



2024

Outline of Coverage

McLaren Medicare

Supplement Plans

A, C, D, F, High Deductible-F, G,
High Deductible-G & N
Effective April 1, 2024

McLarenHealthPlan.org/MedicareSupplement
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McLaren Health Plan Community- Medicare Supplement

Who We Are

McLaren Health Plan (MHP) Community is a Health Maintenance Organization (HMO) offering health care benefits throughout lower Michigan since 1998. MHP Community is a subsidiary of McLaren Health Care Corporation, headquartered in Grand Blanc, Michigan.

MHP Community Medicare supplement plans provide coverage that is comprehensive and convenient and include virtual care using *McLarenNow*. See a board-certified physician using secure video anytime – from anywhere in the United States – on your smartphone, tablet, or computer with a webcam.

With affordable premiums, no referrals and access to any provider who accepts Medicare, a Medicare supplement plan from MHP Community is a smart choice.

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 standard plans that health plans can offer, including high deductible plans. The standard plans are A, B, C, D, F, F-HD, G, G-HD, 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 Jan. 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 where you live, your age and gender, and if you use tobacco products. A family discount may be available if another person in your household currently has a McLaren Medicare Supplement plan or if you decide to enroll with the same effective date.

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 through McLaren Health Plan.

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, D, F, HD-F, G, HD-G, N).

	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	\$7,060	\$3,530	N/A	N/A

Note: Plans C and F aren't available to people who were newly eligible for Medicare on or after January 1, 2020.

* 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 \$2,800 in 2024 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 for some office visits, and some emergency room visits that do not result in inpatient admission.

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan A - Guaranteed Issue

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	\$322.34	\$322.34	\$290.11	\$290.11	\$354.58	\$354.58	\$319.12	\$319.12
65	\$134.04	\$134.04	\$120.64	\$120.64	\$147.45	\$147.45	\$132.70	\$132.70
66	\$139.23	\$139.23	\$125.31	\$125.31	\$153.15	\$153.15	\$137.84	\$137.84
67	\$144.42	\$144.42	\$129.98	\$129.98	\$158.86	\$158.86	\$142.98	\$142.98
68	\$149.61	\$149.61	\$134.65	\$134.65	\$164.57	\$164.57	\$148.12	\$148.12
69	\$154.80	\$154.80	\$139.32	\$139.32	\$170.28	\$170.28	\$153.26	\$153.26
70	\$159.99	\$159.99	\$143.99	\$143.99	\$175.99	\$175.99	\$158.39	\$158.39
71	\$166.97	\$166.97	\$150.27	\$150.27	\$183.66	\$183.66	\$165.30	\$165.30
72	\$173.94	\$173.94	\$156.54	\$156.54	\$191.33	\$191.33	\$172.20	\$172.20
73	\$180.91	\$180.91	\$162.82	\$162.82	\$199.00	\$199.00	\$179.10	\$179.10
74	\$187.88	\$187.88	\$169.09	\$169.09	\$206.67	\$206.67	\$186.00	\$186.00
75	\$194.85	\$194.85	\$175.37	\$175.37	\$214.34	\$214.34	\$192.91	\$192.91
76	\$199.22	\$199.22	\$179.29	\$179.29	\$219.14	\$219.14	\$197.22	\$197.22
77	\$203.58	\$203.58	\$183.22	\$183.22	\$223.93	\$223.93	\$201.54	\$201.54
78	\$207.94	\$207.94	\$187.14	\$187.14	\$228.73	\$228.73	\$205.86	\$205.86
79	\$212.30	\$212.30	\$191.07	\$191.07	\$233.53	\$233.53	\$210.18	\$210.18
80	\$216.66	\$216.66	\$194.99	\$194.99	\$238.32	\$238.32	\$214.49	\$214.49
81	\$221.02	\$221.02	\$198.92	\$198.92	\$243.12	\$243.12	\$218.81	\$218.81
82	\$225.38	\$225.38	\$202.84	\$202.84	\$247.92	\$247.92	\$223.13	\$223.13
83	\$229.74	\$229.74	\$206.77	\$206.77	\$252.72	\$252.72	\$227.44	\$227.44
84	\$234.10	\$234.10	\$210.69	\$210.69	\$257.51	\$257.51	\$231.76	\$231.76
85+	\$238.46	\$238.46	\$214.62	\$214.62	\$262.31	\$262.31	\$236.08	\$236.08

Medicare Supplement Rates - Effective April 1, 2024

Monthly Premium Rates for Plan A – Tier 1

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$134.04	\$147.45	\$120.64	\$132.70	\$147.45	\$162.19	\$132.70	\$145.97
66	\$139.23	\$153.15	\$125.31	\$137.84	\$153.15	\$168.47	\$137.84	\$151.62
67	\$144.42	\$158.86	\$129.98	\$142.98	\$158.86	\$174.75	\$142.98	\$157.28
68	\$149.61	\$164.57	\$134.65	\$148.12	\$164.57	\$181.03	\$148.12	\$162.93
69	\$154.80	\$170.28	\$139.32	\$153.26	\$170.28	\$187.31	\$153.26	\$168.58
70	\$159.99	\$175.99	\$143.99	\$158.39	\$175.99	\$193.59	\$158.39	\$174.23
71	\$166.97	\$183.66	\$150.27	\$165.30	\$183.66	\$202.03	\$165.30	\$181.83
72	\$173.94	\$191.33	\$156.54	\$172.20	\$191.33	\$210.47	\$172.20	\$189.42
73	\$180.91	\$199.00	\$162.82	\$179.10	\$199.00	\$218.90	\$179.10	\$197.01
74	\$187.88	\$206.67	\$169.09	\$186.00	\$206.67	\$227.34	\$186.00	\$204.60
75	\$194.85	\$214.34	\$175.37	\$192.91	\$214.34	\$235.77	\$192.91	\$212.20
76	\$199.22	\$219.14	\$179.29	\$197.22	\$219.14	\$241.05	\$197.22	\$216.95
77	\$203.58	\$223.93	\$183.22	\$201.54	\$223.93	\$246.33	\$201.54	\$221.69
78	\$207.94	\$228.73	\$187.14	\$205.86	\$228.73	\$251.60	\$205.86	\$226.44
79	\$212.30	\$233.53	\$191.07	\$210.18	\$233.53	\$256.88	\$210.18	\$231.19
80	\$216.66	\$238.32	\$194.99	\$214.49	\$238.32	\$262.16	\$214.49	\$235.94
81	\$221.02	\$243.12	\$198.92	\$218.81	\$243.12	\$267.43	\$218.81	\$240.69
82	\$225.38	\$247.92	\$202.84	\$223.13	\$247.92	\$272.71	\$223.13	\$245.44
83	\$229.74	\$252.72	\$206.77	\$227.44	\$252.72	\$277.99	\$227.44	\$250.19
84	\$234.10	\$257.51	\$210.69	\$231.76	\$257.51	\$283.26	\$231.76	\$254.94
85+	\$238.46	\$262.31	\$214.62	\$236.08	\$262.31	\$288.54	\$236.08	\$259.69

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan A - Tier 2

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$147.45	\$162.19	\$132.70	\$145.97	\$162.19	\$178.41	\$145.97	\$160.57
66	\$153.15	\$168.47	\$137.84	\$151.62	\$168.47	\$185.32	\$151.62	\$166.79
67	\$158.86	\$174.75	\$142.98	\$157.28	\$174.75	\$192.23	\$157.28	\$173.00
68	\$164.57	\$181.03	\$148.12	\$162.93	\$181.03	\$199.13	\$162.93	\$179.22
69	\$170.28	\$187.31	\$153.26	\$168.58	\$187.31	\$206.04	\$168.58	\$185.44
70	\$175.99	\$193.59	\$158.39	\$174.23	\$193.59	\$212.95	\$174.23	\$191.66
71	\$183.66	\$202.03	\$165.30	\$181.83	\$202.03	\$222.23	\$181.83	\$200.01
72	\$191.33	\$210.47	\$172.20	\$189.42	\$210.47	\$231.51	\$189.42	\$208.36
73	\$199.00	\$218.90	\$179.10	\$197.01	\$218.90	\$240.79	\$197.01	\$216.71
74	\$206.67	\$227.34	\$186.00	\$204.60	\$227.34	\$250.07	\$204.60	\$225.06
75	\$214.34	\$235.77	\$192.91	\$212.20	\$235.77	\$259.35	\$212.20	\$233.42
76	\$219.14	\$241.05	\$197.22	\$216.95	\$241.05	\$265.16	\$216.95	\$238.64
77	\$223.93	\$246.33	\$201.54	\$221.69	\$246.33	\$270.96	\$221.69	\$243.86
78	\$228.73	\$251.60	\$205.86	\$226.44	\$251.60	\$276.76	\$226.44	\$249.09
79	\$233.53	\$256.88	\$210.18	\$231.19	\$256.88	\$282.57	\$231.19	\$254.31
80	\$238.32	\$262.16	\$214.49	\$235.94	\$262.16	\$288.37	\$235.94	\$259.54
81	\$243.12	\$267.43	\$218.81	\$240.69	\$267.43	\$294.18	\$240.69	\$264.76
82	\$247.92	\$272.71	\$223.13	\$245.44	\$272.71	\$299.98	\$245.44	\$269.98
83	\$252.72	\$277.99	\$227.44	\$250.19	\$277.99	\$305.79	\$250.19	\$275.21
84	\$257.51	\$283.26	\$231.76	\$254.94	\$283.26	\$311.59	\$254.94	\$280.43
85+	\$262.31	\$288.54	\$236.08	\$259.69	\$288.54	\$317.40	\$259.69	\$285.66

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan A - Tier 3

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$180.96	\$199.05	\$162.86	\$179.15	\$199.05	\$218.96	\$179.15	\$197.06
66	\$187.96	\$206.76	\$169.17	\$186.08	\$206.76	\$227.43	\$186.08	\$204.69
67	\$194.97	\$214.47	\$175.47	\$193.02	\$214.47	\$235.91	\$193.02	\$212.32
68	\$201.98	\$222.18	\$181.78	\$199.96	\$222.18	\$244.39	\$199.96	\$219.95
69	\$208.98	\$229.88	\$188.09	\$206.89	\$229.88	\$252.87	\$206.89	\$227.58
70	\$215.99	\$237.59	\$194.39	\$213.83	\$237.59	\$261.35	\$213.83	\$235.22
71	\$225.40	\$247.94	\$202.86	\$223.15	\$247.94	\$272.74	\$223.15	\$245.47
72	\$234.82	\$258.30	\$211.33	\$232.47	\$258.30	\$284.13	\$232.47	\$255.72
73	\$244.23	\$268.65	\$219.81	\$241.79	\$268.65	\$295.52	\$241.79	\$265.97
74	\$253.64	\$279.01	\$228.28	\$251.10	\$279.01	\$306.91	\$251.10	\$276.22
75	\$263.05	\$289.36	\$236.75	\$260.42	\$289.36	\$318.29	\$260.42	\$286.47
76	\$268.94	\$295.83	\$242.05	\$266.25	\$295.83	\$325.42	\$266.25	\$292.88
77	\$274.83	\$302.31	\$247.35	\$272.08	\$302.31	\$332.54	\$272.08	\$299.29
78	\$280.72	\$308.79	\$252.64	\$277.91	\$308.79	\$339.67	\$277.91	\$305.70
79	\$286.60	\$315.26	\$257.94	\$283.74	\$315.26	\$346.79	\$283.74	\$312.11
80	\$292.49	\$321.74	\$263.24	\$289.56	\$321.74	\$353.91	\$289.56	\$318.52
81	\$298.38	\$328.21	\$268.54	\$295.39	\$328.21	\$361.04	\$295.39	\$324.93
82	\$304.26	\$334.69	\$273.84	\$301.22	\$334.69	\$368.16	\$301.22	\$331.34
83	\$310.15	\$341.17	\$279.14	\$307.05	\$341.17	\$375.28	\$307.05	\$337.76
84	\$316.04	\$347.64	\$284.43	\$312.88	\$347.64	\$382.41	\$312.88	\$344.17
85+	\$321.93	\$354.12	\$289.73	\$318.71	\$354.12	\$389.53	\$318.71	\$350.58

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan C - Guaranteed Issue*

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	\$471.13	\$471.13	\$424.01	\$424.01	\$518.24	\$518.24	\$466.41	\$466.41
65	\$195.91	\$195.91	\$176.32	\$176.32	\$215.50	\$215.50	\$193.95	\$193.95
66	\$203.50	\$203.50	\$183.15	\$183.15	\$223.84	\$223.84	\$201.46	\$201.46
67	\$211.08	\$211.08	\$189.97	\$189.97	\$232.19	\$232.19	\$208.97	\$208.97
68	\$218.67	\$218.67	\$196.80	\$196.80	\$240.53	\$240.53	\$216.48	\$216.48
69	\$226.25	\$226.25	\$203.63	\$203.63	\$248.88	\$248.88	\$223.99	\$223.99
70	\$233.84	\$233.84	\$210.46	\$210.46	\$257.22	\$257.22	\$231.50	\$231.50
71	\$244.03	\$244.03	\$219.63	\$219.63	\$268.43	\$268.43	\$241.59	\$241.59
72	\$254.22	\$254.22	\$228.80	\$228.80	\$279.64	\$279.64	\$251.68	\$251.68
73	\$264.41	\$264.41	\$237.97	\$237.97	\$290.85	\$290.85	\$261.77	\$261.77
74	\$274.60	\$274.60	\$247.14	\$247.14	\$302.06	\$302.06	\$271.85	\$271.85
75	\$284.79	\$284.79	\$256.31	\$256.31	\$313.27	\$313.27	\$281.94	\$281.94
76	\$291.16	\$291.16	\$262.05	\$262.05	\$320.28	\$320.28	\$288.25	\$288.25
77	\$297.54	\$297.54	\$267.78	\$267.78	\$327.29	\$327.29	\$294.56	\$294.56
78	\$303.91	\$303.91	\$273.52	\$273.52	\$334.30	\$334.30	\$300.87	\$300.87
79	\$310.29	\$310.29	\$279.26	\$279.26	\$341.31	\$341.31	\$307.18	\$307.18
80	\$316.66	\$316.66	\$284.99	\$284.99	\$348.33	\$348.33	\$313.49	\$313.49
81	\$323.03	\$323.03	\$290.73	\$290.73	\$355.34	\$355.34	\$319.80	\$319.80
82	\$329.41	\$329.41	\$296.47	\$296.47	\$362.35	\$362.35	\$326.11	\$326.11
83	\$335.78	\$335.78	\$302.20	\$302.20	\$369.36	\$369.36	\$332.42	\$332.42
84	\$342.15	\$342.15	\$307.94	\$307.94	\$376.37	\$376.37	\$338.73	\$338.73
85+	\$348.53	\$348.53	\$313.68	\$313.68	\$383.38	\$383.38	\$345.04	\$345.04

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

Medicare Supplement Rates - Effective April 1, 2024
 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	\$195.91	\$215.50	\$176.32	\$193.95	\$215.50	\$237.05	\$193.95	\$213.34
66	\$203.50	\$223.84	\$183.15	\$201.46	\$223.84	\$246.23	\$201.46	\$221.61
67	\$211.08	\$232.19	\$189.97	\$208.97	\$232.19	\$255.41	\$208.97	\$229.87
68	\$218.67	\$240.53	\$196.80	\$216.48	\$240.53	\$264.59	\$216.48	\$238.13
69	\$226.25	\$248.88	\$203.63	\$223.99	\$248.88	\$273.77	\$223.99	\$246.39
70	\$233.84	\$257.22	\$210.46	\$231.50	\$257.22	\$282.95	\$231.50	\$254.65
71	\$244.03	\$268.43	\$219.63	\$241.59	\$268.43	\$295.28	\$241.59	\$265.75
72	\$254.22	\$279.64	\$228.80	\$251.68	\$279.64	\$307.61	\$251.68	\$276.85
73	\$264.41	\$290.85	\$237.97	\$261.77	\$290.85	\$319.94	\$261.77	\$287.94
74	\$274.60	\$302.06	\$247.14	\$271.85	\$302.06	\$332.27	\$271.85	\$299.04
75	\$284.79	\$313.27	\$256.31	\$281.94	\$313.27	\$344.60	\$281.94	\$310.14
76	\$291.16	\$320.28	\$262.05	\$288.25	\$320.28	\$352.31	\$288.25	\$317.08
77	\$297.54	\$327.29	\$267.78	\$294.56	\$327.29	\$360.02	\$294.56	\$324.02
78	\$303.91	\$334.30	\$273.52	\$300.87	\$334.30	\$367.73	\$300.87	\$330.96
79	\$310.29	\$341.31	\$279.26	\$307.18	\$341.31	\$375.45	\$307.18	\$337.90
80	\$316.66	\$348.33	\$284.99	\$313.49	\$348.33	\$383.16	\$313.49	\$344.84
81	\$323.03	\$355.34	\$290.73	\$319.80	\$355.34	\$390.87	\$319.80	\$351.78
82	\$329.41	\$362.35	\$296.47	\$326.11	\$362.35	\$398.58	\$326.11	\$358.72
83	\$335.78	\$369.36	\$302.20	\$332.42	\$369.36	\$406.29	\$332.42	\$365.67
84	\$342.15	\$376.37	\$307.94	\$338.73	\$376.37	\$414.01	\$338.73	\$372.61
85+	\$348.53	\$383.38	\$313.68	\$345.04	\$383.38	\$421.72	\$345.04	\$379.55

