76	197.20	216.91	181.13	199.24	216.91	238.61	199.24	219.17
77	203.20	223.52	186.25	204.87	223.52	245.87	204.87	225.36
78	208.49	229.34	190.66	209.73	229.34	252.28	209.73	230.70
79	213.79	235.17	195.08	214.58	235.17	258.69	214.58	236.04
80	219.09	240.99	199.49	219.44	240.99	265.09	219.44	241.38
81	224.38	246.82	203.90	224.29	246.82	271.50	224.29	246.72
82	229.68	252.65	208.32	229.15	252.65	277.91	229.15	252.06
83	240.98	265.07	218.03	239.83	265.07	291.58	239.83	263.81
84	252.28	277.50	227.74	250.51	277.50	305.25	250.51	275.56
85+	263.40	289.74	237.45	261.19	289.74	318.71	261.19	287.31

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Tier 2* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$143.70	$158.07	$140.79	$154.87	$158.07	$173.88	$154.87	$170.36
66	150.50	165.55	146.03	160.64	165.55	182.11	160.64	176.70
67	157.10	172.81	151.28	166.40	172.81	190.09	166.40	183.05
68	163.71	180.08	156.33	171.96	180.08	198.08	171.96	189.15
69	170.50	187.55	161.57	177.73	187.55	206.31	177.73	195.50
70	177.10	194.82	166.62	183.28	194.82	214.30	183.28	201.61
71	183.71	202.08	171.86	189.05	202.08	222.29	189.05	207.95
72	190.50	209.55	177.10	194.82	209.55	230.51	194.82	214.30
73	197.11	216.82	182.54	200.80	216.82	238.50	200.80	220.88
74	203.71	224.08	188.17	206.99	224.08	246.49	206.99	227.69
75	210.31	231.34	193.81	213.19	231.34	254.48	213.19	234.50
76	216.91	238.61	199.24	219.17	238.61	262.47	219.17	241.08
77	223.52	245.87	204.87	225.36	245.87	270.46	225.36	247.90
78	229.34	252.28	209.73	230.70	252.28	277.51	230.70	253.77
79	235.17	258.69	214.58	236.04	258.69	284.55	236.04	259.65
80	240.99	265.09	219.44	241.38	265.09	291.60	241.38	265.52
81	246.82	271.50	224.29	246.72	271.50	298.65	246.72	271.40
82	252.65	277.91	229.15	252.06	277.91	305.70	252.06	277.27
83	265.07	291.58	239.83	263.81	291.58	320.74	263.81	290.19
84	277.50	305.25	250.51	275.56	305.25	335.78	275.56	303.12
85+	289.74	318.71	261.19	287.31	318.71	350.58	287.31	316.04

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan C - Tier 3* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$176.36	$194.00	$172.79	$190.07	$194.00	$213.40	$190.07	$209.07
66	184.70	203.18	179.22	197.15	203.18	223.49	197.15	216.86
67	192.81	212.09	185.66	204.22	212.09	233.30	204.22	224.65
68	200.91	221.00	191.85	211.04	221.00	243.10	211.04	232.14
69	209.25	230.18	198.29	218.12	230.18	253.20	218.12	239.93
70	217.36	239.09	204.49	224.93	239.09	263.00	224.93	247.43
71	225.46	248.01	210.92	232.01	248.01	272.81	232.01	255.21
72	233.80	257.18	217.36	239.09	257.18	282.90	239.09	263.00
73	241.90	266.09	224.03	246.43	266.09	292.70	246.43	271.08
74	250.01	275.01	230.94	254.03	275.01	302.51	254.03	279.44
75	258.11	283.92	237.85	261.64	283.92	312.31	261.64	287.80
76	266.21	292.83	244.53	268.98	292.83	322.12	268.98	295.88
77	274.32	301.75	251.44	276.58	301.75	331.92	276.58	304.24
78	281.47	309.61	257.40	283.13	309.61	340.57	283.13	311.45
79	288.62	317.48	263.35	289.69	317.48	349.23	289.69	318.66
80	295.77	325.34	269.31	296.24	325.34	357.88	296.24	325.87
81	302.92	333.21	275.27	302.80	333.21	366.53	302.80	333.08
82	310.07	341.07	281.23	309.35	341.07	375.18	309.35	340.29
83	325.32	357.85	294.34	323.77	357.85	393.64	323.77	356.15
84	340.57	374.63	307.44	338.19	374.63	412.09	338.19	372.01
85+	355.59	391.15	320.55	352.61	391.15	430.26	352.61	387.87

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Guaranteed Issue - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$107.22	$107.22	$105.55	$105.55	$117.94	$117.94	$116.10	$116.10
66	112.98	112.98	109.95	109.95	124.28	124.28	120.94	120.94
67	118.74	118.74	114.50	114.50	130.62	130.62	125.95	125.95
68	124.51	124.51	118.89	118.89	136.96	136.96	130.78	130.78
69	130.27	130.27	123.44	123.44	143.30	143.30	135.79	135.79
70	136.03	136.03	127.84	127.84	149.63	149.63	140.63	140.63
71	141.79	141.79	132.39	132.39	155.97	155.97	145.63	145.63
72	147.56	147.56	136.79	136.79	162.31	162.31	150.47	150.47
73	153.17	153.17	141.64	141.64	168.48	168.48	155.81	155.81
74	158.93	158.93	146.50	146.50	174.82	174.82	161.14	161.14
75	164.54	164.54	151.20	151.20	181.00	181.00	166.32	166.32
76	170.30	170.30	156.05	156.05	187.34	187.34	171.65	171.65
77	176.07	176.07	160.90	160.90	193.67	193.67	176.99	176.99
78	181.07	181.07	165.00	165.00	199.18	199.18	181.50	181.50
79	186.08	186.08	169.24	169.24	204.68	204.68	186.17	186.17
80	191.08	191.08	173.34	173.34	210.19	210.19	190.67	190.67
81	196.24	196.24	177.58	177.58	215.86	215.86	195.34	195.34
82	201.24	201.24	181.83	181.83	221.37	221.37	200.01	200.01
83	212.01	212.01	191.08	191.08	233.21	233.21	210.19	210.19
84	222.62	222.62	200.33	200.33	244.89	244.89	220.36	220.36
85+	233.39	233.39	209.58	209.58	256.73	256.73	230.54	230.54

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Tier 1 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$107.22	$117.94	$105.55	$116.10	$117.94	$129.73	$116.10	$127.71
66	112.98	124.28	109.95	120.94	124.28	136.71	120.94	133.04
67	118.74	130.62	114.50	125.95	130.62	143.68	125.95	138.54
68	124.51	136.96	118.89	130.78	136.96	150.65	130.78	143.86
69	130.27	143.30	123.44	135.79	143.30	157.63	135.79	149.37
70	136.03	149.63	127.84	140.63	149.63	164.60	140.63	154.69
71	141.79	155.97	132.39	145.63	155.97	171.57	145.63	160.19
72	147.56	162.31	136.79	150.47	162.31	178.54	150.47	165.52
73	153.17	168.48	141.64	155.81	168.48	185.33	155.81	171.39
74	158.93	174.82	146.50	161.14	174.82	192.31	161.14	177.26
75	164.54	181.00	151.20	166.32	181.00	199.10	166.32	182.95
76	170.30	187.34	156.05	171.65	187.34	206.07	171.65	188.82
77	176.07	193.67	160.90	176.99	193.67	213.04	176.99	194.69
78	181.07	199.18	165.00	181.50	199.18	219.10	181.50	199.65
79	186.08	204.68	169.24	186.17	204.68	225.15	186.17	204.78
80	191.08	210.19	173.34	190.67	210.19	231.21	190.67	209.74
81	196.24	215.86	177.58	195.34	215.86	237.45	195.34	214.88
82	201.24	221.37	181.83	200.01	221.37	243.50	200.01	220.01
83	212.01	233.21	191.08	210.19	233.21	256.53	210.19	231.21
84	222.62	244.89	200.33	220.36	244.89	269.38	220.36	242.40
85+	233.39	256.73	209.58	230.54	256.73	282.40	230.54	253.59