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan C - Tier 2*

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$215.50	\$237.05	\$193.95	\$213.34	\$237.05	\$260.75	\$213.34	\$234.68
66	\$223.84	\$246.23	\$201.46	\$221.61	\$246.23	\$270.85	\$221.61	\$243.77
67	\$232.19	\$255.41	\$208.97	\$229.87	\$255.41	\$280.95	\$229.87	\$252.85
68	\$240.53	\$264.59	\$216.48	\$238.13	\$264.59	\$291.05	\$238.13	\$261.94
69	\$248.88	\$273.77	\$223.99	\$246.39	\$273.77	\$301.14	\$246.39	\$271.03
70	\$257.22	\$282.95	\$231.50	\$254.65	\$282.95	\$311.24	\$254.65	\$280.12
71	\$268.43	\$295.28	\$241.59	\$265.75	\$295.28	\$324.80	\$265.75	\$292.32
72	\$279.64	\$307.61	\$251.68	\$276.85	\$307.61	\$338.37	\$276.85	\$304.53
73	\$290.85	\$319.94	\$261.77	\$287.94	\$319.94	\$351.93	\$287.94	\$316.74
74	\$302.06	\$332.27	\$271.85	\$299.04	\$332.27	\$365.49	\$299.04	\$328.94
75	\$313.27	\$344.60	\$281.94	\$310.14	\$344.60	\$379.06	\$310.14	\$341.15
76	\$320.28	\$352.31	\$288.25	\$317.08	\$352.31	\$387.54	\$317.08	\$348.79
77	\$327.29	\$360.02	\$294.56	\$324.02	\$360.02	\$396.02	\$324.02	\$356.42
78	\$334.30	\$367.73	\$300.87	\$330.96	\$367.73	\$404.51	\$330.96	\$364.06
79	\$341.31	\$375.45	\$307.18	\$337.90	\$375.45	\$412.99	\$337.90	\$371.69
80	\$348.33	\$383.16	\$313.49	\$344.84	\$383.16	\$421.47	\$344.84	\$379.33
81	\$355.34	\$390.87	\$319.80	\$351.78	\$390.87	\$429.96	\$351.78	\$386.96
82	\$362.35	\$398.58	\$326.11	\$358.72	\$398.58	\$438.44	\$358.72	\$394.60
83	\$369.36	\$406.29	\$332.42	\$365.67	\$406.29	\$446.92	\$365.67	\$402.23
84	\$376.37	\$414.01	\$338.73	\$372.61	\$414.01	\$455.41	\$372.61	\$409.87
85+	\$383.38	\$421.72	\$345.04	\$379.55	\$421.72	\$463.89	\$379.55	\$417.50

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

Medicare Supplement Rates - Effective April 1, 2024
Monthly Premium Rates for Plan C - Tier 3*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$264.48	\$290.92	\$238.03	\$261.83	\$290.92	\$320.02	\$261.83	\$288.02
66	\$274.72	\$302.19	\$247.25	\$271.97	\$302.19	\$332.41	\$271.97	\$299.17
67	\$284.96	\$313.46	\$256.46	\$282.11	\$313.46	\$344.80	\$282.11	\$310.32
68	\$295.20	\$324.72	\$265.68	\$292.25	\$324.72	\$357.19	\$292.25	\$321.47
69	\$305.44	\$335.99	\$274.90	\$302.39	\$335.99	\$369.59	\$302.39	\$332.63
70	\$315.68	\$347.25	\$284.12	\$312.53	\$347.25	\$381.98	\$312.53	\$343.78
71	\$329.44	\$362.39	\$296.50	\$326.15	\$362.39	\$398.62	\$326.15	\$358.76
72	\$343.20	\$377.52	\$308.88	\$339.77	\$377.52	\$415.27	\$339.77	\$373.74
73	\$356.95	\$392.65	\$321.26	\$353.38	\$392.65	\$431.91	\$353.38	\$388.72
74	\$370.71	\$407.78	\$333.64	\$367.00	\$407.78	\$448.56	\$367.00	\$403.70
75	\$384.47	\$422.91	\$346.02	\$380.62	\$422.91	\$465.21	\$380.62	\$418.68
76	\$393.07	\$432.38	\$353.76	\$389.14	\$432.38	\$475.62	\$389.14	\$428.06
77	\$401.68	\$441.84	\$361.51	\$397.66	\$441.84	\$486.03	\$397.66	\$437.43
78	\$410.28	\$451.31	\$369.25	\$406.18	\$451.31	\$496.44	\$406.18	\$446.80
79	\$418.89	\$460.77	\$377.00	\$414.70	\$460.77	\$506.85	\$414.70	\$456.17
80	\$427.49	\$470.24	\$384.74	\$423.22	\$470.24	\$517.26	\$423.22	\$465.54
81	\$436.09	\$479.70	\$392.49	\$431.73	\$479.70	\$527.67	\$431.73	\$474.91
82	\$444.70	\$489.17	\$400.23	\$440.25	\$489.17	\$538.09	\$440.25	\$484.28
83	\$453.30	\$498.63	\$407.97	\$448.77	\$498.63	\$548.50	\$448.77	\$493.65
84	\$461.91	\$508.10	\$415.72	\$457.29	\$508.10	\$558.91	\$457.29	\$503.02
85+	\$470.51	\$517.56	\$423.46	\$465.81	\$517.56	\$569.32	\$465.81	\$512.39

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D - Guaranteed Issue

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<65	\$397.13	\$397.13	\$357.41	\$357.41	\$436.84	\$436.84	\$393.15	\$393.15
65	\$165.14	\$165.14	\$148.62	\$148.62	\$181.65	\$181.65	\$163.49	\$163.49
66	\$171.53	\$171.53	\$154.38	\$154.38	\$188.69	\$188.69	\$169.82	\$169.82
67	\$177.93	\$177.93	\$160.13	\$160.13	\$195.72	\$195.72	\$176.15	\$176.15
68	\$184.32	\$184.32	\$165.89	\$165.89	\$202.75	\$202.75	\$182.48	\$182.48
69	\$190.72	\$190.72	\$171.64	\$171.64	\$209.79	\$209.79	\$188.81	\$188.81
70	\$197.11	\$197.11	\$177.40	\$177.40	\$216.82	\$216.82	\$195.14	\$195.14
71	\$205.70	\$205.70	\$185.13	\$185.13	\$226.27	\$226.27	\$203.64	\$203.64
72	\$214.29	\$214.29	\$192.86	\$192.86	\$235.72	\$235.72	\$212.15	\$212.15
73	\$222.88	\$222.88	\$200.59	\$200.59	\$245.17	\$245.17	\$220.65	\$220.65
74	\$231.47	\$231.47	\$208.32	\$208.32	\$254.62	\$254.62	\$229.15	\$229.15
75	\$240.06	\$240.06	\$216.05	\$216.05	\$264.06	\$264.06	\$237.66	\$237.66
76	\$245.43	\$245.43	\$220.89	\$220.89	\$269.97	\$269.97	\$242.98	\$242.98
77	\$250.80	\$250.80	\$225.72	\$225.72	\$275.88	\$275.88	\$248.30	\$248.30
78	\$256.18	\$256.18	\$230.56	\$230.56	\$281.79	\$281.79	\$253.61	\$253.61
79	\$261.55	\$261.55	\$235.39	\$235.39	\$287.70	\$287.70	\$258.93	\$258.93
80	\$266.92	\$266.92	\$240.23	\$240.23	\$293.61	\$293.61	\$264.25	\$264.25
81	\$272.29	\$272.29	\$245.07	\$245.07	\$299.52	\$299.52	\$269.57	\$269.57
82	\$277.67	\$277.67	\$249.90	\$249.90	\$305.43	\$305.43	\$274.89	\$274.89
83	\$283.04	\$283.04	\$254.74	\$254.74	\$311.34	\$311.34	\$280.21	\$280.21
84	\$288.41	\$288.41	\$259.57	\$259.57	\$317.25	\$317.25	\$285.53	\$285.53
85+	\$293.79	\$293.79	\$264.41	\$264.41	\$323.16	\$323.16	\$290.85	\$290.85

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D – Tier 1

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$165.14	\$181.65	\$148.62	\$163.49	\$181.65	\$199.82	\$163.49	\$179.83
66	\$171.53	\$188.69	\$154.38	\$169.82	\$188.69	\$207.55	\$169.82	\$186.80
67	\$177.93	\$195.72	\$160.13	\$176.15	\$195.72	\$215.29	\$176.15	\$193.76
68	\$184.32	\$202.75	\$165.89	\$182.48	\$202.75	\$223.03	\$182.48	\$200.73
69	\$190.72	\$209.79	\$171.64	\$188.81	\$209.79	\$230.77	\$188.81	\$207.69
70	\$197.11	\$216.82	\$177.40	\$195.14	\$216.82	\$238.50	\$195.14	\$214.65
71	\$205.70	\$226.27	\$185.13	\$203.64	\$226.27	\$248.90	\$203.64	\$224.01
72	\$214.29	\$235.72	\$192.86	\$212.15	\$235.72	\$259.29	\$212.15	\$233.36
73	\$222.88	\$245.17	\$200.59	\$220.65	\$245.17	\$269.68	\$220.65	\$242.72
74	\$231.47	\$254.62	\$208.32	\$229.15	\$254.62	\$280.08	\$229.15	\$252.07
75	\$240.06	\$264.06	\$216.05	\$237.66	\$264.06	\$290.47	\$237.66	\$261.42
76	\$245.43	\$269.97	\$220.89	\$242.98	\$269.97	\$296.97	\$242.98	\$267.27
77	\$250.80	\$275.88	\$225.72	\$248.30	\$275.88	\$303.47	\$248.30	\$273.13
78	\$256.18	\$281.79	\$230.56	\$253.61	\$281.79	\$309.97	\$253.61	\$278.98
79	\$261.55	\$287.70	\$235.39	\$258.93	\$287.70	\$316.47	\$258.93	\$284.83
80	\$266.92	\$293.61	\$240.23	\$264.25	\$293.61	\$322.98	\$264.25	\$290.68
81	\$272.29	\$299.52	\$245.07	\$269.57	\$299.52	\$329.48	\$269.57	\$296.53
82	\$277.67	\$305.43	\$249.90	\$274.89	\$305.43	\$335.98	\$274.89	\$302.38
83	\$283.04	\$311.34	\$254.74	\$280.21	\$311.34	\$342.48	\$280.21	\$308.23
84	\$288.41	\$317.25	\$259.57	\$285.53	\$317.25	\$348.98	\$285.53	\$314.08
85+	\$293.79	\$323.16	\$264.41	\$290.85	\$323.16	\$355.48	\$290.85	\$319.93

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D - Tier 2

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$181.65	\$199.82	\$163.49	\$179.83	\$199.82	\$219.80	\$179.83	\$197.82
66	\$188.69	\$207.55	\$169.82	\$186.80	\$207.55	\$228.31	\$186.80	\$205.48
67	\$195.72	\$215.29	\$176.15	\$193.76	\$215.29	\$236.82	\$193.76	\$213.14
68	\$202.75	\$223.03	\$182.48	\$200.73	\$223.03	\$245.33	\$200.73	\$220.80
69	\$209.79	\$230.77	\$188.81	\$207.69	\$230.77	\$253.84	\$207.69	\$228.46
70	\$216.82	\$238.50	\$195.14	\$214.65	\$238.50	\$262.36	\$214.65	\$236.12
71	\$226.27	\$248.90	\$203.64	\$224.01	\$248.90	\$273.79	\$224.01	\$246.41
72	\$235.72	\$259.29	\$212.15	\$233.36	\$259.29	\$285.22	\$233.36	\$256.70
73	\$245.17	\$269.68	\$220.65	\$242.72	\$269.68	\$296.65	\$242.72	\$266.99
74	\$254.62	\$280.08	\$229.15	\$252.07	\$280.08	\$308.09	\$252.07	\$277.28
75	\$264.06	\$290.47	\$237.66	\$261.42	\$290.47	\$319.52	\$261.42	\$287.57
76	\$269.97	\$296.97	\$242.98	\$267.27	\$296.97	\$326.67	\$267.27	\$294.00
77	\$275.88	\$303.47	\$248.30	\$273.13	\$303.47	\$333.82	\$273.13	\$300.44
78	\$281.79	\$309.97	\$253.61	\$278.98	\$309.97	\$340.97	\$278.98	\$306.87
79	\$287.70	\$316.47	\$258.93	\$284.83	\$316.47	\$348.12	\$284.83	\$313.31
80	\$293.61	\$322.98	\$264.25	\$290.68	\$322.98	\$355.27	\$290.68	\$319.75
81	\$299.52	\$329.48	\$269.57	\$296.53	\$329.48	\$362.42	\$296.53	\$326.18
82	\$305.43	\$335.98	\$274.89	\$302.38	\$335.98	\$369.58	\$302.38	\$332.62
83	\$311.34	\$342.48	\$280.21	\$308.23	\$342.48	\$376.73	\$308.23	\$339.05
84	\$317.25	\$348.98	\$285.53	\$314.08	\$348.98	\$383.88	\$314.08	\$345.49
85+	\$323.16	\$355.48	\$290.85	\$319.93	\$355.48	\$391.03	\$319.93	\$351.93

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D - Tier 3

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$222.94	\$245.23	\$200.64	\$220.71	\$245.23	\$269.75	\$220.71	\$242.78
66	\$231.57	\$254.73	\$208.41	\$229.25	\$254.73	\$280.20	\$229.25	\$252.18
67	\$240.20	\$264.22	\$216.18	\$237.80	\$264.22	\$290.64	\$237.80	\$261.58
68	\$248.83	\$273.72	\$223.95	\$246.35	\$273.72	\$301.09	\$246.35	\$270.98
69	\$257.47	\$283.21	\$231.72	\$254.89	\$283.21	\$311.54	\$254.89	\$280.38
70	\$266.10	\$292.71	\$239.49	\$263.44	\$292.71	\$321.98	\$263.44	\$289.78
71	\$277.70	\$305.47	\$249.93	\$274.92	\$305.47	\$336.01	\$274.92	\$302.41
72	\$289.29	\$318.22	\$260.36	\$286.40	\$318.22	\$350.04	\$286.40	\$315.04
73	\$300.89	\$330.98	\$270.80	\$297.88	\$330.98	\$364.07	\$297.88	\$327.67
74	\$312.48	\$343.73	\$281.24	\$309.36	\$343.73	\$378.11	\$309.36	\$340.29
75	\$324.08	\$356.49	\$291.67	\$320.84	\$356.49	\$392.14	\$320.84	\$352.92
76	\$331.33	\$364.47	\$298.20	\$328.02	\$364.47	\$400.91	\$328.02	\$360.82
77	\$338.59	\$372.44	\$304.73	\$335.20	\$372.44	\$409.69	\$335.20	\$368.72
78	\$345.84	\$380.42	\$311.25	\$342.38	\$380.42	\$418.46	\$342.38	\$376.62
79	\$353.09	\$388.40	\$317.78	\$349.56	\$388.40	\$427.24	\$349.56	\$384.52
80	\$360.34	\$396.38	\$324.31	\$356.74	\$396.38	\$436.02	\$356.74	\$392.42
81	\$367.60	\$404.36	\$330.84	\$363.92	\$404.36	\$444.79	\$363.92	\$400.31
82	\$374.85	\$412.34	\$337.37	\$371.10	\$412.34	\$453.57	\$371.10	\$408.21
83	\$382.10	\$420.31	\$343.89	\$378.28	\$420.31	\$462.35	\$378.28	\$416.11
84	\$389.36	\$428.29	\$350.42	\$385.46	\$428.29	\$471.12	\$385.46	\$424.01
85+	\$396.61	\$436.27	\$356.95	\$392.64	\$436.27	\$479.90	\$392.64	\$431.91

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F - Guaranteed Issue*

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$196.38	\$196.38	\$176.74	\$176.74	\$216.01	\$216.01	\$194.41	\$194.41
66	\$203.98	\$203.98	\$183.58	\$183.58	\$224.38	\$224.38	\$201.94	\$201.94
67	\$211.59	\$211.59	\$190.43	\$190.43	\$232.74	\$232.74	\$209.47	\$209.47
68	\$219.19	\$219.19	\$197.27	\$197.27	\$241.11	\$241.11	\$217.00	\$217.00
69	\$226.79	\$226.79	\$204.11	\$204.11	\$249.47	\$249.47	\$224.53	\$224.53
70	\$234.40	\$234.40	\$210.96	\$210.96	\$257.84	\$257.84	\$232.05	\$232.05
71	\$244.61	\$244.61	\$220.15	\$220.15	\$269.07	\$269.07	\$242.17	\$242.17
72	\$254.83	\$254.83	\$229.34	\$229.34	\$280.31	\$280.31	\$252.28	\$252.28
73	\$265.04	\$265.04	\$238.54	\$238.54	\$291.55	\$291.55	\$262.39	\$262.39
74	\$275.26	\$275.26	\$247.73	\$247.73	\$302.78	\$302.78	\$272.50	\$272.50
75	\$285.47	\$285.47	\$256.92	\$256.92	\$314.02	\$314.02	\$282.62	\$282.62
76	\$291.86	\$291.86	\$262.67	\$262.67	\$321.05	\$321.05	\$288.94	\$288.94
77	\$298.25	\$298.25	\$268.42	\$268.42	\$328.07	\$328.07	\$295.27	\$295.27
78	\$304.64	\$304.64	\$274.17	\$274.17	\$335.10	\$335.10	\$301.59	\$301.59
79	\$311.03	\$311.03	\$279.92	\$279.92	\$342.13	\$342.13	\$307.92	\$307.92
80	\$317.42	\$317.42	\$285.67	\$285.67	\$349.16	\$349.16	\$314.24	\$314.24
81	\$323.80	\$323.80	\$291.42	\$291.42	\$356.19	\$356.19	\$320.57	\$320.57
82	\$330.19	\$330.19	\$297.17	\$297.17	\$363.21	\$363.21	\$326.89	\$326.89
83	\$336.58	\$336.58	\$302.92	\$302.92	\$370.24	\$370.24	\$333.22	\$333.22
84	\$342.97	\$342.97	\$308.67	\$308.67	\$377.27	\$377.27	\$339.54	\$339.54
85+	\$349.36	\$349.36	\$314.42	\$314.42	\$384.30	\$384.30	\$345.87	\$345.87

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F – Tier 1*

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$196.38	\$216.01	\$176.74	\$194.41	\$216.01	\$237.62	\$194.41	\$213.85
66	\$203.98	\$224.38	\$183.58	\$201.94	\$224.38	\$246.82	\$201.94	\$222.14
67	\$211.59	\$232.74	\$190.43	\$209.47	\$232.74	\$256.02	\$209.47	\$230.42
68	\$219.19	\$241.11	\$197.27	\$217.00	\$241.11	\$265.22	\$217.00	\$238.70
69	\$226.79	\$249.47	\$204.11	\$224.53	\$249.47	\$274.42	\$224.53	\$246.98
70	\$234.40	\$257.84	\$210.96	\$232.05	\$257.84	\$283.62	\$232.05	\$255.26
71	\$244.61	\$269.07	\$220.15	\$242.17	\$269.07	\$295.98	\$242.17	\$266.38
72	\$254.83	\$280.31	\$229.34	\$252.28	\$280.31	\$308.34	\$252.28	\$277.51
73	\$265.04	\$291.55	\$238.54	\$262.39	\$291.55	\$320.70	\$262.39	\$288.63
74	\$275.26	\$302.78	\$247.73	\$272.50	\$302.78	\$333.06	\$272.50	\$299.75
75	\$285.47	\$314.02	\$256.92	\$282.62	\$314.02	\$345.42	\$282.62	\$310.88
76	\$291.86	\$321.05	\$262.67	\$288.94	\$321.05	\$353.15	\$288.94	\$317.84
77	\$298.25	\$328.07	\$268.42	\$295.27	\$328.07	\$360.88	\$295.27	\$324.79
78	\$304.64	\$335.10	\$274.17	\$301.59	\$335.10	\$368.61	\$301.59	\$331.75
79	\$311.03	\$342.13	\$279.92	\$307.92	\$342.13	\$376.34	\$307.92	\$338.71
80	\$317.42	\$349.16	\$285.67	\$314.24	\$349.16	\$384.07	\$314.24	\$345.67
81	\$323.80	\$356.19	\$291.42	\$320.57	\$356.19	\$391.80	\$320.57	\$352.62
82	\$330.19	\$363.21	\$297.17	\$326.89	\$363.21	\$399.53	\$326.89	\$359.58
83	\$336.58	\$370.24	\$302.92	\$333.22	\$370.24	\$407.27	\$333.22	\$366.54
84	\$342.97	\$377.27	\$308.67	\$339.54	\$377.27	\$415.00	\$339.54	\$373.50
85+	\$349.36	\$384.30	\$314.42	\$345.87	\$384.30	\$422.73	\$345.87	\$380.45

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

Medicare Supplement Rates - Effective April 1, 2024
Monthly Premium Rates for Plan F - Tier 2*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$216.01	\$237.62	\$194.41	\$213.85	\$237.62	\$261.38	\$213.85	\$235.24
66	\$224.38	\$246.82	\$201.94	\$222.14	\$246.82	\$271.50	\$222.14	\$244.35
67	\$232.74	\$256.02	\$209.47	\$230.42	\$256.02	\$281.62	\$230.42	\$253.46
68	\$241.11	\$265.22	\$217.00	\$238.70	\$265.22	\$291.74	\$238.70	\$262.57
69	\$249.47	\$274.42	\$224.53	\$246.98	\$274.42	\$301.86	\$246.98	\$271.68
70	\$257.84	\$283.62	\$232.05	\$255.26	\$283.62	\$311.98	\$255.26	\$280.79
71	\$269.07	\$295.98	\$242.17	\$266.38	\$295.98	\$325.58	\$266.38	\$293.02
72	\$280.31	\$308.34	\$252.28	\$277.51	\$308.34	\$339.18	\$277.51	\$305.26
73	\$291.55	\$320.70	\$262.39	\$288.63	\$320.70	\$352.77	\$288.63	\$317.49
74	\$302.78	\$333.06	\$272.50	\$299.75	\$333.06	\$366.37	\$299.75	\$329.73
75	\$314.02	\$345.42	\$282.62	\$310.88	\$345.42	\$379.96	\$310.88	\$341.97
76	\$321.05	\$353.15	\$288.94	\$317.84	\$353.15	\$388.47	\$317.84	\$349.62
77	\$328.07	\$360.88	\$295.27	\$324.79	\$360.88	\$396.97	\$324.79	\$357.27
78	\$335.10	\$368.61	\$301.59	\$331.75	\$368.61	\$405.47	\$331.75	\$364.93
79	\$342.13	\$376.34	\$307.92	\$338.71	\$376.34	\$413.98	\$338.71	\$372.58
80	\$349.16	\$384.07	\$314.24	\$345.67	\$384.07	\$422.48	\$345.67	\$380.23
81	\$356.19	\$391.80	\$320.57	\$352.62	\$391.80	\$430.98	\$352.62	\$387.89
82	\$363.21	\$399.53	\$326.89	\$359.58	\$399.53	\$439.49	\$359.58	\$395.54
83	\$370.24	\$407.27	\$333.22	\$366.54	\$407.27	\$447.99	\$366.54	\$403.19
84	\$377.27	\$415.00	\$339.54	\$373.50	\$415.00	\$456.50	\$373.50	\$410.85
85+	\$384.30	\$422.73	\$345.87	\$380.45	\$422.73	\$465.00	\$380.45	\$418.50

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

Medicare Supplement Rates - Effective April 1, 2024
Monthly Premium Rates for Plan F - Tier 3*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$265.11	\$291.62	\$238.60	\$262.46	\$291.62	\$320.78	\$262.46	\$288.70
66	\$275.37	\$302.91	\$247.84	\$272.62	\$302.91	\$333.20	\$272.62	\$299.88
67	\$285.64	\$314.20	\$257.08	\$282.78	\$314.20	\$345.62	\$282.78	\$311.06
68	\$295.91	\$325.50	\$266.32	\$292.95	\$325.50	\$358.05	\$292.95	\$322.24
69	\$306.17	\$336.79	\$275.56	\$303.11	\$336.79	\$370.47	\$303.11	\$333.42
70	\$316.44	\$348.08	\$284.79	\$313.27	\$348.08	\$382.89	\$313.27	\$344.60
71	\$330.23	\$363.25	\$297.20	\$326.93	\$363.25	\$399.58	\$326.93	\$359.62
72	\$344.02	\$378.42	\$309.62	\$340.58	\$378.42	\$416.26	\$340.58	\$374.63
73	\$357.81	\$393.59	\$322.03	\$354.23	\$393.59	\$432.95	\$354.23	\$389.65
74	\$371.60	\$408.76	\$334.44	\$367.88	\$408.76	\$449.63	\$367.88	\$404.67
75	\$385.39	\$423.92	\$346.85	\$381.53	\$423.92	\$466.32	\$381.53	\$419.68
76	\$394.01	\$433.41	\$354.61	\$390.07	\$433.41	\$476.75	\$390.07	\$429.08
77	\$402.64	\$442.90	\$362.37	\$398.61	\$442.90	\$487.19	\$398.61	\$438.47
78	\$411.26	\$452.39	\$370.13	\$407.15	\$452.39	\$497.63	\$407.15	\$447.86
79	\$419.89	\$461.87	\$377.90	\$415.69	\$461.87	\$508.06	\$415.69	\$457.26
80	\$428.51	\$471.36	\$385.66	\$424.23	\$471.36	\$518.50	\$424.23	\$466.65
81	\$437.14	\$480.85	\$393.42	\$432.77	\$480.85	\$528.94	\$432.77	\$476.04
82	\$445.76	\$490.34	\$401.19	\$441.30	\$490.34	\$539.37	\$441.30	\$485.43
83	\$454.39	\$499.83	\$408.95	\$449.84	\$499.83	\$549.81	\$449.84	\$494.83
84	\$463.01	\$509.31	\$416.71	\$458.38	\$509.31	\$560.24	\$458.38	\$504.22
85+	\$471.64	\$518.80	\$424.47	\$466.92	\$518.80	\$570.68	\$466.92	\$513.61

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) - Guaranteed Issue*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$81.39	\$81.39	\$73.26	\$73.26	\$89.53	\$89.53	\$80.58	\$80.58
66	\$84.55	\$84.55	\$76.09	\$76.09	\$93.00	\$93.00	\$83.70	\$83.70
67	\$87.70	\$87.70	\$78.93	\$78.93	\$96.47	\$96.47	\$86.82	\$86.82
68	\$90.85	\$90.85	\$81.77	\$81.77	\$99.94	\$99.94	\$89.94	\$89.94
69	\$94.00	\$94.00	\$84.60	\$84.60	\$103.40	\$103.40	\$93.06	\$93.06
70	\$97.15	\$97.15	\$87.44	\$87.44	\$106.87	\$106.87	\$96.18	\$96.18
71	\$101.39	\$101.39	\$91.25	\$91.25	\$111.53	\$111.53	\$100.37	\$100.37
72	\$105.62	\$105.62	\$95.06	\$95.06	\$116.18	\$116.18	\$104.57	\$104.57
73	\$109.86	\$109.86	\$98.87	\$98.87	\$120.84	\$120.84	\$108.76	\$108.76
74	\$114.09	\$114.09	\$102.68	\$102.68	\$125.50	\$125.50	\$112.95	\$112.95
75	\$118.32	\$118.32	\$106.49	\$106.49	\$130.16	\$130.16	\$117.14	\$117.14
76	\$120.97	\$120.97	\$108.87	\$108.87	\$133.07	\$133.07	\$119.76	\$119.76
77	\$123.62	\$123.62	\$111.26	\$111.26	\$135.98	\$135.98	\$122.38	\$122.38
78	\$126.27	\$126.27	\$113.64	\$113.64	\$138.89	\$138.89	\$125.00	\$125.00
79	\$128.92	\$128.92	\$116.02	\$116.02	\$141.81	\$141.81	\$127.63	\$127.63
80	\$131.56	\$131.56	\$118.41	\$118.41	\$144.72	\$144.72	\$130.25	\$130.25
81	\$134.21	\$134.21	\$120.79	\$120.79	\$147.63	\$147.63	\$132.87	\$132.87
82	\$136.86	\$136.86	\$123.17	\$123.17	\$150.55	\$150.55	\$135.49	\$135.49
83	\$139.51	\$139.51	\$125.56	\$125.56	\$153.46	\$153.46	\$138.11	\$138.11
84	\$142.16	\$142.16	\$127.94	\$127.94	\$156.37	\$156.37	\$140.73	\$140.73
85+	\$144.80	\$144.80	\$130.32	\$130.32	\$159.28	\$159.28	\$143.36	\$143.36

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

Medicare Supplement Rates - Effective April 1, 2024

Monthly Premium Rates for Plan F (High Deductible) – Tier 1*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$81.39	\$89.53	\$73.26	\$80.58	\$89.53	\$98.49	\$80.58	\$88.64
66	\$84.55	\$93.00	\$76.09	\$83.70	\$93.00	\$102.30	\$83.70	\$92.07
67	\$87.70	\$96.47	\$78.93	\$86.82	\$96.47	\$106.12	\$86.82	\$95.50
68	\$90.85	\$99.94	\$81.77	\$89.94	\$99.94	\$109.93	\$89.94	\$98.94
69	\$94.00	\$103.40	\$84.60	\$93.06	\$103.40	\$113.74	\$93.06	\$102.37
70	\$97.15	\$106.87	\$87.44	\$96.18	\$106.87	\$117.56	\$96.18	\$105.80
71	\$101.39	\$111.53	\$91.25	\$100.37	\$111.53	\$122.68	\$100.37	\$110.41
72	\$105.62	\$116.18	\$95.06	\$104.57	\$116.18	\$127.80	\$104.57	\$115.02
73	\$109.86	\$120.84	\$98.87	\$108.76	\$120.84	\$132.93	\$108.76	\$119.63
74	\$114.09	\$125.50	\$102.68	\$112.95	\$125.50	\$138.05	\$112.95	\$124.24
75	\$118.32	\$130.16	\$106.49	\$117.14	\$130.16	\$143.17	\$117.14	\$128.85
76	\$120.97	\$133.07	\$108.87	\$119.76	\$133.07	\$146.37	\$119.76	\$131.74
77	\$123.62	\$135.98	\$111.26	\$122.38	\$135.98	\$149.58	\$122.38	\$134.62
78	\$126.27	\$138.89	\$113.64	\$125.00	\$138.89	\$152.78	\$125.00	\$137.51
79	\$128.92	\$141.81	\$116.02	\$127.63	\$141.81	\$155.99	\$127.63	\$140.39
80	\$131.56	\$144.72	\$118.41	\$130.25	\$144.72	\$159.19	\$130.25	\$143.27
81	\$134.21	\$147.63	\$120.79	\$132.87	\$147.63	\$162.40	\$132.87	\$146.16
82	\$136.86	\$150.55	\$123.17	\$135.49	\$150.55	\$165.60	\$135.49	\$149.04
83	\$139.51	\$153.46	\$125.56	\$138.11	\$153.46	\$168.80	\$138.11	\$151.92
84	\$142.16	\$156.37	\$127.94	\$140.73	\$156.37	\$172.01	\$140.73	\$154.81
85+	\$144.80	\$159.28	\$130.32	\$143.36	\$159.28	\$175.21	\$143.36	\$157.69

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) - Tier 2*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$89.53	\$98.49	\$80.58	\$88.64	\$98.49	\$108.34	\$88.64	\$97.50
66	\$93.00	\$102.30	\$83.70	\$92.07	\$102.30	\$112.53	\$92.07	\$101.28
67	\$96.47	\$106.12	\$86.82	\$95.50	\$106.12	\$116.73	\$95.50	\$105.05
68	\$99.94	\$109.93	\$89.94	\$98.94	\$109.93	\$120.92	\$98.94	\$108.83
69	\$103.40	\$113.74	\$93.06	\$102.37	\$113.74	\$125.12	\$102.37	\$112.61
70	\$106.87	\$117.56	\$96.18	\$105.80	\$117.56	\$129.31	\$105.80	\$116.38
71	\$111.53	\$122.68	\$100.37	\$110.41	\$122.68	\$134.95	\$110.41	\$121.45
72	\$116.18	\$127.80	\$104.57	\$115.02	\$127.80	\$140.58	\$115.02	\$126.52
73	\$120.84	\$132.93	\$108.76	\$119.63	\$132.93	\$146.22	\$119.63	\$131.60
74	\$125.50	\$138.05	\$112.95	\$124.24	\$138.05	\$151.85	\$124.24	\$136.67
75	\$130.16	\$143.17	\$117.14	\$128.85	\$143.17	\$157.49	\$128.85	\$141.74
76	\$133.07	\$146.37	\$119.76	\$131.74	\$146.37	\$161.01	\$131.74	\$144.91
77	\$135.98	\$149.58	\$122.38	\$134.62	\$149.58	\$164.54	\$134.62	\$148.08
78	\$138.89	\$152.78	\$125.00	\$137.51	\$152.78	\$168.06	\$137.51	\$151.26
79	\$141.81	\$155.99	\$127.63	\$140.39	\$155.99	\$171.59	\$140.39	\$154.43
80	\$144.72	\$159.19	\$130.25	\$143.27	\$159.19	\$175.11	\$143.27	\$157.60
81	\$147.63	\$162.40	\$132.87	\$146.16	\$162.40	\$178.64	\$146.16	\$160.77
82	\$150.55	\$165.60	\$135.49	\$149.04	\$165.60	\$182.16	\$149.04	\$163.94
83	\$153.46	\$168.80	\$138.11	\$151.92	\$168.80	\$185.69	\$151.92	\$167.12
84	\$156.37	\$172.01	\$140.73	\$154.81	\$172.01	\$189.21	\$154.81	\$170.29
85+	\$159.28	\$175.21	\$143.36	\$157.69	\$175.21	\$192.73	\$157.69	\$173.46

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) - Tier 3*

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$109.88	\$120.87	\$98.89	\$108.78	\$120.87	\$132.96	\$108.78	\$119.66
66	\$114.14	\$125.55	\$102.72	\$113.00	\$125.55	\$138.11	\$113.00	\$124.30
67	\$118.39	\$130.23	\$106.55	\$117.21	\$130.23	\$143.26	\$117.21	\$128.93
68	\$122.65	\$134.91	\$110.38	\$121.42	\$134.91	\$148.40	\$121.42	\$133.56
69	\$126.90	\$139.59	\$114.21	\$125.63	\$139.59	\$153.55	\$125.63	\$138.20
70	\$131.16	\$144.27	\$118.04	\$129.85	\$144.27	\$158.70	\$129.85	\$142.83
71	\$136.87	\$150.56	\$123.19	\$135.51	\$150.56	\$165.62	\$135.51	\$149.06
72	\$142.59	\$156.85	\$128.33	\$141.16	\$156.85	\$172.53	\$141.16	\$155.28
73	\$148.30	\$163.14	\$133.47	\$146.82	\$163.14	\$179.45	\$146.82	\$161.50
74	\$154.02	\$169.42	\$138.62	\$152.48	\$169.42	\$186.36	\$152.48	\$167.73
75	\$159.74	\$175.71	\$143.76	\$158.14	\$175.71	\$193.28	\$158.14	\$173.95
76	\$163.31	\$179.64	\$146.98	\$161.68	\$179.64	\$197.61	\$161.68	\$177.85
77	\$166.89	\$183.57	\$150.20	\$165.22	\$183.57	\$201.93	\$165.22	\$181.74
78	\$170.46	\$187.51	\$153.41	\$168.76	\$187.51	\$206.26	\$168.76	\$185.63
79	\$174.04	\$191.44	\$156.63	\$172.30	\$191.44	\$210.58	\$172.30	\$189.53
80	\$177.61	\$195.37	\$159.85	\$175.83	\$195.37	\$214.91	\$175.83	\$193.42
81	\$181.19	\$199.30	\$163.07	\$179.37	\$199.30	\$219.23	\$179.37	\$197.31
82	\$184.76	\$203.24	\$166.28	\$182.91	\$203.24	\$223.56	\$182.91	\$201.20
83	\$188.34	\$207.17	\$169.50	\$186.45	\$207.17	\$227.89	\$186.45	\$205.10
84	\$191.91	\$211.10	\$172.72	\$189.99	\$211.10	\$232.21	\$189.99	\$208.99
85+	\$195.49	\$215.03	\$175.94	\$193.53	\$215.03	\$236.54	\$193.53	\$212.88