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Tier 2 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$117.94	$129.73	$116.10	$127.71	$129.73	$142.71	$127.71	$140.49
66	124.28	136.71	120.94	133.04	136.71	150.38	133.04	146.34
67	130.62	143.68	125.95	138.54	143.68	158.05	138.54	152.40
68	136.96	150.65	130.78	143.86	150.65	165.72	143.86	158.25
69	143.30	157.63	135.79	149.37	157.63	173.39	149.37	164.30
70	149.63	164.60	140.63	154.69	164.60	181.06	154.69	170.16
71	155.97	171.57	145.63	160.19	171.57	188.73	160.19	176.21
72	162.31	178.54	150.47	165.52	178.54	196.40	165.52	182.07
73	168.48	185.33	155.81	171.39	185.33	203.87	171.39	188.53
74	174.82	192.31	161.14	177.26	192.31	211.54	177.26	194.99
75	181.00	199.10	166.32	182.95	199.10	219.01	182.95	201.24
76	187.34	206.07	171.65	188.82	206.07	226.68	188.82	207.70
77	193.67	213.04	176.99	194.69	213.04	234.35	194.69	214.16
78	199.18	219.10	181.50	199.65	219.10	241.01	199.65	219.61
79	204.68	225.15	186.17	204.78	225.15	247.67	204.78	225.26
80	210.19	231.21	190.67	209.74	231.21	254.33	209.74	230.71
81	215.86	237.45	195.34	214.88	237.45	261.19	214.88	236.36
82	221.37	243.50	200.01	220.01	243.50	267.85	220.01	242.02
83	233.21	256.53	210.19	231.21	256.53	282.18	231.21	254.33
84	244.89	269.38	220.36	242.40	269.38	296.31	242.40	266.64
85+	256.73	282.40	230.54	253.59	282.40	310.64	253.59	278.95

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan D - Tier 3 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$144.74	$159.22	$142.49	$156.74	$159.22	$175.14	$156.74	$172.42
66	152.52	167.78	148.43	163.27	167.78	184.55	163.27	179.60
67	160.30	176.33	154.57	170.03	176.33	193.97	170.03	187.03
68	168.08	184.89	160.51	176.56	184.89	203.38	176.56	194.21
69	175.86	193.45	166.65	183.31	193.45	212.79	183.31	201.65
70	183.64	202.01	172.59	189.85	202.01	222.21	189.85	208.83
71	191.42	210.56	178.73	196.60	210.56	231.62	196.60	216.26
72	199.20	219.12	184.67	203.13	219.12	241.03	203.13	223.45
73	206.78	227.45	191.22	210.34	227.45	250.20	210.34	231.37
74	214.56	236.01	197.77	217.55	236.01	259.61	217.55	239.30
75	222.13	244.34	204.12	224.53	244.34	268.78	224.53	246.98
76	229.91	252.90	210.67	231.73	252.90	278.19	231.73	254.91
77	237.69	261.46	217.22	238.94	261.46	287.61	238.94	262.83
78	244.45	268.89	222.75	245.02	268.89	295.78	245.02	269.52
79	251.20	276.32	228.48	251.33	276.32	303.96	251.33	276.46
80	257.96	283.76	234.01	257.41	283.76	312.13	257.41	283.15
81	264.92	291.41	239.74	263.71	291.41	320.55	263.71	290.08
82	271.68	298.84	245.47	270.02	298.84	328.73	270.02	297.02
83	286.21	314.83	257.96	283.76	314.83	346.32	283.76	312.13
84	300.54	330.60	270.45	297.49	330.60	363.66	297.49	327.24
85+	315.08	346.59	282.94	311.23	346.59	381.25	311.23	342.35

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Guaranteed Issue* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$131.14	$131.14	$128.48	$128.48	$144.25	$144.25	$141.33	$141.33
66	137.34	137.34	133.26	133.26	151.07	151.07	146.59	146.59
67	143.37	143.37	138.05	138.05	157.70	157.70	151.85	151.85
68	149.39	149.39	142.66	142.66	164.33	164.33	156.92	156.92
69	155.59	155.59	147.44	147.44	171.15	171.15	162.19	162.19
70	161.62	161.62	152.23	152.23	177.78	177.78	167.45	167.45
71	167.82	167.82	156.83	156.83	184.60	184.60	172.52	172.52
72	173.85	173.85	161.62	161.62	191.23	191.23	177.78	177.78
73	179.87	179.87	166.76	166.76	197.86	197.86	183.43	183.43
74	185.90	185.90	171.72	171.72	204.49	204.49	188.89	188.89
75	191.92	191.92	176.86	176.86	211.11	211.11	194.54	194.54
76	197.95	197.95	181.82	181.82	217.74	217.74	200.00	200.00
77	203.97	203.97	186.96	186.96	224.37	224.37	205.66	205.66
78	209.29	209.29	191.39	191.39	230.22	230.22	210.53	210.53
79	214.61	214.61	195.82	195.82	236.07	236.07	215.40	215.40
80	219.92	219.92	200.25	200.25	241.91	241.91	220.28	220.28
81	225.24	225.24	204.68	204.68	247.76	247.76	225.15	225.15
82	230.55	230.55	208.93	208.93	253.61	253.61	229.83	229.83
83	241.72	241.72	218.68	218.68	265.89	265.89	240.55	240.55
84	253.06	253.06	228.43	228.43	278.37	278.37	251.27	251.27
85+	264.40	264.40	238.17	238.17	290.84	290.84	261.99	261.99

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Tier 1* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$131.14	$144.25	$128.48	$141.33	$144.25	$158.68	$141.33	$155.46
66	137.34	151.07	133.26	146.59	151.07	166.18	146.59	161.25
67	143.37	157.70	138.05	151.85	157.70	173.47	151.85	167.04
68	149.39	164.33	142.66	156.92	164.33	180.76	156.92	172.61
69	155.59	171.15	147.44	162.19	171.15	188.27	162.19	178.40
70	161.62	177.78	152.23	167.45	177.78	195.56	167.45	184.19
71	167.82	184.60	156.83	172.52	184.60	203.06	172.52	189.77
72	173.85	191.23	161.62	177.78	191.23	210.35	177.78	195.56
73	179.87	197.86	166.76	183.43	197.86	217.64	183.43	201.78
74	185.90	204.49	171.72	188.89	204.49	224.94	188.89	207.78
75	191.92	211.11	176.86	194.54	211.11	232.23	194.54	214.00
76	197.95	217.74	181.82	200.00	217.74	239.52	200.00	220.00
77	203.97	224.37	186.96	205.66	224.37	246.81	205.66	226.22
78	209.29	230.22	191.39	210.53	230.22	253.24	210.53	231.58
79	214.61	236.07	195.82	215.40	236.07	259.67	215.40	236.94
80	219.92	241.91	200.25	220.28	241.91	266.11	220.28	242.30
81	225.24	247.76	204.68	225.15	247.76	272.54	225.15	247.66
82	230.55	253.61	208.93	229.83	253.61	278.97	229.83	252.81
83	241.72	265.89	218.68	240.55	265.89	292.48	240.55	264.60
84	253.06	278.37	228.43	251.27	278.37	306.20	251.27	276.40
85+	264.40	290.84	238.17	261.99	290.84	319.93	261.99	288.19

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Tier 2* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$144.25	$158.68	$141.33	$155.46	$158.68	$174.54	$155.46	$171.01
66	151.07	166.18	146.59	161.25	166.18	182.80	161.25	177.38
67	157.70	173.47	151.85	167.04	173.47	190.82	167.04	183.74
68	164.33	180.76	156.92	172.61	180.76	198.84	172.61	189.88
69	171.15	188.27	162.19	178.40	188.27	207.09	178.40	196.24
70	177.78	195.56	167.45	184.19	195.56	215.11	184.19	202.61
71	184.60	203.06	172.52	189.77	203.06	223.37	189.77	208.75
72	191.23	210.35	177.78	195.56	210.35	231.39	195.56	215.11
73	197.86	217.64	183.43	201.78	217.64	239.41	201.78	221.95
74	204.49	224.94	188.89	207.78	224.94	247.43	207.78	228.56
75	211.11	232.23	194.54	214.00	232.23	255.45	214.00	235.40
76	217.74	239.52	200.00	220.00	239.52	263.47	220.00	242.00
77	224.37	246.81	205.66	226.22	246.81	271.49	226.22	248.84
78	230.22	253.24	210.53	231.58	253.24	278.56	231.58	254.74
79	236.07	259.67	215.40	236.94	259.67	285.64	236.94	260.64
80	241.91	266.11	220.28	242.30	266.11	292.72	242.30	266.53
81	247.76	272.54	225.15	247.66	272.54	299.79	247.66	272.43
82	253.61	278.97	229.83	252.81	278.97	306.87	252.81	278.09
83	265.89	292.48	240.55	264.60	292.48	321.73	264.60	291.06
84	278.37	306.20	251.27	276.40	306.20	336.82	276.40	304.04
85+	290.84	319.93	261.99	288.19	319.93	351.92	288.19	317.01

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F - Tier 3* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$177.04	$194.74	$173.45	$190.79	$194.74	$214.21	$190.79	$209.87
66	185.41	203.95	179.91	197.90	203.95	224.35	197.90	217.69
67	193.54	212.90	186.37	205.00	212.90	234.19	205.00	225.50
68	201.68	221.85	192.59	211.85	221.85	244.03	211.85	233.03
69	210.05	231.06	199.05	218.95	231.06	254.16	218.95	240.85
70	218.19	240.00	205.51	226.06	240.00	264.00	226.06	248.66
71	226.56	249.21	211.73	232.90	249.21	274.14	232.90	256.19
72	234.69	258.16	218.19	240.00	258.16	283.98	240.00	264.00
73	242.83	267.11	225.12	247.64	267.11	293.82	247.64	272.40
74	250.96	276.06	231.82	255.00	276.06	303.66	255.00	280.50
75	259.09	285.00	238.76	262.64	285.00	313.50	262.64	288.90
76	267.23	293.95	245.46	270.00	293.95	323.35	270.00	297.00
77	275.36	302.90	252.40	277.64	302.90	333.19	277.64	305.40
78	282.54	310.79	258.38	284.21	310.79	341.87	284.21	312.64
79	289.72	318.69	264.36	290.79	318.69	350.56	290.79	319.87
80	296.89	326.58	270.34	297.37	326.58	359.24	297.37	327.11
81	304.07	334.48	276.32	303.95	334.48	367.93	303.95	334.35
82	311.25	342.37	282.06	310.27	342.37	376.61	310.27	341.29
83	326.32	358.95	295.22	324.74	358.95	394.85	324.74	357.22
84	341.63	375.80	308.38	339.22	375.80	413.37	339.22	373.14
85+	356.94	392.64	321.54	353.69	392.64	431.90	353.69	389.06

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Guaranteed Issue* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$55.93	$55.93	$55.71	$55.71	$61.52	$61.52	$61.28	$61.28
66	58.57	58.57	57.57	57.57	64.43	64.43	63.33	63.33
67	61.22	61.22	59.50	59.50	67.34	67.34	65.45	65.45
68	63.79	63.79	61.43	61.43	70.17	70.17	67.58	67.58
69	66.44	66.44	63.29	63.29	73.08	73.08	69.62	69.62
70	69.09	69.09	65.22	65.22	75.99	75.99	71.75	71.75
71	71.66	71.66	67.08	67.08	78.83	78.83	73.79	73.79
72	74.31	74.31	69.01	69.01	81.74	81.74	75.92	75.92
73	76.38	76.38	70.52	70.52	84.02	84.02	77.57	77.57
74	78.38	78.38	71.95	71.95	86.22	86.22	79.14	79.14
75	80.46	80.46	73.45	73.45	88.50	88.50	80.79	80.79
76	82.53	82.53	74.88	74.88	90.78	90.78	82.37	82.37
77	84.53	84.53	76.38	76.38	92.99	92.99	84.02	84.02
78	85.53	85.53	76.95	76.95	94.09	94.09	84.65	84.65
79	86.54	86.54	77.52	77.52	95.19	95.19	85.28	85.28
80	87.54	87.54	78.10	78.10	96.29	96.29	85.91	85.91
81	88.61	88.61	78.67	78.67	97.47	97.47	86.54	86.54
82	89.61	89.61	79.24	79.24	98.57	98.57	87.16	87.16
83	89.54	89.54	78.53	78.53	98.49	98.49	86.38	86.38
84	89.47	89.47	77.88	77.88	98.41	98.41	85.67	85.67
85+	89.47	89.47	77.24	77.24	98.41	98.41	84.96	84.96

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Tier 1* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$55.93	$61.52	$55.71	$61.28	$61.52	$67.67	$61.28	$67.41
66	58.57	64.43	57.57	63.33	64.43	70.87	63.33	69.66
67	61.22	67.34	59.50	65.45	67.34	74.07	65.45	72.00
68	63.79	70.17	61.43	67.58	70.17	77.19	67.58	74.33
69	66.44	73.08	63.29	69.62	73.08	80.39	69.62	76.58
70	69.09	75.99	65.22	71.75	75.99	83.59	71.75	78.92
71	71.66	78.83	67.08	73.79	78.83	86.71	73.79	81.17
72	74.31	81.74	69.01	75.92	81.74	89.91	75.92	83.51
73	76.38	84.02	70.52	77.57	84.02	92.42	77.57	85.32
74	78.38	86.22	71.95	79.14	86.22	94.84	79.14	87.05
75	80.46	88.50	73.45	80.79	88.50	97.35	80.79	88.87
76	82.53	90.78	74.88	82.37	90.78	99.86	82.37	90.60
77	84.53	92.99	76.38	84.02	92.99	102.28	84.02	92.42
78	85.53	94.09	76.95	84.65	94.09	103.50	84.65	93.11
79	86.54	95.19	77.52	85.28	95.19	104.71	85.28	93.80
80	87.54	96.29	78.10	85.91	96.29	105.92	85.91	94.50
81	88.61	97.47	78.67	86.54	97.47	107.22	86.54	95.19
82	89.61	98.57	79.24	87.16	98.57	108.43	87.16	95.88
83	89.54	98.49	78.53	86.38	98.49	108.34	86.38	95.02
84	89.47	98.41	77.88	85.67	98.41	108.26	85.67	94.24
85+	89.47	98.41	77.24	84.96	98.41	108.26	84.96	93.46