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G - Guaranteed Issue

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$140.31	\$140.31	\$126.28	\$126.28	\$154.34	\$154.34	\$138.91	\$138.91
66	\$145.75	\$145.75	\$131.17	\$131.17	\$160.32	\$160.32	\$144.29	\$144.29
67	\$151.18	\$151.18	\$136.06	\$136.06	\$166.30	\$166.30	\$149.67	\$149.67
68	\$156.61	\$156.61	\$140.95	\$140.95	\$172.27	\$172.27	\$155.05	\$155.05
69	\$162.05	\$162.05	\$145.84	\$145.84	\$178.25	\$178.25	\$160.42	\$160.42
70	\$167.48	\$167.48	\$150.73	\$150.73	\$184.23	\$184.23	\$165.80	\$165.80
71	\$174.78	\$174.78	\$157.30	\$157.30	\$192.25	\$192.25	\$173.03	\$173.03
72	\$182.08	\$182.08	\$163.87	\$163.87	\$200.28	\$200.28	\$180.25	\$180.25
73	\$189.37	\$189.37	\$170.44	\$170.44	\$208.31	\$208.31	\$187.48	\$187.48
74	\$196.67	\$196.67	\$177.00	\$177.00	\$216.34	\$216.34	\$194.70	\$194.70
75	\$203.97	\$203.97	\$183.57	\$183.57	\$224.37	\$224.37	\$201.93	\$201.93
76	\$208.53	\$208.53	\$187.68	\$187.68	\$229.39	\$229.39	\$206.45	\$206.45
77	\$213.10	\$213.10	\$191.79	\$191.79	\$234.41	\$234.41	\$210.97	\$210.97
78	\$217.66	\$217.66	\$195.90	\$195.90	\$239.43	\$239.43	\$215.49	\$215.49
79	\$222.23	\$222.23	\$200.01	\$200.01	\$244.45	\$244.45	\$220.01	\$220.01
80	\$226.79	\$226.79	\$204.12	\$204.12	\$249.47	\$249.47	\$224.53	\$224.53
81	\$231.36	\$231.36	\$208.22	\$208.22	\$254.50	\$254.50	\$229.05	\$229.05
82	\$235.92	\$235.92	\$212.33	\$212.33	\$259.52	\$259.52	\$233.57	\$233.57
83	\$240.49	\$240.49	\$216.44	\$216.44	\$264.54	\$264.54	\$238.08	\$238.08
84	\$245.05	\$245.05	\$220.55	\$220.55	\$269.56	\$269.56	\$242.60	\$242.60
85+	\$249.62	\$249.62	\$224.66	\$224.66	\$274.58	\$274.58	\$247.12	\$247.12

Medicare Supplement Rates - Effective April 1, 2024

Monthly Premium Rates for Plan G – Tier 1

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$140.31	\$154.34	\$126.28	\$138.91	\$154.34	\$169.78	\$138.91	\$152.80
66	\$145.75	\$160.32	\$131.17	\$144.29	\$160.32	\$176.35	\$144.29	\$158.72
67	\$151.18	\$166.30	\$136.06	\$149.67	\$166.30	\$182.93	\$149.67	\$164.63
68	\$156.61	\$172.27	\$140.95	\$155.05	\$172.27	\$189.50	\$155.05	\$170.55
69	\$162.05	\$178.25	\$145.84	\$160.42	\$178.25	\$196.07	\$160.42	\$176.47
70	\$167.48	\$184.23	\$150.73	\$165.80	\$184.23	\$202.65	\$165.80	\$182.38
71	\$174.78	\$192.25	\$157.30	\$173.03	\$192.25	\$211.48	\$173.03	\$190.33
72	\$182.08	\$200.28	\$163.87	\$180.25	\$200.28	\$220.31	\$180.25	\$198.28
73	\$189.37	\$208.31	\$170.44	\$187.48	\$208.31	\$229.14	\$187.48	\$206.23
74	\$196.67	\$216.34	\$177.00	\$194.70	\$216.34	\$237.97	\$194.70	\$214.18
75	\$203.97	\$224.37	\$183.57	\$201.93	\$224.37	\$246.80	\$201.93	\$222.12
76	\$208.53	\$229.39	\$187.68	\$206.45	\$229.39	\$252.33	\$206.45	\$227.09
77	\$213.10	\$234.41	\$191.79	\$210.97	\$234.41	\$257.85	\$210.97	\$232.07
78	\$217.66	\$239.43	\$195.90	\$215.49	\$239.43	\$263.37	\$215.49	\$237.04
79	\$222.23	\$244.45	\$200.01	\$220.01	\$244.45	\$268.90	\$220.01	\$242.01
80	\$226.79	\$249.47	\$204.12	\$224.53	\$249.47	\$274.42	\$224.53	\$246.98
81	\$231.36	\$254.50	\$208.22	\$229.05	\$254.50	\$279.95	\$229.05	\$251.95
82	\$235.92	\$259.52	\$212.33	\$233.57	\$259.52	\$285.47	\$233.57	\$256.92
83	\$240.49	\$264.54	\$216.44	\$238.08	\$264.54	\$290.99	\$238.08	\$261.89
84	\$245.05	\$269.56	\$220.55	\$242.60	\$269.56	\$296.52	\$242.60	\$266.86
85+	\$249.62	\$274.58	\$224.66	\$247.12	\$274.58	\$302.04	\$247.12	\$271.84

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G - Tier 2

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$154.34	\$169.78	\$138.91	\$152.80	\$169.78	\$186.76	\$152.80	\$168.08
66	\$160.32	\$176.35	\$144.29	\$158.72	\$176.35	\$193.99	\$158.72	\$174.59
67	\$166.30	\$182.93	\$149.67	\$164.63	\$182.93	\$201.22	\$164.63	\$181.10
68	\$172.27	\$189.50	\$155.05	\$170.55	\$189.50	\$208.45	\$170.55	\$187.61
69	\$178.25	\$196.07	\$160.42	\$176.47	\$196.07	\$215.68	\$176.47	\$194.11
70	\$184.23	\$202.65	\$165.80	\$182.38	\$202.65	\$222.91	\$182.38	\$200.62
71	\$192.25	\$211.48	\$173.03	\$190.33	\$211.48	\$232.63	\$190.33	\$209.37
72	\$200.28	\$220.31	\$180.25	\$198.28	\$220.31	\$242.34	\$198.28	\$218.11
73	\$208.31	\$229.14	\$187.48	\$206.23	\$229.14	\$252.06	\$206.23	\$226.85
74	\$216.34	\$237.97	\$194.70	\$214.18	\$237.97	\$261.77	\$214.18	\$235.59
75	\$224.37	\$246.80	\$201.93	\$222.12	\$246.80	\$271.48	\$222.12	\$244.34
76	\$229.39	\$252.33	\$206.45	\$227.09	\$252.33	\$277.56	\$227.09	\$249.80
77	\$234.41	\$257.85	\$210.97	\$232.07	\$257.85	\$283.64	\$232.07	\$255.27
78	\$239.43	\$263.37	\$215.49	\$237.04	\$263.37	\$289.71	\$237.04	\$260.74
79	\$244.45	\$268.90	\$220.01	\$242.01	\$268.90	\$295.79	\$242.01	\$266.21
80	\$249.47	\$274.42	\$224.53	\$246.98	\$274.42	\$301.86	\$246.98	\$271.68
81	\$254.50	\$279.95	\$229.05	\$251.95	\$279.95	\$307.94	\$251.95	\$277.15
82	\$259.52	\$285.47	\$233.57	\$256.92	\$285.47	\$314.02	\$256.92	\$282.61
83	\$264.54	\$290.99	\$238.08	\$261.89	\$290.99	\$320.09	\$261.89	\$288.08
84	\$269.56	\$296.52	\$242.60	\$266.86	\$296.52	\$326.17	\$266.86	\$293.55
85+	\$274.58	\$302.04	\$247.12	\$271.84	\$302.04	\$332.24	\$271.84	\$299.02

Medicare Supplement Rates - Effective April 1, 2024
Monthly Premium Rates for Plan G - Tier 3

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$189.42	\$208.36	\$170.48	\$187.53	\$208.36	\$229.20	\$187.53	\$206.28
66	\$196.76	\$216.43	\$177.08	\$194.79	\$216.43	\$238.07	\$194.79	\$214.27
67	\$204.09	\$224.50	\$183.68	\$202.05	\$224.50	\$246.95	\$202.05	\$222.26
68	\$211.43	\$232.57	\$190.28	\$209.31	\$232.57	\$255.83	\$209.31	\$230.24
69	\$218.76	\$240.64	\$196.89	\$216.57	\$240.64	\$264.70	\$216.57	\$238.23
70	\$226.10	\$248.71	\$203.49	\$223.84	\$248.71	\$273.58	\$223.84	\$246.22
71	\$235.95	\$259.54	\$212.35	\$233.59	\$259.54	\$285.50	\$233.59	\$256.95
72	\$245.80	\$270.38	\$221.22	\$243.34	\$270.38	\$297.42	\$243.34	\$267.68
73	\$255.65	\$281.22	\$230.09	\$253.10	\$281.22	\$309.34	\$253.10	\$278.41
74	\$265.51	\$292.06	\$238.96	\$262.85	\$292.06	\$321.26	\$262.85	\$289.14
75	\$275.36	\$302.90	\$247.82	\$272.61	\$302.90	\$333.18	\$272.61	\$299.87
76	\$281.52	\$309.67	\$253.37	\$278.71	\$309.67	\$340.64	\$278.71	\$306.58
77	\$287.68	\$316.45	\$258.92	\$284.81	\$316.45	\$348.10	\$284.81	\$313.29
78	\$293.85	\$323.23	\$264.46	\$290.91	\$323.23	\$355.56	\$290.91	\$320.00
79	\$300.01	\$330.01	\$270.01	\$297.01	\$330.01	\$363.01	\$297.01	\$326.71
80	\$306.17	\$336.79	\$275.56	\$303.11	\$336.79	\$370.47	\$303.11	\$333.42
81	\$312.34	\$343.57	\$281.10	\$309.21	\$343.57	\$377.93	\$309.21	\$340.13
82	\$318.50	\$350.35	\$286.65	\$315.31	\$350.35	\$385.38	\$315.31	\$346.84
83	\$324.66	\$357.13	\$292.19	\$321.41	\$357.13	\$392.84	\$321.41	\$353.56
84	\$330.82	\$363.91	\$297.74	\$327.52	\$363.91	\$400.30	\$327.52	\$360.27
85+	\$336.99	\$370.69	\$303.29	\$333.62	\$370.69	\$407.75	\$333.62	\$366.98

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G (High Deductible) - Guaranteed Issue

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$77.50	\$77.50	\$69.75	\$69.75	\$85.25	\$85.25	\$76.73	\$76.73
66	\$80.50	\$80.50	\$72.45	\$72.45	\$88.56	\$88.56	\$79.70	\$79.70
67	\$83.51	\$83.51	\$75.16	\$75.16	\$91.86	\$91.86	\$82.67	\$82.67
68	\$86.51	\$86.51	\$77.86	\$77.86	\$95.16	\$95.16	\$85.64	\$85.64
69	\$89.51	\$89.51	\$80.56	\$80.56	\$98.46	\$98.46	\$88.61	\$88.61
70	\$92.51	\$92.51	\$83.26	\$83.26	\$101.76	\$101.76	\$91.58	\$91.58
71	\$96.54	\$96.54	\$86.89	\$86.89	\$106.20	\$106.20	\$95.58	\$95.58
72	\$100.57	\$100.57	\$90.52	\$90.52	\$110.63	\$110.63	\$99.57	\$99.57
73	\$104.60	\$104.60	\$94.14	\$94.14	\$115.06	\$115.06	\$103.56	\$103.56
74	\$108.64	\$108.64	\$97.77	\$97.77	\$119.50	\$119.50	\$107.55	\$107.55
75	\$112.67	\$112.67	\$101.40	\$101.40	\$123.93	\$123.93	\$111.54	\$111.54
76	\$115.19	\$115.19	\$103.67	\$103.67	\$126.71	\$126.71	\$114.04	\$114.04
77	\$117.71	\$117.71	\$105.94	\$105.94	\$129.48	\$129.48	\$116.53	\$116.53
78	\$120.23	\$120.23	\$108.21	\$108.21	\$132.25	\$132.25	\$119.03	\$119.03
79	\$122.75	\$122.75	\$110.48	\$110.48	\$135.03	\$135.03	\$121.53	\$121.53
80	\$125.27	\$125.27	\$112.75	\$112.75	\$137.80	\$137.80	\$124.02	\$124.02
81	\$127.80	\$127.80	\$115.02	\$115.02	\$140.58	\$140.58	\$126.52	\$126.52
82	\$130.32	\$130.32	\$117.29	\$117.29	\$143.35	\$143.35	\$129.01	\$129.01
83	\$132.84	\$132.84	\$119.55	\$119.55	\$146.12	\$146.12	\$131.51	\$131.51
84	\$135.36	\$135.36	\$121.82	\$121.82	\$148.90	\$148.90	\$134.01	\$134.01
85+	\$137.88	\$137.88	\$124.09	\$124.09	\$151.67	\$151.67	\$136.50	\$136.50

Medicare Supplement Rates - Effective April 1, 2024

Monthly Premium Rates for Plan G (High Deductible) – Tier 1

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$77.50	\$85.25	\$69.75	\$76.73	\$85.25	\$93.78	\$76.73	\$84.40
66	\$80.50	\$88.56	\$72.45	\$79.70	\$88.56	\$97.41	\$79.70	\$87.67
67	\$83.51	\$91.86	\$75.16	\$82.67	\$91.86	\$101.04	\$82.67	\$90.94
68	\$86.51	\$95.16	\$77.86	\$85.64	\$95.16	\$104.67	\$85.64	\$94.21
69	\$89.51	\$98.46	\$80.56	\$88.61	\$98.46	\$108.31	\$88.61	\$97.47
70	\$92.51	\$101.76	\$83.26	\$91.58	\$101.76	\$111.94	\$91.58	\$100.74
71	\$96.54	\$106.20	\$86.89	\$95.58	\$106.20	\$116.81	\$95.58	\$105.13
72	\$100.57	\$110.63	\$90.52	\$99.57	\$110.63	\$121.69	\$99.57	\$109.52
73	\$104.60	\$115.06	\$94.14	\$103.56	\$115.06	\$126.57	\$103.56	\$113.91
74	\$108.64	\$119.50	\$97.77	\$107.55	\$119.50	\$131.45	\$107.55	\$118.30
75	\$112.67	\$123.93	\$101.40	\$111.54	\$123.93	\$136.33	\$111.54	\$122.69
76	\$115.19	\$126.71	\$103.67	\$114.04	\$126.71	\$139.38	\$114.04	\$125.44
77	\$117.71	\$129.48	\$105.94	\$116.53	\$129.48	\$142.43	\$116.53	\$128.19
78	\$120.23	\$132.25	\$108.21	\$119.03	\$132.25	\$145.48	\$119.03	\$130.93
79	\$122.75	\$135.03	\$110.48	\$121.53	\$135.03	\$148.53	\$121.53	\$133.68
80	\$125.27	\$137.80	\$112.75	\$124.02	\$137.80	\$151.58	\$124.02	\$136.42
81	\$127.80	\$140.58	\$115.02	\$126.52	\$140.58	\$154.63	\$126.52	\$139.17
82	\$130.32	\$143.35	\$117.29	\$129.01	\$143.35	\$157.68	\$129.01	\$141.92
83	\$132.84	\$146.12	\$119.55	\$131.51	\$146.12	\$160.73	\$131.51	\$144.66
84	\$135.36	\$148.90	\$121.82	\$134.01	\$148.90	\$163.79	\$134.01	\$147.41
85+	\$137.88	\$151.67	\$124.09	\$136.50	\$151.67	\$166.84	\$136.50	\$150.15

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G (High Deductible) - Tier 2

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$85.25	\$93.78	\$76.73	\$84.40	\$93.78	\$103.16	\$84.40	\$92.84
66	\$88.56	\$97.41	\$79.70	\$87.67	\$97.41	\$107.15	\$87.67	\$96.44
67	\$91.86	\$101.04	\$82.67	\$90.94	\$101.04	\$111.15	\$90.94	\$100.03
68	\$95.16	\$104.67	\$85.64	\$94.21	\$104.67	\$115.14	\$94.21	\$103.63
69	\$98.46	\$108.31	\$88.61	\$97.47	\$108.31	\$119.14	\$97.47	\$107.22
70	\$101.76	\$111.94	\$91.58	\$100.74	\$111.94	\$123.13	\$100.74	\$110.82
71	\$106.20	\$116.81	\$95.58	\$105.13	\$116.81	\$128.50	\$105.13	\$115.65
72	\$110.63	\$121.69	\$99.57	\$109.52	\$121.69	\$133.86	\$109.52	\$120.48
73	\$115.06	\$126.57	\$103.56	\$113.91	\$126.57	\$139.23	\$113.91	\$125.30
74	\$119.50	\$131.45	\$107.55	\$118.30	\$131.45	\$144.59	\$118.30	\$130.13
75	\$123.93	\$136.33	\$111.54	\$122.69	\$136.33	\$149.96	\$122.69	\$134.96
76	\$126.71	\$139.38	\$114.04	\$125.44	\$139.38	\$153.32	\$125.44	\$137.98
77	\$129.48	\$142.43	\$116.53	\$128.19	\$142.43	\$156.67	\$128.19	\$141.00
78	\$132.25	\$145.48	\$119.03	\$130.93	\$145.48	\$160.03	\$130.93	\$144.02
79	\$135.03	\$148.53	\$121.53	\$133.68	\$148.53	\$163.38	\$133.68	\$147.05
80	\$137.80	\$151.58	\$124.02	\$136.42	\$151.58	\$166.74	\$136.42	\$150.07
81	\$140.58	\$154.63	\$126.52	\$139.17	\$154.63	\$170.10	\$139.17	\$153.09
82	\$143.35	\$157.68	\$129.01	\$141.92	\$157.68	\$173.45	\$141.92	\$156.11
83	\$146.12	\$160.73	\$131.51	\$144.66	\$160.73	\$176.81	\$144.66	\$159.13
84	\$148.90	\$163.79	\$134.01	\$147.41	\$163.79	\$180.16	\$147.41	\$162.15
85+	\$151.67	\$166.84	\$136.50	\$150.15	\$166.84	\$183.52	\$150.15	\$165.17