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Tier 2* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$61.52	$67.67	$61.28	$67.41	$67.67	$74.44	$67.41	$74.15
66	64.43	70.87	63.33	69.66	70.87	77.96	69.66	76.63
67	67.34	74.07	65.45	72.00	74.07	81.48	72.00	79.20
68	70.17	77.19	67.58	74.33	77.19	84.91	74.33	81.77
69	73.08	80.39	69.62	76.58	80.39	88.43	76.58	84.24
70	75.99	83.59	71.75	78.92	83.59	91.95	78.92	86.81
71	78.83	86.71	73.79	81.17	86.71	95.38	81.17	89.29
72	81.74	89.91	75.92	83.51	89.91	98.90	83.51	91.86
73	84.02	92.42	77.57	85.32	92.42	101.66	85.32	93.86
74	86.22	94.84	79.14	87.05	94.84	104.33	87.05	95.76
75	88.50	97.35	80.79	88.87	97.35	107.09	88.87	97.76
76	90.78	99.86	82.37	90.60	99.86	109.85	90.60	99.66
77	92.99	102.28	84.02	92.42	102.28	112.51	92.42	101.66
78	94.09	103.50	84.65	93.11	103.50	113.85	93.11	102.42
79	95.19	104.71	85.28	93.80	104.71	115.18	93.80	103.18
80	96.29	105.92	85.91	94.50	105.92	116.51	94.50	103.95
81	97.47	107.22	86.54	95.19	107.22	117.94	95.19	104.71
82	98.57	108.43	87.16	95.88	108.43	119.27	95.88	105.47
83	98.49	108.34	86.38	95.02	108.34	119.18	95.02	104.52
84	98.41	108.26	85.67	94.24	108.26	119.08	94.24	103.66
85+	98.41	108.26	84.96	93.46	108.26	119.08	93.46	102.80

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan F (High Deductible) - Tier 3* - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$75.50	$83.05	$75.21	$82.73	$83.05	$91.36	$82.73	$91.01
66	79.07	86.98	77.72	85.49	86.98	95.68	85.49	94.04
67	82.64	90.91	80.33	88.36	90.91	100.00	88.36	97.20
68	86.12	94.73	82.93	91.23	94.73	104.21	91.23	100.35
69	89.69	98.66	85.44	93.99	98.66	108.53	93.99	103.39
70	93.27	102.59	88.05	96.86	102.59	112.85	96.86	106.54
71	96.74	106.42	90.56	99.62	106.42	117.06	99.62	109.58
72	100.31	110.34	93.17	102.49	110.34	121.38	102.49	112.73
73	103.11	113.42	95.20	104.72	113.42	124.77	104.72	115.19
74	105.82	116.40	97.13	106.84	116.40	128.04	106.84	117.52
75	108.62	119.48	99.15	109.07	119.48	131.43	109.07	119.98
76	111.42	122.56	101.09	111.19	122.56	134.81	111.19	122.31
77	114.12	125.53	103.11	113.42	125.53	138.08	113.42	124.77
78	115.47	127.02	103.89	114.27	127.02	139.72	114.27	125.70
79	116.82	128.51	104.66	115.12	128.51	141.36	115.12	126.64
80	118.17	129.99	105.43	115.97	129.99	142.99	115.97	127.57
81	119.62	131.59	106.20	116.82	131.59	144.74	116.82	128.51
82	120.97	133.07	106.97	117.67	133.07	146.38	117.67	129.44
83	120.88	132.97	106.01	116.61	132.97	146.26	116.61	128.27
84	120.78	132.86	105.14	115.65	132.86	146.15	115.65	127.22
85+	120.78	132.86	104.27	114.70	132.86	146.15	114.70	126.17

*Plan only available to those Medicare eligible prior to 1/1/2020

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Guaranteed Issue - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$107.67	$107.67	$105.99	$105.99	$118.43	$118.43	$116.59	$116.59
66	113.45	113.45	110.56	110.56	124.80	124.80	121.62	121.62
67	119.24	119.24	114.98	114.98	131.17	131.17	126.48	126.48
68	125.03	125.03	119.55	119.55	137.53	137.53	131.50	131.50
69	130.82	130.82	123.96	123.96	143.90	143.90	136.36	136.36
70	136.60	136.60	128.53	128.53	150.26	150.26	141.38	141.38
71	142.39	142.39	132.95	132.95	156.63	156.63	146.24	146.24
72	148.18	148.18	137.52	137.52	162.99	162.99	151.27	151.27
73	153.81	153.81	142.24	142.24	169.19	169.19	156.46	156.46
74	159.60	159.60	147.11	147.11	175.56	175.56	161.82	161.82
75	165.39	165.39	151.98	151.98	181.92	181.92	167.18	167.18
76	171.02	171.02	156.70	156.70	188.12	188.12	172.38	172.38
77	176.81	176.81	161.58	161.58	194.49	194.49	177.74	177.74
78	181.83	181.83	165.69	165.69	200.02	200.02	182.26	182.26
79	186.86	186.86	169.95	169.95	205.54	205.54	186.95	186.95
80	191.88	191.88	174.07	174.07	211.07	211.07	191.47	191.47
81	197.06	197.06	178.33	178.33	216.77	216.77	196.16	196.16
82	202.09	202.09	182.44	182.44	222.30	222.30	200.69	200.69
83	212.75	212.75	191.73	191.73	234.02	234.02	210.90	210.90
84	223.41	223.41	201.02	201.02	245.75	245.75	221.12	221.12
85+	234.22	234.22	210.31	210.31	257.64	257.64	231.34	231.34

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Tier 1 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$107.67	$118.43	$105.99	$116.59	$118.43	$130.28	$116.59	$128.25
66	113.45	124.80	110.56	121.62	124.80	137.28	121.62	133.78
67	119.24	131.17	114.98	126.48	131.17	144.28	126.48	139.12
68	125.03	137.53	119.55	131.50	137.53	151.28	131.50	144.65
69	130.82	143.90	123.96	136.36	143.90	158.29	136.36	150.00
70	136.60	150.26	128.53	141.38	150.26	165.29	141.38	155.52
71	142.39	156.63	132.95	146.24	156.63	172.29	146.24	160.87
72	148.18	162.99	137.52	151.27	162.99	179.29	151.27	166.39
73	153.81	169.19	142.24	156.46	169.19	186.11	156.46	172.11
74	159.60	175.56	147.11	161.82	175.56	193.11	161.82	178.00
75	165.39	181.92	151.98	167.18	181.92	200.12	167.18	183.90
76	171.02	188.12	156.70	172.38	188.12	206.93	172.38	189.61
77	176.81	194.49	161.58	177.74	194.49	213.94	177.74	195.51
78	181.83	200.02	165.69	182.26	200.02	220.02	182.26	200.48
79	186.86	205.54	169.95	186.95	205.54	226.10	186.95	205.64
80	191.88	211.07	174.07	191.47	211.07	232.18	191.47	210.62
81	197.06	216.77	178.33	196.16	216.77	238.44	196.16	215.78
82	202.09	222.30	182.44	200.69	222.30	244.53	200.69	220.75
83	212.75	234.02	191.73	210.90	234.02	257.42	210.90	231.99
84	223.41	245.75	201.02	221.12	245.75	270.32	221.12	243.24
85+	234.22	257.64	210.31	231.34	257.64	283.41	231.34	254.48

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Tier 2 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$118.43	$130.28	$116.59	$128.25	$130.28	$143.31	$128.25	$141.08
66	124.80	137.28	121.62	133.78	137.28	151.01	133.78	147.16
67	131.17	144.28	126.48	139.12	144.28	158.71	139.12	153.04
68	137.53	151.28	131.50	144.65	151.28	166.41	144.65	159.12
69	143.90	158.29	136.36	150.00	158.29	174.12	150.00	164.99
70	150.26	165.29	141.38	155.52	165.29	181.82	155.52	171.08
71	156.63	172.29	146.24	160.87	172.29	189.52	160.87	176.95
72	162.99	179.29	151.27	166.39	179.29	197.22	166.39	183.03
73	169.19	186.11	156.46	172.11	186.11	204.72	172.11	189.32
74	175.56	193.11	161.82	178.00	193.11	212.43	178.00	195.80
75	181.92	200.12	167.18	183.90	200.12	220.13	183.90	202.29
76	188.12	206.93	172.38	189.61	206.93	227.63	189.61	208.57
77	194.49	213.94	177.74	195.51	213.94	235.33	195.51	215.06
78	200.02	220.02	182.26	200.48	220.02	242.02	200.48	220.53
79	205.54	226.10	186.95	205.64	226.10	248.71	205.64	226.21
80	211.07	232.18	191.47	210.62	232.18	255.40	210.62	231.68
81	216.77	238.44	196.16	215.78	238.44	262.29	215.78	237.36
82	222.30	244.53	200.69	220.75	244.53	268.98	220.75	242.83
83	234.02	257.42	210.90	231.99	257.42	283.17	231.99	255.19
84	245.75	270.32	221.12	243.24	270.32	297.36	243.24	267.56
85+	257.64	283.41	231.34	254.48	283.41	311.75	254.48	279.92

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G - Tier 3 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$145.35	$159.89	$143.09	$157.40	$159.89	$175.88	$157.40	$173.14
66	153.16	168.48	149.26	164.18	168.48	185.33	164.18	180.60
67	160.98	177.07	155.22	170.74	177.07	194.78	170.74	187.82
68	168.79	185.67	161.39	177.53	185.67	204.23	177.53	195.28
69	176.60	194.26	167.35	184.08	194.26	213.69	184.08	202.49
70	184.41	202.86	173.52	190.87	202.86	223.14	190.87	209.96
71	192.23	211.45	179.48	197.43	211.45	232.59	197.43	217.17
72	200.04	220.04	185.65	204.21	220.04	242.05	204.21	224.63
73	207.65	228.41	192.02	211.22	228.41	251.25	211.22	232.34
74	215.46	237.00	198.60	218.46	237.00	260.70	218.46	240.31
75	223.27	245.60	205.18	225.70	245.60	270.16	225.70	248.27
76	230.88	253.96	211.55	232.71	253.96	279.36	232.71	255.98
77	238.69	262.56	218.13	239.94	262.56	288.81	239.94	263.94
78	245.47	270.02	223.68	246.05	270.02	297.02	246.05	270.65
79	252.26	277.48	229.44	252.38	277.48	305.23	252.38	277.62
80	259.04	284.95	234.99	258.49	284.95	313.44	258.49	284.34
81	266.03	292.64	240.75	264.82	292.64	321.90	264.82	291.30
82	272.82	300.10	246.30	270.93	300.10	330.11	270.93	298.02
83	287.21	315.93	258.84	284.72	315.93	347.52	284.72	313.19
84	301.60	331.76	271.38	298.52	331.76	364.94	298.52	328.37
85+	316.20	347.82	283.92	312.31	347.82	382.60	312.31	343.54

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Guaranteed Issue - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$52.01	$52.01	$51.81	$51.81	$57.21	$57.21	$56.99	$56.99
66	54.47	54.47	53.53	53.53	59.91	59.91	58.89	58.89
67	56.93	56.93	55.33	55.33	62.62	62.62	60.86	60.86
68	59.32	59.32	57.13	57.13	65.25	65.25	62.84	62.84
69	61.78	61.78	58.85	58.85	67.96	67.96	64.74	64.74
70	64.24	64.24	60.65	60.65	70.67	70.67	66.72	66.72
71	66.64	66.64	62.38	62.38	73.30	73.30	68.62	68.62
72	69.10	69.10	64.18	64.18	76.01	76.01	70.59	70.59
73	71.02	71.02	65.57	65.57	78.13	78.13	72.13	72.13
74	72.89	72.89	66.90	66.90	80.18	80.18	73.59	73.59
75	74.82	74.82	68.30	68.30	82.30	82.30	75.13	75.13
76	76.74	76.74	69.63	69.63	84.42	84.42	76.59	76.59
77	78.61	78.61	71.02	71.02	86.47	86.47	78.13	78.13
78	79.54	79.54	71.56	71.56	87.49	87.49	78.71	78.71
79	80.47	80.47	72.09	72.09	88.52	88.52	79.30	79.30
80	81.40	81.40	72.62	72.62	89.54	89.54	79.88	79.88
81	82.40	82.40	73.15	73.15	90.64	90.64	80.47	80.47
82	83.33	83.33	73.69	73.69	91.66	91.66	81.05	81.05
83	83.26	83.26	73.02	73.02	91.59	91.59	80.32	80.32
84	83.20	83.20	72.42	72.42	91.51	91.51	79.66	79.66
85+	83.20	83.20	71.82	71.82	91.51	91.51	79.01	79.01

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Tier 1 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$52.01	$57.21	$51.81	$56.99	$57.21	$62.93	$56.99	$62.68
66	54.47	59.91	53.53	58.89	59.91	65.90	58.89	64.78
67	56.93	62.62	55.33	60.86	62.62	68.88	60.86	66.95
68	59.32	65.25	57.13	62.84	65.25	71.78	62.84	69.12
69	61.78	67.96	58.85	64.74	67.96	74.76	64.74	71.21
70	64.24	70.67	60.65	66.72	70.67	77.73	66.72	73.39
71	66.64	73.30	62.38	68.62	73.30	80.63	68.62	75.48
72	69.10	76.01	64.18	70.59	76.01	83.61	70.59	77.65
73	71.02	78.13	65.57	72.13	78.13	85.94	72.13	79.34
74	72.89	80.18	66.90	73.59	80.18	88.19	73.59	80.95
75	74.82	82.30	68.30	75.13	82.30	90.53	75.13	82.64
76	76.74	84.42	69.63	76.59	84.42	92.86	76.59	84.25
77	78.61	86.47	71.02	78.13	86.47	95.11	78.13	85.94
78	79.54	87.49	71.56	78.71	87.49	96.24	78.71	86.58
79	80.47	88.52	72.09	79.30	88.52	97.37	79.30	87.23
80	81.40	89.54	72.62	79.88	89.54	98.49	79.88	87.87
81	82.40	90.64	73.15	80.47	90.64	99.70	80.47	88.52
82	83.33	91.66	73.69	81.05	91.66	100.83	81.05	89.16
83	83.26	91.59	73.02	80.32	91.59	100.75	80.32	88.35
84	83.20	91.51	72.42	79.66	91.51	100.67	79.66	87.63
85+	83.20	91.51	71.82	79.01	91.51	100.67	79.01	86.91