Medicare Supplement Rates - Effective April 1, 2024
Monthly Premium Rates for Plan G (High Deductible) – Tier 3

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$104.63	\$115.09	\$94.17	\$103.58	\$115.09	\$126.60	\$103.58	\$113.94
66	\$108.68	\$119.55	\$97.81	\$107.59	\$119.55	\$131.50	\$107.59	\$118.35
67	\$112.73	\$124.01	\$101.46	\$111.61	\$124.01	\$136.41	\$111.61	\$122.77
68	\$116.79	\$128.46	\$105.11	\$115.62	\$128.46	\$141.31	\$115.62	\$127.18
69	\$120.84	\$132.92	\$108.75	\$119.63	\$132.92	\$146.21	\$119.63	\$131.59
70	\$124.89	\$137.38	\$112.40	\$123.64	\$137.38	\$151.11	\$123.64	\$136.00
71	\$130.33	\$143.36	\$117.30	\$129.03	\$143.36	\$157.70	\$129.03	\$141.93
72	\$135.77	\$149.35	\$122.20	\$134.42	\$149.35	\$164.29	\$134.42	\$147.86
73	\$141.22	\$155.34	\$127.09	\$139.80	\$155.34	\$170.87	\$139.80	\$153.78
74	\$146.66	\$161.32	\$131.99	\$145.19	\$161.32	\$177.46	\$145.19	\$159.71
75	\$152.10	\$167.31	\$136.89	\$150.58	\$167.31	\$184.04	\$150.58	\$165.64
76	\$155.50	\$171.05	\$139.95	\$153.95	\$171.05	\$188.16	\$153.95	\$169.34
77	\$158.91	\$174.80	\$143.02	\$157.32	\$174.80	\$192.28	\$157.32	\$173.05
78	\$162.31	\$178.54	\$146.08	\$160.69	\$178.54	\$196.40	\$160.69	\$176.76
79	\$165.72	\$182.29	\$149.14	\$164.06	\$182.29	\$200.52	\$164.06	\$180.46
80	\$169.12	\$186.03	\$152.21	\$167.43	\$186.03	\$204.64	\$167.43	\$184.17
81	\$172.52	\$189.78	\$155.27	\$170.80	\$189.78	\$208.75	\$170.80	\$187.88
82	\$175.93	\$193.52	\$158.34	\$174.17	\$193.52	\$212.87	\$174.17	\$191.59
83	\$179.33	\$197.27	\$161.40	\$177.54	\$197.27	\$216.99	\$177.54	\$195.29
84	\$182.74	\$201.01	\$164.46	\$180.91	\$201.01	\$221.11	\$180.91	\$199.00
85+	\$186.14	\$204.75	\$167.53	\$184.28	\$204.75	\$225.23	\$184.28	\$202.71

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N - Guaranteed Issue

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$127.63	\$127.63	\$114.86	\$114.86	\$140.39	\$140.39	\$126.35	\$126.35
66	\$132.57	\$132.57	\$119.31	\$119.31	\$145.83	\$145.83	\$131.24	\$131.24
67	\$137.51	\$137.51	\$123.76	\$123.76	\$151.26	\$151.26	\$136.14	\$136.14
68	\$142.45	\$142.45	\$128.21	\$128.21	\$156.70	\$156.70	\$141.03	\$141.03
69	\$147.40	\$147.40	\$132.66	\$132.66	\$162.14	\$162.14	\$145.92	\$145.92
70	\$152.34	\$152.34	\$137.10	\$137.10	\$167.57	\$167.57	\$150.81	\$150.81
71	\$158.98	\$158.98	\$143.08	\$143.08	\$174.87	\$174.87	\$157.39	\$157.39
72	\$165.61	\$165.61	\$149.05	\$149.05	\$182.18	\$182.18	\$163.96	\$163.96
73	\$172.25	\$172.25	\$155.03	\$155.03	\$189.48	\$189.48	\$170.53	\$170.53
74	\$178.89	\$178.89	\$161.00	\$161.00	\$196.78	\$196.78	\$177.10	\$177.10
75	\$185.53	\$185.53	\$166.98	\$166.98	\$204.08	\$204.08	\$183.67	\$183.67
76	\$189.68	\$189.68	\$170.71	\$170.71	\$208.65	\$208.65	\$187.79	\$187.79
77	\$193.83	\$193.83	\$174.45	\$174.45	\$213.22	\$213.22	\$191.90	\$191.90
78	\$197.99	\$197.99	\$178.19	\$178.19	\$217.79	\$217.79	\$196.01	\$196.01
79	\$202.14	\$202.14	\$181.93	\$181.93	\$222.35	\$222.35	\$200.12	\$200.12
80	\$206.29	\$206.29	\$185.66	\$185.66	\$226.92	\$226.92	\$204.23	\$204.23
81	\$210.44	\$210.44	\$189.40	\$189.40	\$231.49	\$231.49	\$208.34	\$208.34
82	\$214.60	\$214.60	\$193.14	\$193.14	\$236.06	\$236.06	\$212.45	\$212.45
83	\$218.75	\$218.75	\$196.87	\$196.87	\$240.62	\$240.62	\$216.56	\$216.56
84	\$222.90	\$222.90	\$200.61	\$200.61	\$245.19	\$245.19	\$220.67	\$220.67
85+	\$227.05	\$227.05	\$204.35	\$204.35	\$249.76	\$249.76	\$224.78	\$224.78

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N – Tier 1

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$127.63	\$140.39	\$114.86	\$126.35	\$140.39	\$154.43	\$126.35	\$138.99
66	\$132.57	\$145.83	\$119.31	\$131.24	\$145.83	\$160.41	\$131.24	\$144.37
67	\$137.51	\$151.26	\$123.76	\$136.14	\$151.26	\$166.39	\$136.14	\$149.75
68	\$142.45	\$156.70	\$128.21	\$141.03	\$156.70	\$172.37	\$141.03	\$155.13
69	\$147.40	\$162.14	\$132.66	\$145.92	\$162.14	\$178.35	\$145.92	\$160.51
70	\$152.34	\$167.57	\$137.10	\$150.81	\$167.57	\$184.33	\$150.81	\$165.90
71	\$158.98	\$174.87	\$143.08	\$157.39	\$174.87	\$192.36	\$157.39	\$173.13
72	\$165.61	\$182.18	\$149.05	\$163.96	\$182.18	\$200.39	\$163.96	\$180.35
73	\$172.25	\$189.48	\$155.03	\$170.53	\$189.48	\$208.43	\$170.53	\$187.58
74	\$178.89	\$196.78	\$161.00	\$177.10	\$196.78	\$216.46	\$177.10	\$194.81
75	\$185.53	\$204.08	\$166.98	\$183.67	\$204.08	\$224.49	\$183.67	\$202.04
76	\$189.68	\$208.65	\$170.71	\$187.79	\$208.65	\$229.52	\$187.79	\$206.56
77	\$193.83	\$213.22	\$174.45	\$191.90	\$213.22	\$234.54	\$191.90	\$211.09
78	\$197.99	\$217.79	\$178.19	\$196.01	\$217.79	\$239.56	\$196.01	\$215.61
79	\$202.14	\$222.35	\$181.93	\$200.12	\$222.35	\$244.59	\$200.12	\$220.13
80	\$206.29	\$226.92	\$185.66	\$204.23	\$226.92	\$249.61	\$204.23	\$224.65
81	\$210.44	\$231.49	\$189.40	\$208.34	\$231.49	\$254.64	\$208.34	\$229.17
82	\$214.60	\$236.06	\$193.14	\$212.45	\$236.06	\$259.66	\$212.45	\$233.69
83	\$218.75	\$240.62	\$196.87	\$216.56	\$240.62	\$264.69	\$216.56	\$238.22
84	\$222.90	\$245.19	\$200.61	\$220.67	\$245.19	\$269.71	\$220.67	\$242.74
85+	\$227.05	\$249.76	\$204.35	\$224.78	\$249.76	\$274.73	\$224.78	\$247.26

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N - Tier 2

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$140.39	\$154.43	\$126.35	\$138.99	\$154.43	\$169.87	\$138.99	\$152.88
66	\$145.83	\$160.41	\$131.24	\$144.37	\$160.41	\$176.45	\$144.37	\$158.80
67	\$151.26	\$166.39	\$136.14	\$149.75	\$166.39	\$183.03	\$149.75	\$164.72
68	\$156.70	\$172.37	\$141.03	\$155.13	\$172.37	\$189.61	\$155.13	\$170.65
69	\$162.14	\$178.35	\$145.92	\$160.51	\$178.35	\$196.18	\$160.51	\$176.57
70	\$167.57	\$184.33	\$150.81	\$165.90	\$184.33	\$202.76	\$165.90	\$182.49
71	\$174.87	\$192.36	\$157.39	\$173.13	\$192.36	\$211.60	\$173.13	\$190.44
72	\$182.18	\$200.39	\$163.96	\$180.35	\$200.39	\$220.43	\$180.35	\$198.39
73	\$189.48	\$208.43	\$170.53	\$187.58	\$208.43	\$229.27	\$187.58	\$206.34
74	\$196.78	\$216.46	\$177.10	\$194.81	\$216.46	\$238.10	\$194.81	\$214.29
75	\$204.08	\$224.49	\$183.67	\$202.04	\$224.49	\$246.94	\$202.04	\$222.25
76	\$208.65	\$229.52	\$187.79	\$206.56	\$229.52	\$252.47	\$206.56	\$227.22
77	\$213.22	\$234.54	\$191.90	\$211.09	\$234.54	\$257.99	\$211.09	\$232.19
78	\$217.79	\$239.56	\$196.01	\$215.61	\$239.56	\$263.52	\$215.61	\$237.17
79	\$222.35	\$244.59	\$200.12	\$220.13	\$244.59	\$269.05	\$220.13	\$242.14
80	\$226.92	\$249.61	\$204.23	\$224.65	\$249.61	\$274.57	\$224.65	\$247.12
81	\$231.49	\$254.64	\$208.34	\$229.17	\$254.64	\$280.10	\$229.17	\$252.09
82	\$236.06	\$259.66	\$212.45	\$233.69	\$259.66	\$285.63	\$233.69	\$257.06
83	\$240.62	\$264.69	\$216.56	\$238.22	\$264.69	\$291.15	\$238.22	\$262.04
84	\$245.19	\$269.71	\$220.67	\$242.74	\$269.71	\$296.68	\$242.74	\$267.01
85+	\$249.76	\$274.73	\$224.78	\$247.26	\$274.73	\$302.21	\$247.26	\$271.99

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N - Tier 3

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$172.30	\$189.53	\$155.07	\$170.57	\$189.53	\$208.48	\$170.57	\$187.63
66	\$178.97	\$196.87	\$161.07	\$177.18	\$196.87	\$216.55	\$177.18	\$194.90
67	\$185.64	\$204.20	\$167.08	\$183.78	\$204.20	\$224.62	\$183.78	\$202.16
68	\$192.31	\$211.54	\$173.08	\$190.39	\$211.54	\$232.70	\$190.39	\$209.43
69	\$198.98	\$218.88	\$179.09	\$196.99	\$218.88	\$240.77	\$196.99	\$216.69
70	\$205.66	\$226.22	\$185.09	\$203.60	\$226.22	\$248.84	\$203.60	\$223.96
71	\$214.62	\$236.08	\$193.16	\$212.47	\$236.08	\$259.69	\$212.47	\$233.72
72	\$223.58	\$245.94	\$201.22	\$221.34	\$245.94	\$270.53	\$221.34	\$243.48
73	\$232.54	\$255.80	\$209.29	\$230.22	\$255.80	\$281.38	\$230.22	\$253.24
74	\$241.50	\$265.65	\$217.35	\$239.09	\$265.65	\$292.22	\$239.09	\$263.00
75	\$250.47	\$275.51	\$225.42	\$247.96	\$275.51	\$303.06	\$247.96	\$272.76
76	\$256.07	\$281.68	\$230.46	\$253.51	\$281.68	\$309.85	\$253.51	\$278.86
77	\$261.68	\$287.84	\$235.51	\$259.06	\$287.84	\$316.63	\$259.06	\$284.97
78	\$267.28	\$294.01	\$240.55	\$264.61	\$294.01	\$323.41	\$264.61	\$291.07
79	\$272.89	\$300.18	\$245.60	\$270.16	\$300.18	\$330.19	\$270.16	\$297.17
80	\$278.49	\$306.34	\$250.64	\$275.71	\$306.34	\$336.98	\$275.71	\$303.28
81	\$284.10	\$312.51	\$255.69	\$281.26	\$312.51	\$343.76	\$281.26	\$309.38
82	\$289.70	\$318.67	\$260.73	\$286.81	\$318.67	\$350.54	\$286.81	\$315.49
83	\$295.31	\$324.84	\$265.78	\$292.36	\$324.84	\$357.33	\$292.36	\$321.59
84	\$300.92	\$331.01	\$270.82	\$297.91	\$331.01	\$364.11	\$297.91	\$327.70
85+	\$306.52	\$337.17	\$275.87	\$303.46	\$337.17	\$370.89	\$303.46	\$333.80

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan A - Guaranteed Issue - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$117.97	\$117.97	\$106.17	\$106.17	\$129.76	\$129.76	\$116.79	\$116.79
66	\$122.53	\$122.53	\$110.28	\$110.28	\$134.79	\$134.79	\$121.31	\$121.31
67	\$127.10	\$127.10	\$114.39	\$114.39	\$139.81	\$139.81	\$125.83	\$125.83
68	\$131.67	\$131.67	\$118.50	\$118.50	\$144.84	\$144.84	\$130.35	\$130.35
69	\$136.24	\$136.24	\$122.62	\$122.62	\$149.86	\$149.86	\$134.88	\$134.88
70	\$140.81	\$140.81	\$126.73	\$126.73	\$154.89	\$154.89	\$139.40	\$139.40
71	\$146.94	\$146.94	\$132.25	\$132.25	\$161.64	\$161.64	\$145.47	\$145.47
72	\$153.08	\$153.08	\$137.77	\$137.77	\$168.39	\$168.39	\$151.55	\$151.55
73	\$159.21	\$159.21	\$143.29	\$143.29	\$175.14	\$175.14	\$157.62	\$157.62
74	\$165.35	\$165.35	\$148.82	\$148.82	\$181.89	\$181.89	\$163.70	\$163.70
75	\$171.49	\$171.49	\$154.34	\$154.34	\$188.64	\$188.64	\$169.77	\$169.77
76	\$175.32	\$175.32	\$157.79	\$157.79	\$192.86	\$192.86	\$173.57	\$173.57
77	\$179.16	\$179.16	\$161.25	\$161.25	\$197.08	\$197.08	\$177.37	\$177.37
78	\$183.00	\$183.00	\$164.70	\$164.70	\$201.30	\$201.30	\$181.17	\$181.17
79	\$186.84	\$186.84	\$168.15	\$168.15	\$205.52	\$205.52	\$184.97	\$184.97
80	\$190.68	\$190.68	\$171.61	\$171.61	\$209.74	\$209.74	\$188.77	\$188.77
81	\$194.51	\$194.51	\$175.06	\$175.06	\$213.97	\$213.97	\$192.57	\$192.57
82	\$198.35	\$198.35	\$178.52	\$178.52	\$218.19	\$218.19	\$196.37	\$196.37
83	\$202.19	\$202.19	\$181.97	\$181.97	\$222.41	\$222.41	\$200.17	\$200.17
84	\$206.03	\$206.03	\$185.43	\$185.43	\$226.63	\$226.63	\$203.97	\$203.97
85+	\$209.87	\$209.87	\$188.88	\$188.88	\$230.85	\$230.85	\$207.77	\$207.77

Monthly Premium Rates for Plan A – Tier 1 – Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$117.97	\$129.76	\$106.17	\$116.79	\$129.76	\$142.74	\$116.79	\$128.47
66	\$122.53	\$134.79	\$110.28	\$121.31	\$134.79	\$148.27	\$121.31	\$133.44
67	\$127.10	\$139.81	\$114.39	\$125.83	\$139.81	\$153.79	\$125.83	\$138.41
68	\$131.67	\$144.84	\$118.50	\$130.35	\$144.84	\$159.32	\$130.35	\$143.39
69	\$136.24	\$149.86	\$122.62	\$134.88	\$149.86	\$164.85	\$134.88	\$148.36
70	\$140.81	\$154.89	\$126.73	\$139.40	\$154.89	\$170.38	\$139.40	\$153.34
71	\$146.94	\$161.64	\$132.25	\$145.47	\$161.64	\$177.80	\$145.47	\$160.02
72	\$153.08	\$168.39	\$137.77	\$151.55	\$168.39	\$185.23	\$151.55	\$166.70
73	\$159.21	\$175.14	\$143.29	\$157.62	\$175.14	\$192.65	\$157.62	\$173.39
74	\$165.35	\$181.89	\$148.82	\$163.70	\$181.89	\$200.07	\$163.70	\$180.07
75	\$171.49	\$188.64	\$154.34	\$169.77	\$188.64	\$207.50	\$169.77	\$186.75
76	\$175.32	\$192.86	\$157.79	\$173.57	\$192.86	\$212.14	\$173.57	\$190.93
77	\$179.16	\$197.08	\$161.25	\$177.37	\$197.08	\$216.79	\$177.37	\$195.11
78	\$183.00	\$201.30	\$164.70	\$181.17	\$201.30	\$221.43	\$181.17	\$199.29
79	\$186.84	\$205.52	\$168.15	\$184.97	\$205.52	\$226.07	\$184.97	\$203.47
80	\$190.68	\$209.74	\$171.61	\$188.77	\$209.74	\$230.72	\$188.77	\$207.65
81	\$194.51	\$213.97	\$175.06	\$192.57	\$213.97	\$235.36	\$192.57	\$211.83
82	\$198.35	\$218.19	\$178.52	\$196.37	\$218.19	\$240.01	\$196.37	\$216.01
83	\$202.19	\$222.41	\$181.97	\$200.17	\$222.41	\$244.65	\$200.17	\$220.19
84	\$206.03	\$226.63	\$185.43	\$203.97	\$226.63	\$249.29	\$203.97	\$224.37
85+	\$209.87	\$230.85	\$188.88	\$207.77	\$230.85	\$253.94	\$207.77	\$228.54

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan A - Tier 2 - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$129.76	\$142.74	\$116.79	\$128.47	\$142.74	\$157.01	\$128.47	\$141.31
66	\$134.79	\$148.27	\$121.31	\$133.44	\$148.27	\$163.09	\$133.44	\$146.78
67	\$139.81	\$153.79	\$125.83	\$138.41	\$153.79	\$169.17	\$138.41	\$152.26
68	\$144.84	\$159.32	\$130.35	\$143.39	\$159.32	\$175.25	\$143.39	\$157.73
69	\$149.86	\$164.85	\$134.88	\$148.36	\$164.85	\$181.33	\$148.36	\$163.20
70	\$154.89	\$170.38	\$139.40	\$153.34	\$170.38	\$187.41	\$153.34	\$168.67
71	\$161.64	\$177.80	\$145.47	\$160.02	\$177.80	\$195.58	\$160.02	\$176.02
72	\$168.39	\$185.23	\$151.55	\$166.70	\$185.23	\$203.75	\$166.70	\$183.37
73	\$175.14	\$192.65	\$157.62	\$173.39	\$192.65	\$211.92	\$173.39	\$190.72
74	\$181.89	\$200.07	\$163.70	\$180.07	\$200.07	\$220.08	\$180.07	\$198.07
75	\$188.64	\$207.50	\$169.77	\$186.75	\$207.50	\$228.25	\$186.75	\$205.42
76	\$192.86	\$212.14	\$173.57	\$190.93	\$212.14	\$233.36	\$190.93	\$210.02
77	\$197.08	\$216.79	\$177.37	\$195.11	\$216.79	\$238.47	\$195.11	\$214.62
78	\$201.30	\$221.43	\$181.17	\$199.29	\$221.43	\$243.57	\$199.29	\$219.22
79	\$205.52	\$226.07	\$184.97	\$203.47	\$226.07	\$248.68	\$203.47	\$223.81
80	\$209.74	\$230.72	\$188.77	\$207.65	\$230.72	\$253.79	\$207.65	\$228.41
81	\$213.97	\$235.36	\$192.57	\$211.83	\$235.36	\$258.90	\$211.83	\$233.01
82	\$218.19	\$240.01	\$196.37	\$216.01	\$240.01	\$264.01	\$216.01	\$237.61
83	\$222.41	\$244.65	\$200.17	\$220.19	\$244.65	\$269.12	\$220.19	\$242.20
84	\$226.63	\$249.29	\$203.97	\$224.37	\$249.29	\$274.22	\$224.37	\$246.80
85+	\$230.85	\$253.94	\$207.77	\$228.54	\$253.94	\$279.33	\$228.54	\$251.40

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan A - Tier 3 - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$159.25	\$175.18	\$143.33	\$157.66	\$175.18	\$192.70	\$157.66	\$173.43
66	\$165.42	\$181.96	\$148.88	\$163.77	\$181.96	\$200.16	\$163.77	\$180.14
67	\$171.59	\$188.75	\$154.43	\$169.87	\$188.75	\$207.62	\$169.87	\$186.86
68	\$177.76	\$195.53	\$159.98	\$175.98	\$195.53	\$215.08	\$175.98	\$193.58
69	\$183.92	\$202.31	\$165.53	\$182.08	\$202.31	\$222.55	\$182.08	\$200.29
70	\$190.09	\$209.10	\$171.08	\$188.19	\$209.10	\$230.01	\$188.19	\$207.01
71	\$198.37	\$218.21	\$178.54	\$196.39	\$218.21	\$240.03	\$196.39	\$216.03
72	\$206.66	\$227.32	\$185.99	\$204.59	\$227.32	\$250.05	\$204.59	\$225.05
73	\$214.94	\$236.43	\$193.45	\$212.79	\$236.43	\$260.08	\$212.79	\$234.07
74	\$223.22	\$245.55	\$200.90	\$220.99	\$245.55	\$270.10	\$220.99	\$243.09
75	\$231.51	\$254.66	\$208.36	\$229.19	\$254.66	\$280.12	\$229.19	\$252.11
76	\$236.69	\$260.36	\$213.02	\$234.32	\$260.36	\$286.39	\$234.32	\$257.75
77	\$241.87	\$266.06	\$217.68	\$239.45	\$266.06	\$292.66	\$239.45	\$263.40
78	\$247.05	\$271.76	\$222.35	\$244.58	\$271.76	\$298.93	\$244.58	\$269.04
79	\$252.23	\$277.46	\$227.01	\$249.71	\$277.46	\$305.20	\$249.71	\$274.68
80	\$257.41	\$283.15	\$231.67	\$254.84	\$283.15	\$311.47	\$254.84	\$280.32
81	\$262.59	\$288.85	\$236.34	\$259.97	\$288.85	\$317.74	\$259.97	\$285.97
82	\$267.78	\$294.55	\$241.00	\$265.10	\$294.55	\$324.01	\$265.10	\$291.61
83	\$272.96	\$300.25	\$245.66	\$270.23	\$300.25	\$330.28	\$270.23	\$297.25
84	\$278.14	\$305.95	\$250.32	\$275.36	\$305.95	\$336.55	\$275.36	\$302.89
85+	\$283.32	\$311.65	\$254.99	\$280.49	\$311.65	\$342.82	\$280.49	\$308.54

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan C - Guaranteed Issue* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$172.41	\$172.41	\$155.17	\$155.17	\$189.66	\$189.66	\$170.69	\$170.69
66	\$179.09	\$179.09	\$161.18	\$161.18	\$197.00	\$197.00	\$177.30	\$177.30
67	\$185.77	\$185.77	\$167.19	\$167.19	\$204.34	\$204.34	\$183.91	\$183.91
68	\$192.44	\$192.44	\$173.20	\$173.20	\$211.69	\$211.69	\$190.52	\$190.52
69	\$199.12	\$199.12	\$179.21	\$179.21	\$219.03	\$219.03	\$197.13	\$197.13
70	\$205.80	\$205.80	\$185.22	\$185.22	\$226.38	\$226.38	\$203.74	\$203.74
71	\$214.77	\$214.77	\$193.29	\$193.29	\$236.24	\$236.24	\$212.62	\$212.62
72	\$223.73	\$223.73	\$201.36	\$201.36	\$246.11	\$246.11	\$221.50	\$221.50
73	\$232.70	\$232.70	\$209.43	\$209.43	\$255.97	\$255.97	\$230.37	\$230.37
74	\$241.67	\$241.67	\$217.50	\$217.50	\$265.84	\$265.84	\$239.25	\$239.25
75	\$250.64	\$250.64	\$225.57	\$225.57	\$275.70	\$275.70	\$248.13	\$248.13
76	\$256.25	\$256.25	\$230.62	\$230.62	\$281.87	\$281.87	\$253.68	\$253.68
77	\$261.86	\$261.86	\$235.67	\$235.67	\$288.04	\$288.04	\$259.24	\$259.24
78	\$267.47	\$267.47	\$240.72	\$240.72	\$294.21	\$294.21	\$264.79	\$264.79
79	\$273.08	\$273.08	\$245.77	\$245.77	\$300.38	\$300.38	\$270.34	\$270.34
80	\$278.68	\$278.68	\$250.82	\$250.82	\$306.55	\$306.55	\$275.90	\$275.90
81	\$284.29	\$284.29	\$255.86	\$255.86	\$312.72	\$312.72	\$281.45	\$281.45
82	\$289.90	\$289.90	\$260.91	\$260.91	\$318.89	\$318.89	\$287.00	\$287.00
83	\$295.51	\$295.51	\$265.96	\$265.96	\$325.06	\$325.06	\$292.56	\$292.56
84	\$301.12	\$301.12	\$271.01	\$271.01	\$331.23	\$331.23	\$298.11	\$298.11
85+	\$306.73	\$306.73	\$276.06	\$276.06	\$337.41	\$337.41	\$303.66	\$303.66

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

Medicare Supplement Rates - Effective April 1, 2024
 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	\$172.41	\$189.66	\$155.17	\$170.69	\$189.66	\$208.62	\$170.69	\$187.76
66	\$179.09	\$197.00	\$161.18	\$177.30	\$197.00	\$216.70	\$177.30	\$195.03
67	\$185.77	\$204.34	\$167.19	\$183.91	\$204.34	\$224.78	\$183.91	\$202.30
68	\$192.44	\$211.69	\$173.20	\$190.52	\$211.69	\$232.86	\$190.52	\$209.57
69	\$199.12	\$219.03	\$179.21	\$197.13	\$219.03	\$240.94	\$197.13	\$216.84
70	\$205.80	\$226.38	\$185.22	\$203.74	\$226.38	\$249.02	\$203.74	\$224.11
71	\$214.77	\$236.24	\$193.29	\$212.62	\$236.24	\$259.87	\$212.62	\$233.88
72	\$223.73	\$246.11	\$201.36	\$221.50	\$246.11	\$270.72	\$221.50	\$243.65
73	\$232.70	\$255.97	\$209.43	\$230.37	\$255.97	\$281.57	\$230.37	\$253.41
74	\$241.67	\$265.84	\$217.50	\$239.25	\$265.84	\$292.42	\$239.25	\$263.18
75	\$250.64	\$275.70	\$225.57	\$248.13	\$275.70	\$303.27	\$248.13	\$272.94
76	\$256.25	\$281.87	\$230.62	\$253.68	\$281.87	\$310.06	\$253.68	\$279.05
77	\$261.86	\$288.04	\$235.67	\$259.24	\$288.04	\$316.85	\$259.24	\$285.16
78	\$267.47	\$294.21	\$240.72	\$264.79	\$294.21	\$323.63	\$264.79	\$291.27
79	\$273.08	\$300.38	\$245.77	\$270.34	\$300.38	\$330.42	\$270.34	\$297.38
80	\$278.68	\$306.55	\$250.82	\$275.90	\$306.55	\$337.21	\$275.90	\$303.49
81	\$284.29	\$312.72	\$255.86	\$281.45	\$312.72	\$344.00	\$281.45	\$309.60
82	\$289.90	\$318.89	\$260.91	\$287.00	\$318.89	\$350.78	\$287.00	\$315.71
83	\$295.51	\$325.06	\$265.96	\$292.56	\$325.06	\$357.57	\$292.56	\$321.81
84	\$301.12	\$331.23	\$271.01	\$298.11	\$331.23	\$364.36	\$298.11	\$327.92
85+	\$306.73	\$337.41	\$276.06	\$303.66	\$337.41	\$371.15	\$303.66	\$334.03

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan C - Tier 2* - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$189.66	\$208.62	\$170.69	\$187.76	\$208.62	\$229.48	\$187.76	\$206.54
66	\$197.00	\$216.70	\$177.30	\$195.03	\$216.70	\$238.37	\$195.03	\$214.53
67	\$204.34	\$224.78	\$183.91	\$202.30	\$224.78	\$247.26	\$202.30	\$222.53
68	\$211.69	\$232.86	\$190.52	\$209.57	\$232.86	\$256.14	\$209.57	\$230.53
69	\$219.03	\$240.94	\$197.13	\$216.84	\$240.94	\$265.03	\$216.84	\$238.53
70	\$226.38	\$249.02	\$203.74	\$224.11	\$249.02	\$273.92	\$224.11	\$246.52
71	\$236.24	\$259.87	\$212.62	\$233.88	\$259.87	\$285.85	\$233.88	\$257.27
72	\$246.11	\$270.72	\$221.50	\$243.65	\$270.72	\$297.79	\$243.65	\$268.01
73	\$255.97	\$281.57	\$230.37	\$253.41	\$281.57	\$309.73	\$253.41	\$278.75
74	\$265.84	\$292.42	\$239.25	\$263.18	\$292.42	\$321.66	\$263.18	\$289.50
75	\$275.70	\$303.27	\$248.13	\$272.94	\$303.27	\$333.60	\$272.94	\$300.24
76	\$281.87	\$310.06	\$253.68	\$279.05	\$310.06	\$341.06	\$279.05	\$306.96
77	\$288.04	\$316.85	\$259.24	\$285.16	\$316.85	\$348.53	\$285.16	\$313.68
78	\$294.21	\$323.63	\$264.79	\$291.27	\$323.63	\$356.00	\$291.27	\$320.40
79	\$300.38	\$330.42	\$270.34	\$297.38	\$330.42	\$363.46	\$297.38	\$327.12
80	\$306.55	\$337.21	\$275.90	\$303.49	\$337.21	\$370.93	\$303.49	\$333.84
81	\$312.72	\$344.00	\$281.45	\$309.60	\$344.00	\$378.40	\$309.60	\$340.56
82	\$318.89	\$350.78	\$287.00	\$315.71	\$350.78	\$385.86	\$315.71	\$347.28
83	\$325.06	\$357.57	\$292.56	\$321.81	\$357.57	\$393.33	\$321.81	\$354.00
84	\$331.23	\$364.36	\$298.11	\$327.92	\$364.36	\$400.79	\$327.92	\$360.71
85+	\$337.41	\$371.15	\$303.66	\$334.03	\$371.15	\$408.26	\$334.03	\$367.43

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan C - Tier 3* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$232.76	\$256.04	\$209.48	\$230.43	\$256.04	\$281.64	\$230.43	\$253.48
66	\$241.77	\$265.95	\$217.60	\$239.36	\$265.95	\$292.55	\$239.36	\$263.29
67	\$250.79	\$275.87	\$225.71	\$248.28	\$275.87	\$303.45	\$248.28	\$273.11
68	\$259.80	\$285.78	\$233.82	\$257.20	\$285.78	\$314.36	\$257.20	\$282.92
69	\$268.81	\$295.69	\$241.93	\$266.13	\$295.69	\$325.26	\$266.13	\$292.74
70	\$277.83	\$305.61	\$250.04	\$275.05	\$305.61	\$336.17	\$275.05	\$302.55
71	\$289.93	\$318.93	\$260.94	\$287.03	\$318.93	\$350.82	\$287.03	\$315.74
72	\$302.04	\$332.24	\$271.84	\$299.02	\$332.24	\$365.47	\$299.02	\$328.92
73	\$314.15	\$345.56	\$282.73	\$311.01	\$345.56	\$380.12	\$311.01	\$342.11
74	\$326.25	\$358.88	\$293.63	\$322.99	\$358.88	\$394.77	\$322.99	\$355.29
75	\$338.36	\$372.20	\$304.52	\$334.98	\$372.20	\$409.42	\$334.98	\$368.48
76	\$345.93	\$380.53	\$311.34	\$342.47	\$380.53	\$418.58	\$342.47	\$376.72
77	\$353.51	\$388.86	\$318.16	\$349.97	\$388.86	\$427.74	\$349.97	\$384.97
78	\$361.08	\$397.19	\$324.97	\$357.47	\$397.19	\$436.91	\$357.47	\$393.22
79	\$368.65	\$405.52	\$331.79	\$364.97	\$405.52	\$446.07	\$364.97	\$401.46
80	\$376.22	\$413.85	\$338.60	\$372.46	\$413.85	\$455.23	\$372.46	\$409.71
81	\$383.80	\$422.18	\$345.42	\$379.96	\$422.18	\$464.39	\$379.96	\$417.96
82	\$391.37	\$430.51	\$352.23	\$387.46	\$430.51	\$473.56	\$387.46	\$426.20
83	\$398.94	\$438.84	\$359.05	\$394.95	\$438.84	\$482.72	\$394.95	\$434.45
84	\$406.52	\$447.17	\$365.86	\$402.45	\$447.17	\$491.88	\$402.45	\$442.70
85+	\$414.09	\$455.50	\$372.68	\$409.95	\$455.50	\$501.05	\$409.95	\$450.94

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D - Guaranteed Issue - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$145.33	\$145.33	\$130.80	\$130.80	\$159.87	\$159.87	\$143.88	\$143.88
66	\$150.96	\$150.96	\$135.87	\$135.87	\$166.06	\$166.06	\$149.45	\$149.45
67	\$156.59	\$156.59	\$140.93	\$140.93	\$172.25	\$172.25	\$155.02	\$155.02
68	\$162.22	\$162.22	\$146.00	\$146.00	\$178.44	\$178.44	\$160.60	\$160.60
69	\$167.85	\$167.85	\$151.06	\$151.06	\$184.63	\$184.63	\$166.17	\$166.17
70	\$173.47	\$173.47	\$156.13	\$156.13	\$190.82	\$190.82	\$171.74	\$171.74
71	\$181.03	\$181.03	\$162.93	\$162.93	\$199.14	\$199.14	\$179.22	\$179.22
72	\$188.59	\$188.59	\$169.73	\$169.73	\$207.45	\$207.45	\$186.71	\$186.71
73	\$196.15	\$196.15	\$176.54	\$176.54	\$215.77	\$215.77	\$194.19	\$194.19
74	\$203.71	\$203.71	\$183.34	\$183.34	\$224.08	\$224.08	\$201.67	\$201.67
75	\$211.27	\$211.27	\$190.14	\$190.14	\$232.40	\$232.40	\$209.16	\$209.16
76	\$216.00	\$216.00	\$194.40	\$194.40	\$237.60	\$237.60	\$213.84	\$213.84
77	\$220.73	\$220.73	\$198.65	\$198.65	\$242.80	\$242.80	\$218.52	\$218.52
78	\$225.46	\$225.46	\$202.91	\$202.91	\$248.00	\$248.00	\$223.20	\$223.20
79	\$230.18	\$230.18	\$207.17	\$207.17	\$253.20	\$253.20	\$227.88	\$227.88
80	\$234.91	\$234.91	\$211.42	\$211.42	\$258.40	\$258.40	\$232.56	\$232.56
81	\$239.64	\$239.64	\$215.68	\$215.68	\$263.60	\$263.60	\$237.24	\$237.24
82	\$244.37	\$244.37	\$219.93	\$219.93	\$268.81	\$268.81	\$241.93	\$241.93
83	\$249.10	\$249.10	\$224.19	\$224.19	\$274.01	\$274.01	\$246.61	\$246.61
84	\$253.83	\$253.83	\$228.44	\$228.44	\$279.21	\$279.21	\$251.29	\$251.29
85+	\$258.55	\$258.55	\$232.70	\$232.70	\$284.41	\$284.41	\$255.97	\$255.97