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Tier 2 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$57.21	$62.93	$56.99	$62.68	$62.93	$69.22	$62.68	$68.95
66	59.91	65.90	58.89	64.78	65.90	72.49	64.78	71.25
67	62.62	68.88	60.86	66.95	68.88	75.77	66.95	73.64
68	65.25	71.78	62.84	69.12	71.78	78.96	69.12	76.03
69	67.96	74.76	64.74	71.21	74.76	82.23	71.21	78.34
70	70.67	77.73	66.72	73.39	77.73	85.51	73.39	80.73
71	73.30	80.63	68.62	75.48	80.63	88.69	75.48	83.03
72	76.01	83.61	70.59	77.65	83.61	91.97	77.65	85.42
73	78.13	85.94	72.13	79.34	85.94	94.53	79.34	87.28
74	80.18	88.19	73.59	80.95	88.19	97.01	80.95	89.05
75	82.30	90.53	75.13	82.64	90.53	99.58	82.64	90.91
76	84.42	92.86	76.59	84.25	92.86	102.15	84.25	92.68
77	86.47	95.11	78.13	85.94	95.11	104.62	85.94	94.53
78	87.49	96.24	78.71	86.58	96.24	105.86	86.58	95.24
79	88.52	97.37	79.30	87.23	97.37	107.10	87.23	95.95
80	89.54	98.49	79.88	87.87	98.49	108.34	87.87	96.66
81	90.64	99.70	80.47	88.52	99.70	109.67	88.52	97.37
82	91.66	100.83	81.05	89.16	100.83	110.91	89.16	98.07
83	91.59	100.75	80.32	88.35	100.75	110.82	88.35	97.19
84	91.51	100.67	79.66	87.63	100.67	110.73	87.63	96.39
85+	91.51	100.67	79.01	86.91	100.67	110.73	86.91	95.60

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan G (High Deductible) - Tier 3 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$70.21	$77.23	$69.94	$76.93	$77.23	$84.95	$76.93	$84.62
66	73.53	80.88	72.27	79.50	80.88	88.97	79.50	87.45
67	76.85	84.54	74.70	82.17	84.54	92.99	82.17	90.38
68	80.08	88.09	77.12	84.83	88.09	96.90	84.83	93.32
69	83.40	91.74	79.45	87.40	91.74	100.92	87.40	96.14
70	86.73	95.40	81.88	90.07	95.40	104.94	90.07	99.07
71	89.96	98.95	84.21	92.63	98.95	108.85	92.63	101.90
72	93.28	102.61	86.64	95.30	102.61	112.87	95.30	104.83
73	95.88	105.47	88.52	97.37	105.47	116.02	97.37	107.11
74	98.40	108.24	90.32	99.35	108.24	119.06	99.35	109.28
75	101.00	111.10	92.20	101.42	111.10	122.21	101.42	111.57
76	103.60	113.97	94.00	103.40	113.97	125.36	103.40	113.74
77	106.12	116.73	95.88	105.47	116.73	128.40	105.47	116.02
78	107.38	118.11	96.60	106.26	118.11	129.92	106.26	116.89
79	108.63	119.50	97.32	107.05	119.50	131.45	107.05	117.76
80	109.89	120.88	98.04	107.84	120.88	132.97	107.84	118.63
81	111.24	122.36	98.76	108.63	122.36	134.60	108.63	119.50
82	112.49	123.74	99.47	109.42	123.74	136.12	109.42	120.36
83	112.40	123.64	98.58	108.43	123.64	136.01	108.43	119.28
84	112.31	123.54	97.77	107.55	123.54	135.90	107.55	118.30
85+	112.31	123.54	96.96	106.66	123.54	135.90	106.66	117.32

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Guaranteed Issue - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$95.50	$95.50	$93.72	$93.72	$105.04	$105.04	$103.10	$103.10
66	100.67	100.67	97.67	97.67	110.74	110.74	107.44	107.44
67	105.85	105.85	101.76	101.76	116.43	116.43	111.94	111.94
68	111.03	111.03	105.85	105.85	122.13	122.13	116.43	116.43
69	116.20	116.20	109.80	109.80	127.82	127.82	120.78	120.78
70	121.38	121.38	113.89	113.89	133.52	133.52	125.27	125.27
71	126.55	126.55	117.97	117.97	139.21	139.21	129.77	129.77
72	131.73	131.73	121.92	121.92	144.90	144.90	134.12	134.12
73	136.91	136.91	126.42	126.42	150.60	150.60	139.06	139.06
74	142.08	142.08	130.91	130.91	156.29	156.29	144.01	144.01
75	147.40	147.40	135.27	135.27	162.14	162.14	148.80	148.80
76	152.57	152.57	139.77	139.77	167.83	167.83	153.75	153.75
77	157.75	157.75	144.26	144.26	173.53	173.53	158.69	158.69
78	162.52	162.52	148.21	148.21	178.77	178.77	163.04	163.04
79	167.29	167.29	152.17	152.17	184.02	184.02	167.38	167.38
80	172.05	172.05	156.25	156.25	189.26	189.26	171.88	171.88
81	176.82	176.82	160.20	160.20	194.50	194.50	176.22	176.22
82	181.59	181.59	164.15	164.15	199.75	199.75	180.57	180.57
83	192.08	192.08	173.42	173.42	211.29	211.29	190.76	190.76
84	202.57	202.57	182.68	182.68	222.83	222.83	200.95	200.95
85+	213.06	213.06	191.81	191.81	234.36	234.36	210.99	210.99

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Tier 1 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$95.50	$105.04	$93.72	$103.10	$105.04	$115.55	$103.10	$113.41
66	100.67	110.74	97.67	107.44	110.74	121.81	107.44	118.19
67	105.85	116.43	101.76	111.94	116.43	128.08	111.94	123.13
68	111.03	122.13	105.85	116.43	122.13	134.34	116.43	128.08
69	116.20	127.82	109.80	120.78	127.82	140.60	120.78	132.86
70	121.38	133.52	113.89	125.27	133.52	146.87	125.27	137.80
71	126.55	139.21	117.97	129.77	139.21	153.13	129.77	142.75
72	131.73	144.90	121.92	134.12	144.90	159.40	134.12	147.53
73	136.91	150.60	126.42	139.06	150.60	165.66	139.06	152.97
74	142.08	156.29	130.91	144.01	156.29	171.92	144.01	158.41
75	147.40	162.14	135.27	148.80	162.14	178.35	148.80	163.68
76	152.57	167.83	139.77	153.75	167.83	184.61	153.75	169.12
77	157.75	173.53	144.26	158.69	173.53	190.88	158.69	174.56
78	162.52	178.77	148.21	163.04	178.77	196.65	163.04	179.34
79	167.29	184.02	152.17	167.38	184.02	202.42	167.38	184.12
80	172.05	189.26	156.25	171.88	189.26	208.19	171.88	189.07
81	176.82	194.50	160.20	176.22	194.50	213.96	176.22	193.85
82	181.59	199.75	164.15	180.57	199.75	219.72	180.57	198.63
83	192.08	211.29	173.42	190.76	211.29	232.42	190.76	209.83
84	202.57	222.83	182.68	200.95	222.83	245.11	200.95	221.04
85+	213.06	234.36	191.81	210.99	234.36	257.80	210.99	232.09