Medicare Supplement Rates - Effective April 1, 2024
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	\$145.33	\$159.87	\$130.80	\$143.88	\$159.87	\$175.85	\$143.88	\$158.27
66	\$150.96	\$166.06	\$135.87	\$149.45	\$166.06	\$182.66	\$149.45	\$164.40
67	\$156.59	\$172.25	\$140.93	\$155.02	\$172.25	\$189.47	\$155.02	\$170.53
68	\$162.22	\$178.44	\$146.00	\$160.60	\$178.44	\$196.28	\$160.60	\$176.65
69	\$167.85	\$184.63	\$151.06	\$166.17	\$184.63	\$203.09	\$166.17	\$182.78
70	\$173.47	\$190.82	\$156.13	\$171.74	\$190.82	\$209.90	\$171.74	\$188.91
71	\$181.03	\$199.14	\$162.93	\$179.22	\$199.14	\$219.05	\$179.22	\$197.14
72	\$188.59	\$207.45	\$169.73	\$186.71	\$207.45	\$228.20	\$186.71	\$205.38
73	\$196.15	\$215.77	\$176.54	\$194.19	\$215.77	\$237.34	\$194.19	\$213.61
74	\$203.71	\$224.08	\$183.34	\$201.67	\$224.08	\$246.49	\$201.67	\$221.84
75	\$211.27	\$232.40	\$190.14	\$209.16	\$232.40	\$255.64	\$209.16	\$230.07
76	\$216.00	\$237.60	\$194.40	\$213.84	\$237.60	\$261.36	\$213.84	\$235.22
77	\$220.73	\$242.80	\$198.65	\$218.52	\$242.80	\$267.08	\$218.52	\$240.37
78	\$225.46	\$248.00	\$202.91	\$223.20	\$248.00	\$272.80	\$223.20	\$245.52
79	\$230.18	\$253.20	\$207.17	\$227.88	\$253.20	\$278.52	\$227.88	\$250.67
80	\$234.91	\$258.40	\$211.42	\$232.56	\$258.40	\$284.24	\$232.56	\$255.82
81	\$239.64	\$263.60	\$215.68	\$237.24	\$263.60	\$289.96	\$237.24	\$260.97
82	\$244.37	\$268.81	\$219.93	\$241.93	\$268.81	\$295.69	\$241.93	\$266.12
83	\$249.10	\$274.01	\$224.19	\$246.61	\$274.01	\$301.41	\$246.61	\$271.27
84	\$253.83	\$279.21	\$228.44	\$251.29	\$279.21	\$307.13	\$251.29	\$276.42
85+	\$258.55	\$284.41	\$232.70	\$255.97	\$284.41	\$312.85	\$255.97	\$281.57

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D - Tier 2 - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$159.87	\$175.85	\$143.88	\$158.27	\$175.85	\$193.44	\$158.27	\$174.10
66	\$166.06	\$182.66	\$149.45	\$164.40	\$182.66	\$200.93	\$164.40	\$180.84
67	\$172.25	\$189.47	\$155.02	\$170.53	\$189.47	\$208.42	\$170.53	\$187.58
68	\$178.44	\$196.28	\$160.60	\$176.65	\$196.28	\$215.91	\$176.65	\$194.32
69	\$184.63	\$203.09	\$166.17	\$182.78	\$203.09	\$223.40	\$182.78	\$201.06
70	\$190.82	\$209.90	\$171.74	\$188.91	\$209.90	\$230.89	\$188.91	\$207.80
71	\$199.14	\$219.05	\$179.22	\$197.14	\$219.05	\$240.95	\$197.14	\$216.86
72	\$207.45	\$228.20	\$186.71	\$205.38	\$228.20	\$251.02	\$205.38	\$225.91
73	\$215.77	\$237.34	\$194.19	\$213.61	\$237.34	\$261.08	\$213.61	\$234.97
74	\$224.08	\$246.49	\$201.67	\$221.84	\$246.49	\$271.14	\$221.84	\$244.03
75	\$232.40	\$255.64	\$209.16	\$230.07	\$255.64	\$281.20	\$230.07	\$253.08
76	\$237.60	\$261.36	\$213.84	\$235.22	\$261.36	\$287.49	\$235.22	\$258.74
77	\$242.80	\$267.08	\$218.52	\$240.37	\$267.08	\$293.79	\$240.37	\$264.41
78	\$248.00	\$272.80	\$223.20	\$245.52	\$272.80	\$300.08	\$245.52	\$270.07
79	\$253.20	\$278.52	\$227.88	\$250.67	\$278.52	\$306.37	\$250.67	\$275.74
80	\$258.40	\$284.24	\$232.56	\$255.82	\$284.24	\$312.67	\$255.82	\$281.40
81	\$263.60	\$289.96	\$237.24	\$260.97	\$289.96	\$318.96	\$260.97	\$287.07
82	\$268.81	\$295.69	\$241.93	\$266.12	\$295.69	\$325.25	\$266.12	\$292.73
83	\$274.01	\$301.41	\$246.61	\$271.27	\$301.41	\$331.55	\$271.27	\$298.39
84	\$279.21	\$307.13	\$251.29	\$276.42	\$307.13	\$337.84	\$276.42	\$304.06
85+	\$284.41	\$312.85	\$255.97	\$281.57	\$312.85	\$344.14	\$281.57	\$309.72

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan D - Tier 3 - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$196.20	\$215.82	\$176.58	\$194.24	\$215.82	\$237.40	\$194.24	\$213.66
66	\$203.80	\$224.18	\$183.42	\$201.76	\$224.18	\$246.60	\$201.76	\$221.94
67	\$211.40	\$232.54	\$190.26	\$209.28	\$232.54	\$255.79	\$209.28	\$230.21
68	\$218.99	\$240.89	\$197.09	\$216.80	\$240.89	\$264.98	\$216.80	\$238.48
69	\$226.59	\$249.25	\$203.93	\$224.33	\$249.25	\$274.18	\$224.33	\$246.76
70	\$234.19	\$257.61	\$210.77	\$231.85	\$257.61	\$283.37	\$231.85	\$255.03
71	\$244.39	\$268.83	\$219.95	\$241.95	\$268.83	\$295.72	\$241.95	\$266.15
72	\$254.60	\$280.06	\$229.14	\$252.05	\$280.06	\$308.07	\$252.05	\$277.26
73	\$264.80	\$291.28	\$238.32	\$262.16	\$291.28	\$320.41	\$262.16	\$288.37
74	\$275.01	\$302.51	\$247.51	\$272.26	\$302.51	\$332.76	\$272.26	\$299.49
75	\$285.21	\$313.74	\$256.69	\$282.36	\$313.74	\$345.11	\$282.36	\$310.60
76	\$291.60	\$320.76	\$262.44	\$288.68	\$320.76	\$352.83	\$288.68	\$317.55
77	\$297.98	\$327.78	\$268.18	\$295.00	\$327.78	\$360.56	\$295.00	\$324.50
78	\$304.36	\$334.80	\$273.93	\$301.32	\$334.80	\$368.28	\$301.32	\$331.45
79	\$310.75	\$341.82	\$279.67	\$307.64	\$341.82	\$376.01	\$307.64	\$338.40
80	\$317.13	\$348.84	\$285.42	\$313.96	\$348.84	\$383.73	\$313.96	\$345.36
81	\$323.51	\$355.87	\$291.16	\$320.28	\$355.87	\$391.45	\$320.28	\$352.31
82	\$329.90	\$362.89	\$296.91	\$326.60	\$362.89	\$399.18	\$326.60	\$359.26
83	\$336.28	\$369.91	\$302.65	\$332.92	\$369.91	\$406.90	\$332.92	\$366.21
84	\$342.66	\$376.93	\$308.40	\$339.24	\$376.93	\$414.62	\$339.24	\$373.16
85+	\$349.05	\$383.95	\$314.14	\$345.56	\$383.95	\$422.35	\$345.56	\$380.11

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F - Guaranteed Issue* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$172.83	\$172.83	\$155.54	\$155.54	\$190.11	\$190.11	\$171.10	\$171.10
66	\$179.52	\$179.52	\$161.57	\$161.57	\$197.47	\$197.47	\$177.72	\$177.72
67	\$186.21	\$186.21	\$167.59	\$167.59	\$204.83	\$204.83	\$184.35	\$184.35
68	\$192.90	\$192.90	\$173.61	\$173.61	\$212.19	\$212.19	\$190.98	\$190.98
69	\$199.60	\$199.60	\$179.64	\$179.64	\$219.56	\$219.56	\$197.60	\$197.60
70	\$206.29	\$206.29	\$185.66	\$185.66	\$226.92	\$226.92	\$204.23	\$204.23
71	\$215.28	\$215.28	\$193.75	\$193.75	\$236.81	\$236.81	\$213.13	\$213.13
72	\$224.27	\$224.27	\$201.84	\$201.84	\$246.69	\$246.69	\$222.03	\$222.03
73	\$233.26	\$233.26	\$209.93	\$209.93	\$256.58	\$256.58	\$230.92	\$230.92
74	\$242.25	\$242.25	\$218.02	\$218.02	\$266.47	\$266.47	\$239.82	\$239.82
75	\$251.24	\$251.24	\$226.11	\$226.11	\$276.36	\$276.36	\$248.72	\$248.72
76	\$256.86	\$256.86	\$231.17	\$231.17	\$282.55	\$282.55	\$254.29	\$254.29
77	\$262.48	\$262.48	\$236.23	\$236.23	\$288.73	\$288.73	\$259.86	\$259.86
78	\$268.10	\$268.10	\$241.29	\$241.29	\$294.92	\$294.92	\$265.42	\$265.42
79	\$273.73	\$273.73	\$246.35	\$246.35	\$301.10	\$301.10	\$270.99	\$270.99
80	\$279.35	\$279.35	\$251.42	\$251.42	\$307.29	\$307.29	\$276.56	\$276.56
81	\$284.97	\$284.97	\$256.48	\$256.48	\$313.47	\$313.47	\$282.12	\$282.12
82	\$290.60	\$290.60	\$261.54	\$261.54	\$319.66	\$319.66	\$287.69	\$287.69
83	\$296.22	\$296.22	\$266.60	\$266.60	\$325.84	\$325.84	\$293.26	\$293.26
84	\$301.84	\$301.84	\$271.66	\$271.66	\$332.03	\$332.03	\$298.82	\$298.82
85+	\$307.46	\$307.46	\$276.72	\$276.72	\$338.21	\$338.21	\$304.39	\$304.39

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F – Tier 1* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$172.83	\$190.11	\$155.54	\$171.10	\$190.11	\$209.12	\$171.10	\$188.21
66	\$179.52	\$197.47	\$161.57	\$177.72	\$197.47	\$217.22	\$177.72	\$195.50
67	\$186.21	\$204.83	\$167.59	\$184.35	\$204.83	\$225.32	\$184.35	\$202.78
68	\$192.90	\$212.19	\$173.61	\$190.98	\$212.19	\$233.41	\$190.98	\$210.07
69	\$199.60	\$219.56	\$179.64	\$197.60	\$219.56	\$241.51	\$197.60	\$217.36
70	\$206.29	\$226.92	\$185.66	\$204.23	\$226.92	\$249.61	\$204.23	\$224.65
71	\$215.28	\$236.81	\$193.75	\$213.13	\$236.81	\$260.49	\$213.13	\$234.44
72	\$224.27	\$246.69	\$201.84	\$222.03	\$246.69	\$271.36	\$222.03	\$244.23
73	\$233.26	\$256.58	\$209.93	\$230.92	\$256.58	\$282.24	\$230.92	\$254.02
74	\$242.25	\$266.47	\$218.02	\$239.82	\$266.47	\$293.12	\$239.82	\$263.81
75	\$251.24	\$276.36	\$226.11	\$248.72	\$276.36	\$304.00	\$248.72	\$273.60
76	\$256.86	\$282.55	\$231.17	\$254.29	\$282.55	\$310.80	\$254.29	\$279.72
77	\$262.48	\$288.73	\$236.23	\$259.86	\$288.73	\$317.60	\$259.86	\$285.84
78	\$268.10	\$294.92	\$241.29	\$265.42	\$294.92	\$324.41	\$265.42	\$291.97
79	\$273.73	\$301.10	\$246.35	\$270.99	\$301.10	\$331.21	\$270.99	\$298.09
80	\$279.35	\$307.29	\$251.42	\$276.56	\$307.29	\$338.01	\$276.56	\$304.21
81	\$284.97	\$313.47	\$256.48	\$282.12	\$313.47	\$344.82	\$282.12	\$310.34
82	\$290.60	\$319.66	\$261.54	\$287.69	\$319.66	\$351.62	\$287.69	\$316.46
83	\$296.22	\$325.84	\$266.60	\$293.26	\$325.84	\$358.42	\$293.26	\$322.58
84	\$301.84	\$332.03	\$271.66	\$298.82	\$332.03	\$365.23	\$298.82	\$328.71
85+	\$307.46	\$338.21	\$276.72	\$304.39	\$338.21	\$372.03	\$304.39	\$334.83

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F - Tier 2* - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$190.11	\$209.12	\$171.10	\$188.21	\$209.12	\$230.03	\$188.21	\$207.03
66	\$197.47	\$217.22	\$177.72	\$195.50	\$217.22	\$238.94	\$195.50	\$215.05
67	\$204.83	\$225.32	\$184.35	\$202.78	\$225.32	\$247.85	\$202.78	\$223.06
68	\$212.19	\$233.41	\$190.98	\$210.07	\$233.41	\$256.76	\$210.07	\$231.08
69	\$219.56	\$241.51	\$197.60	\$217.36	\$241.51	\$265.66	\$217.36	\$239.10
70	\$226.92	\$249.61	\$204.23	\$224.65	\$249.61	\$274.57	\$224.65	\$247.11
71	\$236.81	\$260.49	\$213.13	\$234.44	\$260.49	\$286.54	\$234.44	\$257.88
72	\$246.69	\$271.36	\$222.03	\$244.23	\$271.36	\$298.50	\$244.23	\$268.65
73	\$256.58	\$282.24	\$230.92	\$254.02	\$282.24	\$310.47	\$254.02	\$279.42
74	\$266.47	\$293.12	\$239.82	\$263.81	\$293.12	\$322.43	\$263.81	\$290.19
75	\$276.36	\$304.00	\$248.72	\$273.60	\$304.00	\$334.40	\$273.60	\$300.96
76	\$282.55	\$310.80	\$254.29	\$279.72	\$310.80	\$341.88	\$279.72	\$307.69
77	\$288.73	\$317.60	\$259.86	\$285.84	\$317.60	\$349.36	\$285.84	\$314.43
78	\$294.92	\$324.41	\$265.42	\$291.97	\$324.41	\$356.85	\$291.97	\$321.16
79	\$301.10	\$331.21	\$270.99	\$298.09	\$331.21	\$364.33	\$298.09	\$327.90
80	\$307.29	\$338.01	\$276.56	\$304.21	\$338.01	\$371.82	\$304.21	\$334.63
81	\$313.47	\$344.82	\$282.12	\$310.34	\$344.82	\$379.30	\$310.34	\$341.37
82	\$319.66	\$351.62	\$287.69	\$316.46	\$351.62	\$386.78	\$316.46	\$348.10
83	\$325.84	\$358.42	\$293.26	\$322.58	\$358.42	\$394.27	\$322.58	\$354.84
84	\$332.03	\$365.23	\$298.82	\$328.71	\$365.23	\$401.75	\$328.71	\$361.58
85+	\$338.21	\$372.03	\$304.39	\$334.83	\$372.03	\$409.24	\$334.83	\$368.31

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F - Tier 3* - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$233.32	\$256.65	\$209.98	\$230.98	\$256.65	\$282.31	\$230.98	\$254.08
66	\$242.35	\$266.59	\$218.12	\$239.93	\$266.59	\$293.24	\$239.93	\$263.92
67	\$251.39	\$276.52	\$226.25	\$248.87	\$276.52	\$304.18	\$248.87	\$273.76
68	\$260.42	\$286.46	\$234.38	\$257.82	\$286.46	\$315.11	\$257.82	\$283.60
69	\$269.46	\$296.40	\$242.51	\$266.76	\$296.40	\$326.04	\$266.76	\$293.44
70	\$278.49	\$306.34	\$250.64	\$275.71	\$306.34	\$336.97	\$275.71	\$303.28
71	\$290.63	\$319.69	\$261.56	\$287.72	\$319.69	\$351.66	\$287.72	\$316.49
72	\$302.76	\$333.04	\$272.49	\$299.73	\$333.04	\$366.34	\$299.73	\$329.71
73	\$314.90	\$346.39	\$283.41	\$311.75	\$346.39	\$381.03	\$311.75	\$342.92
74	\$327.03	\$359.74	\$294.33	\$323.76	\$359.74	\$395.71	\$323.76	\$356.14
75	\$339.17	\$373.09	\$305.25	\$335.78	\$373.09	\$410.39	\$335.78	\$369.36
76	\$346.76	\$381.44	\$312.08	\$343.29	\$381.44	\$419.58	\$343.29	\$377.62
77	\$354.35	\$389.79	\$318.92	\$350.81	\$389.79	\$428.76	\$350.81	\$385.89
78	\$361.94	\$398.14	\$325.75	\$358.32	\$398.14	\$437.95	\$358.32	\$394.15
79	\$369.53	\$406.49	\$332.58	\$365.84	\$406.49	\$447.13	\$365.84	\$402.42
80	\$377.12	\$414.84	\$339.41	\$373.35	\$414.84	\$456.32	\$373.35	\$410.69
81	\$384.71	\$423.19	\$346.24	\$380.87	\$423.19	\$465.50	\$380.87	\$418.95
82	\$392.30	\$431.54	\$353.07	\$388.38	\$431.54	\$474.69	\$388.38	\$427.22
83	\$399.90	\$439.88	\$359.91	\$395.90	\$439.88	\$483.87	\$395.90	\$435.49
84	\$407.49	\$448.23	\$366.74	\$403.41	\$448.23	\$493.06	\$403.41	\$443.75
85+	\$415.08	\$456.58	\$373.57	\$410.93	\$456.58	\$502.24	\$410.93	\$452.02