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Tier 2 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$105.04	$115.55	$103.10	$113.41	$115.55	$127.10	$113.41	$124.75
66	110.74	121.81	107.44	118.19	121.81	133.99	118.19	130.01
67	116.43	128.08	111.94	123.13	128.08	140.88	123.13	135.44
68	122.13	134.34	116.43	128.08	134.34	147.77	128.08	140.88
69	127.82	140.60	120.78	132.86	140.60	154.66	132.86	146.14
70	133.52	146.87	125.27	137.80	146.87	161.55	137.80	151.58
71	139.21	153.13	129.77	142.75	153.13	168.44	142.75	157.02
72	144.90	159.40	134.12	147.53	159.40	175.33	147.53	162.28
73	150.60	165.66	139.06	152.97	165.66	182.22	152.97	168.26
74	156.29	171.92	144.01	158.41	171.92	189.11	158.41	174.25
75	162.14	178.35	148.80	163.68	178.35	196.19	163.68	180.05
76	167.83	184.61	153.75	169.12	184.61	203.08	169.12	186.03
77	173.53	190.88	158.69	174.56	190.88	209.97	174.56	192.02
78	178.77	196.65	163.04	179.34	196.65	216.31	179.34	197.27
79	184.02	202.42	167.38	184.12	202.42	222.66	184.12	202.53
80	189.26	208.19	171.88	189.07	208.19	229.00	189.07	207.97
81	194.50	213.96	176.22	193.85	213.96	235.35	193.85	213.23
82	199.75	219.72	180.57	198.63	219.72	241.70	198.63	218.49
83	211.29	232.42	190.76	209.83	232.42	255.66	209.83	230.82
84	222.83	245.11	200.95	221.04	245.11	269.62	221.04	243.15
85+	234.36	257.80	210.99	232.09	257.80	283.58	232.09	255.30

2020 Medicare Supplement Rates - Effective April 1, 2020
Monthly Premium Rates for Plan N - Tier 3 - Family Discount

Age	Rating Area 1 Michigan				Rating Area 2 Non-Michigan			
	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65	$128.92	$141.81	$126.53	$139.18	$141.81	$155.99	$139.18	$153.10
66	135.91	149.50	131.86	145.05	149.50	164.45	145.05	159.55
67	142.90	157.18	137.38	151.12	157.18	172.90	151.12	166.23
68	149.88	164.87	142.90	157.18	164.87	181.36	157.18	172.90
69	156.87	172.56	148.23	163.05	172.56	189.82	163.05	179.36
70	163.86	180.25	153.75	169.12	180.25	198.27	169.12	186.03
71	170.85	187.93	159.26	175.19	187.93	206.73	175.19	192.71
72	177.84	195.62	164.60	181.06	195.62	215.18	181.06	199.16
73	184.83	203.31	170.67	187.73	203.31	223.64	187.73	206.50
74	191.81	211.00	176.73	194.41	211.00	232.10	194.41	213.85
75	198.99	218.89	182.62	200.88	218.89	240.77	200.88	220.97
76	205.98	226.57	188.69	207.56	226.57	249.23	207.56	228.31
77	212.96	234.26	194.76	214.23	234.26	257.69	214.23	235.66
78	219.40	241.34	200.09	220.10	241.34	265.47	220.10	242.11
79	225.84	248.42	205.42	225.97	248.42	273.26	225.97	248.56
80	232.27	255.50	210.94	232.03	255.50	281.05	232.03	255.24
81	238.71	262.58	216.27	237.90	262.58	288.84	237.90	261.69
82	245.15	269.66	221.61	243.77	269.66	296.63	243.77	268.14
83	259.31	285.24	234.11	257.52	285.24	313.76	257.52	283.28
84	273.47	300.82	246.62	271.28	300.82	330.90	271.28	298.41
85+	287.63	316.39	258.94	284.83	316.39	348.03	284.83	313.32

Applying is easy

To apply for any of our McLaren Medicare Supplement plans, you must be enrolled in Original Medicare A **and** Original Medicare B.

You can apply for coverage in the following ways:

Visit: McLarenHealthPlan.org/MedicareSupplement, download and complete the application, and mail or fax it to us.

Agent: Contact your local agent

Call: Call Customer Service at 888-327-0671 from 8 a.m. to 6 p.m., Monday-Friday (TTY users call 711).

Fax: 810-600-7931

Mail: McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532

Review the application carefully before you sign it. Be certain that all information has been properly recorded. Use one application for each person. Be sure to answer truthfully and completely all questions about your medical and health history. MHP may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Providing fraudulent information about your permanent residence, date of birth, health status and tobacco use may also result in possible legal action by MHP for fraud.

Please call 888-327-0671 from 8 a.m. to 6 p.m., Monday-Friday, (TTY users should call 711) or contact your agent for information on how to enroll in McLaren Medicare Supplement. Indicate that you're switching to a supplement plan from your current coverage. We'll help you enroll and ensure that you have no lapse in coverage. If you're covered under a health policy from any other insurer, do not cancel that coverage until you receive your McLaren Medicare Supplement certificate and are sure you want to keep it. We will mail a booklet to you that includes your certificate when we enroll you in the plan. If you have questions, please call 888-327-0671 or contact your agent. TTY users should call 711.

Please note: Whether you are applying for coverage on the web or through an authorized insurance agent, it is important to know that neither McLaren Health Plan nor its authorized agents are connected with Medicare.

Neither McLaren Medicare Supplement plans nor agents authorized to sell McLaren Medicare Supplement plans are connected with or endorsed by the United States government or the federal Medicare program.

Important Information

Eligibility

At the time of enrollment, you must be:

- 65 or older*
- Enrolled in Medicare Parts A and B
- A permanent resident of the State of Michigan (physically residing there six months of every year)
- Not enrolled in another Medicare Supplement or Medicare Advantage plan

** If you're under 65, and meet the eligibility requirements, you may have a special enrollment period to enroll in Plan A, Plan C or Plan D. Call us to learn more at 888-327-0671.*

Replacing your current coverage

If you are replacing your current health insurance policy with a McLaren Medicare Supplement plan, do not cancel your current insurance right away. Wait until you have received your new Medicare Supplement certificate and are sure you want to keep it.

It's important for you to understand your plan

You can use this outline of coverage to compare benefits and premiums among different policies, certificates and contracts. Please keep in mind that this is only an outline of the most important features of the plans. The certificate is your insurance contract. You must read the certificate itself so you understand all of your rights and duties, and you understand the rights and duties of your health plan.

Notice: Please be aware that this outline of coverage does not include all the details of your Medigap (Medicare Supplement) coverage, and this plan may not fully cover all of your medical costs.

This outline of coverage does not give all the details of your Medicare coverage. For information about your Part A and Part B coverage, contact your local Social Security Office or consult the "Medicare and You" handbook for more details.

If you change your mind

We want you to be satisfied with your coverage, so please take time to review it carefully.

If you are not satisfied with your certificate, you may return it to:

McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532

If you send the certificate back to us within 30 days after it comes to you, we will act as though the certificate was never issued, and we will return all of your payments. We can collect from you all costs for covered services that you received and we paid.

COVERAGE DETAIL

Services	Original Medicare Pays	Plan A		Plan C		Plan D	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Medicare (Part A) hospital services per benefit period **Hospitalization*:** Semi-private room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but $1,408	Nothing	$1,408 (Part A deductible)	$1,408 (Part A deductible)	Nothing	$1,408 (Part A deductible)	Nothing
61st thru 90th day	All but $352 a day	All but $352 a day	Nothing	All but $352 a day	Nothing	All but $352 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but $704 a day	All but $704 a day	Nothing	All but $704 a day	Nothing	All but $704 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare eligible expenses	Nothing**	100% of Medicare eligible expenses	Nothing**	100% of Medicare eligible expenses	Nothing**
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care*-You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
21st thru 100th day	All but $176 a day	Nothing	All but $176 a day	All but $176 a day	Nothing	All but $176 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice care: Available as long as your doctor certifies you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Outpatient prescription drugs	All but $5 per prescription	$5 per prescription	Nothing	$5 per prescription	Nothing	$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing

Services	Original Medicare Pays	Plan F / HD-F		Plan G / HD-G		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Medicare (Part A) hospital services per benefit period **Hospitalization***: Semi-private room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but $1,408	$1,408 (Part A deductible)	Nothing	$1,408 (Part A deductible)	Nothing	$1,408 (Part A deductible)	Nothing
61st thru 90th day	All but $352 a day	$352 a day	Nothing	$352 a day	Nothing	$352 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but $704 a day	$704 a day	Nothing	$704 a day	Nothing	$704 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare eligible expenses	Nothing**	100% of Medicare eligible expenses	Nothing**	100% of Medicare eligible expenses	Nothing**
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care* -You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
21st thru 100th day	All but $176 a day	Up to $176 a day	Nothing	Up to $176 a day	Nothing	Up to $176 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice care: Available as long as your doctor certifies you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Outpatient prescription drugs	All but $5 per prescription	$5 per prescription	Nothing	$5 per prescription	Nothing	$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing	5% of Medicare eligible expenses	Nothing

Services	Original Medicare Pays	Plan A		Plan C		Plan D	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Medicare (Part B) medical services per calendar year **Medical expenses:** In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.							
First $198 of Medicare approved amounts (Part B deductible*)	Nothing	Nothing	$198	$198	Nothing	Nothing	$198
Remainder of Medicare approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Part B excess charges (above Medicare approved amounts)	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Supplement Plans A, C, D, F, G and N All dollar amounts shown are the 2020 Original Medicare numbers. The benefits and costs shown below are for plans effective on or after January 1, 2020.							
Medicare preventive care							
First $198 of Medicare approved amounts (Part B deductible*) when applicable	Nothing	Nothing	$198	$198	Nothing	Nothing	$198
Medicare approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	Nothing	Nothing	$198	$198	Nothing	Nothing	$198
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Parts A & B **Home health care — Medicare approved services**							
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Durable medical equipment first $198 of Medicare approved amounts (Part B deductible*)	Nothing	Nothing	$198	$198	Nothing	Nothing	$198
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	80%	Nothing	20%	Nothing	20%	Nothing
Other Benefits- Services not covered by Medicare **Foreign travel-** Emergency care services beginning during the first 60 days of each trip outside the U.S.							
$250 Foreign travel deductible that must be met once each calendar year	Nothing	Nothing	All costs	Nothing	$250	Nothing	$250
Remainder of charges after the foreign travel deductible is met up to a lifetime maximum of $50,000 †	Nothing	Nothing	All costs	80%	20%	80%	20%

Services	Original Medicare	Plan F / HD-F		Plan G / HD-G		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Medicare (Part B) medical services per calendar year **Medical expenses:** In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.							
First $198 of Medicare approved amounts (Part B deductible*)	Nothing	$198	Nothing	Nothing	$198	Nothing	$198
Remainder of Medicare approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20% except up to a $20 office visit and up to a $50 emergency visit copay	Up to $20 per office visit up to $50 per emergency room visit
Part B excess charges (above Medicare approved amounts)	Nothing	All costs	Nothing	All costs	Nothing	Nothing	All costs
Supplement Plans A, C, D, F, G and N All dollar amounts shown are the 2020 Original Medicare numbers. The benefits and costs shown below are for plans effective on or after January 1, 2020.							
Medicare preventive care							
First $198 of Medicare approved amounts (Part B deductible*) when applicable	Nothing	$198	Nothing	Nothing	$198	Nothing	$198
Medicare approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	Nothing	$198	Nothing	Nothing	$198	Nothing	$198
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Parts A & B **Home health care — Medicare approved services**							
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Durable medical equipment first $198 of Medicare approved amounts (Part B deductible*)	Nothing	$198	Nothing	Nothing	$198	Nothing	$198
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits- Services not covered by Medicare **Foreign travel-** Emergency care services beginning during the first 60 days of each trip outside the U.S.							
$250 Foreign travel deductible that must be met once each calendar year	Nothing	Nothing	$250	Nothing	$250	Nothing	$250
Remainder of charges after the foreign travel deductible is met up to a lifetime maximum of $50,000 †	Nothing	80%	20%	80%	20%	80%	20%

Discrimination is against the law

McLaren Health Plan, MHP Community, McLaren Advantage (HMO) and McLaren Health Advantage (collectively McLaren) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. McLaren does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

McLaren:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact McLaren's Compliance Officer. If you believe that McLaren has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- McLaren's Compliance Officer
  - Write: G-3245 Beecher Rd., Flint, MI 48532
  - Call: 866-866-2135, TTY: 711
  - Fax: 810-733-5788
  - Email: mhpcompliance@mclaren.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, McLaren's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TTY)
Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-327-0671 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-327-0671 (رقم هاتف الصم والبكم: 711).

Syriac/Assyrian:

ܡܠܚܘܙܐ: ܐܝ ܟܢܬ ܡܬܝܡܪ ܠܗܓܐ ܕܝܠܟ ܐܝ ܓܝ ܐܝܬ ܠܟ ܫܝܪܘܬ ܕܥܙܪܐ ܠܠܫܢܐ ܕܡܬܝܗܒ ܠܟ ܒܚܠܦ ܡܬܠ ܚܝܢ. ܩܪܝ ܠ 1-888-327-0671 (TTY: 711)

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-327-0671
（TTY：711）。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-327-0671 (TTY: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-327-0671 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-327-0671 (TTY: 711)번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-
888-327-0671 (TTY: 711)।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-327-0671 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-327-0671 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-327-0671 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-327-0671（TTY:711）まで、お電話にてご連絡ください

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-327-0671 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-327-0671 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-327-0671 (TTY: 711).

McLaren MEDICARE SUPPLEMENT

To enroll:

- See a McLaren Health Plan agent
- McLarenHealthPlan.org/MedicareSupplement
- Call 888-327-0671 (TTY: 711), 8 a.m. to 6 p.m., Monday – Friday

G-3245 Beecher Road • Flint, Michigan • 48532
tel 888-327-0671 • fax 810-600-7931
McLarenHealthPlan.org

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