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) - Guaranteed Issue* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$71.63	\$71.63	\$64.47	\$64.47	\$78.80	\$78.80	\$70.92	\$70.92
66	\$74.41	\$74.41	\$66.97	\$66.97	\$81.85	\$81.85	\$73.66	\$73.66
67	\$77.18	\$77.18	\$69.46	\$69.46	\$84.90	\$84.90	\$76.41	\$76.41
68	\$79.96	\$79.96	\$71.96	\$71.96	\$87.95	\$87.95	\$79.16	\$79.16
69	\$82.73	\$82.73	\$74.46	\$74.46	\$91.00	\$91.00	\$81.90	\$81.90
70	\$85.50	\$85.50	\$76.95	\$76.95	\$94.05	\$94.05	\$84.65	\$84.65
71	\$89.23	\$89.23	\$80.31	\$80.31	\$98.15	\$98.15	\$88.34	\$88.34
72	\$92.96	\$92.96	\$83.66	\$83.66	\$102.25	\$102.25	\$92.03	\$92.03
73	\$96.68	\$96.68	\$87.01	\$87.01	\$106.35	\$106.35	\$95.71	\$95.71
74	\$100.41	\$100.41	\$90.37	\$90.37	\$110.45	\$110.45	\$99.40	\$99.40
75	\$104.13	\$104.13	\$93.72	\$93.72	\$114.55	\$114.55	\$103.09	\$103.09
76	\$106.46	\$106.46	\$95.82	\$95.82	\$117.11	\$117.11	\$105.40	\$105.40
77	\$108.79	\$108.79	\$97.91	\$97.91	\$119.67	\$119.67	\$107.71	\$107.71
78	\$111.13	\$111.13	\$100.01	\$100.01	\$122.24	\$122.24	\$110.01	\$110.01
79	\$113.46	\$113.46	\$102.11	\$102.11	\$124.80	\$124.80	\$112.32	\$112.32
80	\$115.79	\$115.79	\$104.21	\$104.21	\$127.36	\$127.36	\$114.63	\$114.63
81	\$118.12	\$118.12	\$106.31	\$106.31	\$129.93	\$129.93	\$116.94	\$116.94
82	\$120.45	\$120.45	\$108.40	\$108.40	\$132.49	\$132.49	\$119.24	\$119.24
83	\$122.78	\$122.78	\$110.50	\$110.50	\$135.06	\$135.06	\$121.55	\$121.55
84	\$125.11	\$125.11	\$112.60	\$112.60	\$137.62	\$137.62	\$123.86	\$123.86
85+	\$127.44	\$127.44	\$114.70	\$114.70	\$140.18	\$140.18	\$126.16	\$126.16

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) – Tier 1* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$71.63	\$78.80	\$64.47	\$70.92	\$78.80	\$86.68	\$70.92	\$78.01
66	\$74.41	\$81.85	\$66.97	\$73.66	\$81.85	\$90.03	\$73.66	\$81.03
67	\$77.18	\$84.90	\$69.46	\$76.41	\$84.90	\$93.39	\$76.41	\$84.05
68	\$79.96	\$87.95	\$71.96	\$79.16	\$87.95	\$96.75	\$79.16	\$87.07
69	\$82.73	\$91.00	\$74.46	\$81.90	\$91.00	\$100.10	\$81.90	\$90.09
70	\$85.50	\$94.05	\$76.95	\$84.65	\$94.05	\$103.46	\$84.65	\$93.11
71	\$89.23	\$98.15	\$80.31	\$88.34	\$98.15	\$107.97	\$88.34	\$97.17
72	\$92.96	\$102.25	\$83.66	\$92.03	\$102.25	\$112.48	\$92.03	\$101.23
73	\$96.68	\$106.35	\$87.01	\$95.71	\$106.35	\$116.98	\$95.71	\$105.29
74	\$100.41	\$110.45	\$90.37	\$99.40	\$110.45	\$121.49	\$99.40	\$109.34
75	\$104.13	\$114.55	\$93.72	\$103.09	\$114.55	\$126.00	\$103.09	\$113.40
76	\$106.46	\$117.11	\$95.82	\$105.40	\$117.11	\$128.82	\$105.40	\$115.94
77	\$108.79	\$119.67	\$97.91	\$107.71	\$119.67	\$131.64	\$107.71	\$118.48
78	\$111.13	\$122.24	\$100.01	\$110.01	\$122.24	\$134.46	\$110.01	\$121.02
79	\$113.46	\$124.80	\$102.11	\$112.32	\$124.80	\$137.28	\$112.32	\$123.55
80	\$115.79	\$127.36	\$104.21	\$114.63	\$127.36	\$140.10	\$114.63	\$126.09
81	\$118.12	\$129.93	\$106.31	\$116.94	\$129.93	\$142.92	\$116.94	\$128.63
82	\$120.45	\$132.49	\$108.40	\$119.24	\$132.49	\$145.74	\$119.24	\$131.17
83	\$122.78	\$135.06	\$110.50	\$121.55	\$135.06	\$148.56	\$121.55	\$133.71
84	\$125.11	\$137.62	\$112.60	\$123.86	\$137.62	\$151.38	\$123.86	\$136.24
85+	\$127.44	\$140.18	\$114.70	\$126.16	\$140.18	\$154.20	\$126.16	\$138.78

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) - Tier 2* - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$78.80	\$86.68	\$70.92	\$78.01	\$86.68	\$95.34	\$78.01	\$85.81
66	\$81.85	\$90.03	\$73.66	\$81.03	\$90.03	\$99.04	\$81.03	\$89.13
67	\$84.90	\$93.39	\$76.41	\$84.05	\$93.39	\$102.73	\$84.05	\$92.46
68	\$87.95	\$96.75	\$79.16	\$87.07	\$96.75	\$106.42	\$87.07	\$95.78
69	\$91.00	\$100.10	\$81.90	\$90.09	\$100.10	\$110.11	\$90.09	\$99.10
70	\$94.05	\$103.46	\$84.65	\$93.11	\$103.46	\$113.81	\$93.11	\$102.42
71	\$98.15	\$107.97	\$88.34	\$97.17	\$107.97	\$118.76	\$97.17	\$106.89
72	\$102.25	\$112.48	\$92.03	\$101.23	\$112.48	\$123.72	\$101.23	\$111.35
73	\$106.35	\$116.98	\$95.71	\$105.29	\$116.98	\$128.68	\$105.29	\$115.81
74	\$110.45	\$121.49	\$99.40	\$109.34	\$121.49	\$133.64	\$109.34	\$120.28
75	\$114.55	\$126.00	\$103.09	\$113.40	\$126.00	\$138.60	\$113.40	\$124.74
76	\$117.11	\$128.82	\$105.40	\$115.94	\$128.82	\$141.70	\$115.94	\$127.53
77	\$119.67	\$131.64	\$107.71	\$118.48	\$131.64	\$144.81	\$118.48	\$130.32
78	\$122.24	\$134.46	\$110.01	\$121.02	\$134.46	\$147.91	\$121.02	\$133.12
79	\$124.80	\$137.28	\$112.32	\$123.55	\$137.28	\$151.01	\$123.55	\$135.91
80	\$127.36	\$140.10	\$114.63	\$126.09	\$140.10	\$154.11	\$126.09	\$138.70
81	\$129.93	\$142.92	\$116.94	\$128.63	\$142.92	\$157.21	\$128.63	\$141.49
82	\$132.49	\$145.74	\$119.24	\$131.17	\$145.74	\$160.32	\$131.17	\$144.28
83	\$135.06	\$148.56	\$121.55	\$133.71	\$148.56	\$163.42	\$133.71	\$147.08
84	\$137.62	\$151.38	\$123.86	\$136.24	\$151.38	\$166.52	\$136.24	\$149.87
85+	\$140.18	\$154.20	\$126.16	\$138.78	\$154.20	\$169.62	\$138.78	\$152.66

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan F (High Deductible) - Tier 3* - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$96.71	\$106.38	\$87.04	\$95.74	\$106.38	\$117.01	\$95.74	\$105.31
66	\$100.45	\$110.50	\$90.41	\$99.45	\$110.50	\$121.54	\$99.45	\$109.39
67	\$104.20	\$114.61	\$93.78	\$103.15	\$114.61	\$126.08	\$103.15	\$113.47
68	\$107.94	\$118.73	\$97.15	\$106.86	\$118.73	\$130.61	\$106.86	\$117.55
69	\$111.68	\$122.85	\$100.52	\$110.57	\$122.85	\$135.14	\$110.57	\$121.62
70	\$115.43	\$126.97	\$103.89	\$114.28	\$126.97	\$139.67	\$114.28	\$125.70
71	\$120.46	\$132.51	\$108.41	\$119.26	\$132.51	\$145.76	\$119.26	\$131.18
72	\$125.49	\$138.04	\$112.94	\$124.23	\$138.04	\$151.84	\$124.23	\$136.66
73	\$130.52	\$143.57	\$117.47	\$129.21	\$143.57	\$157.93	\$129.21	\$142.14
74	\$135.55	\$149.10	\$121.99	\$134.19	\$149.10	\$164.02	\$134.19	\$147.61
75	\$140.58	\$154.64	\$126.52	\$139.17	\$154.64	\$170.10	\$139.17	\$153.09
76	\$143.73	\$158.10	\$129.35	\$142.29	\$158.10	\$173.91	\$142.29	\$156.52
77	\$146.87	\$161.56	\$132.19	\$145.40	\$161.56	\$177.72	\$145.40	\$159.94
78	\$150.02	\$165.02	\$135.02	\$148.52	\$165.02	\$181.52	\$148.52	\$163.37
79	\$153.17	\$168.48	\$137.85	\$151.63	\$168.48	\$185.33	\$151.63	\$166.80
80	\$156.31	\$171.94	\$140.68	\$154.75	\$171.94	\$189.14	\$154.75	\$170.22
81	\$159.46	\$175.40	\$143.51	\$157.86	\$175.40	\$192.94	\$157.86	\$173.65
82	\$162.60	\$178.86	\$146.34	\$160.98	\$178.86	\$196.75	\$160.98	\$177.08
83	\$165.75	\$182.33	\$149.18	\$164.09	\$182.33	\$200.56	\$164.09	\$180.50
84	\$168.90	\$185.79	\$152.01	\$167.21	\$185.79	\$204.36	\$167.21	\$183.93
85+	\$172.04	\$189.25	\$154.84	\$170.32	\$189.25	\$208.17	\$170.32	\$187.35

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

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G - Guaranteed Issue - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$123.49	\$123.49	\$111.14	\$111.14	\$135.83	\$135.83	\$122.25	\$122.25
66	\$128.27	\$128.27	\$115.44	\$115.44	\$141.09	\$141.09	\$126.98	\$126.98
67	\$133.05	\$133.05	\$119.74	\$119.74	\$146.35	\$146.35	\$131.72	\$131.72
68	\$137.83	\$137.83	\$124.05	\$124.05	\$151.61	\$151.61	\$136.45	\$136.45
69	\$142.61	\$142.61	\$128.35	\$128.35	\$156.87	\$156.87	\$141.19	\$141.19
70	\$147.39	\$147.39	\$132.65	\$132.65	\$162.13	\$162.13	\$145.92	\$145.92
71	\$153.82	\$153.82	\$138.44	\$138.44	\$169.20	\$169.20	\$152.28	\$152.28
72	\$160.24	\$160.24	\$144.22	\$144.22	\$176.26	\$176.26	\$158.64	\$158.64
73	\$166.66	\$166.66	\$150.00	\$150.00	\$183.33	\$183.33	\$165.00	\$165.00
74	\$173.09	\$173.09	\$155.78	\$155.78	\$190.39	\$190.39	\$171.36	\$171.36
75	\$179.51	\$179.51	\$161.56	\$161.56	\$197.46	\$197.46	\$177.71	\$177.71
76	\$183.53	\$183.53	\$165.17	\$165.17	\$201.88	\$201.88	\$181.69	\$181.69
77	\$187.54	\$187.54	\$168.79	\$168.79	\$206.30	\$206.30	\$185.67	\$185.67
78	\$191.56	\$191.56	\$172.41	\$172.41	\$210.72	\$210.72	\$189.65	\$189.65
79	\$195.58	\$195.58	\$176.02	\$176.02	\$215.14	\$215.14	\$193.62	\$193.62
80	\$199.60	\$199.60	\$179.64	\$179.64	\$219.56	\$219.56	\$197.60	\$197.60
81	\$203.61	\$203.61	\$183.25	\$183.25	\$223.98	\$223.98	\$201.58	\$201.58
82	\$207.63	\$207.63	\$186.87	\$186.87	\$228.40	\$228.40	\$205.56	\$205.56
83	\$211.65	\$211.65	\$190.48	\$190.48	\$232.81	\$232.81	\$209.53	\$209.53
84	\$215.67	\$215.67	\$194.10	\$194.10	\$237.23	\$237.23	\$213.51	\$213.51
85+	\$219.68	\$219.68	\$197.72	\$197.72	\$241.65	\$241.65	\$217.49	\$217.49

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G – Tier 1 – Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$123.49	\$135.83	\$111.14	\$122.25	\$135.83	\$149.42	\$122.25	\$134.48
66	\$128.27	\$141.09	\$115.44	\$126.98	\$141.09	\$155.20	\$126.98	\$139.68
67	\$133.05	\$146.35	\$119.74	\$131.72	\$146.35	\$160.99	\$131.72	\$144.89
68	\$137.83	\$151.61	\$124.05	\$136.45	\$151.61	\$166.78	\$136.45	\$150.10
69	\$142.61	\$156.87	\$128.35	\$141.19	\$156.87	\$172.56	\$141.19	\$155.31
70	\$147.39	\$162.13	\$132.65	\$145.92	\$162.13	\$178.35	\$145.92	\$160.51
71	\$153.82	\$169.20	\$138.44	\$152.28	\$169.20	\$186.12	\$152.28	\$167.51
72	\$160.24	\$176.26	\$144.22	\$158.64	\$176.26	\$193.89	\$158.64	\$174.50
73	\$166.66	\$183.33	\$150.00	\$165.00	\$183.33	\$201.66	\$165.00	\$181.50
74	\$173.09	\$190.39	\$155.78	\$171.36	\$190.39	\$209.43	\$171.36	\$188.49
75	\$179.51	\$197.46	\$161.56	\$177.71	\$197.46	\$217.21	\$177.71	\$195.49
76	\$183.53	\$201.88	\$165.17	\$181.69	\$201.88	\$222.07	\$181.69	\$199.86
77	\$187.54	\$206.30	\$168.79	\$185.67	\$206.30	\$226.93	\$185.67	\$204.24
78	\$191.56	\$210.72	\$172.41	\$189.65	\$210.72	\$231.79	\$189.65	\$208.61
79	\$195.58	\$215.14	\$176.02	\$193.62	\$215.14	\$236.65	\$193.62	\$212.99
80	\$199.60	\$219.56	\$179.64	\$197.60	\$219.56	\$241.51	\$197.60	\$217.36
81	\$203.61	\$223.98	\$183.25	\$201.58	\$223.98	\$246.37	\$201.58	\$221.74
82	\$207.63	\$228.40	\$186.87	\$205.56	\$228.40	\$251.23	\$205.56	\$226.11
83	\$211.65	\$232.81	\$190.48	\$209.53	\$232.81	\$256.10	\$209.53	\$230.49
84	\$215.67	\$237.23	\$194.10	\$213.51	\$237.23	\$260.96	\$213.51	\$234.86
85+	\$219.68	\$241.65	\$197.72	\$217.49	\$241.65	\$265.82	\$217.49	\$239.24

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G - Tier 2 - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$135.83	\$149.42	\$122.25	\$134.48	\$149.42	\$164.36	\$134.48	\$147.92
66	\$141.09	\$155.20	\$126.98	\$139.68	\$155.20	\$170.72	\$139.68	\$153.65
67	\$146.35	\$160.99	\$131.72	\$144.89	\$160.99	\$177.09	\$144.89	\$159.38
68	\$151.61	\$166.78	\$136.45	\$150.10	\$166.78	\$183.45	\$150.10	\$165.11
69	\$156.87	\$172.56	\$141.19	\$155.31	\$172.56	\$189.82	\$155.31	\$170.84
70	\$162.13	\$178.35	\$145.92	\$160.51	\$178.35	\$196.18	\$160.51	\$176.56
71	\$169.20	\$186.12	\$152.28	\$167.51	\$186.12	\$204.73	\$167.51	\$184.26
72	\$176.26	\$193.89	\$158.64	\$174.50	\$193.89	\$213.28	\$174.50	\$191.95
73	\$183.33	\$201.66	\$165.00	\$181.50	\$201.66	\$221.83	\$181.50	\$199.65
74	\$190.39	\$209.43	\$171.36	\$188.49	\$209.43	\$230.38	\$188.49	\$207.34
75	\$197.46	\$217.21	\$177.71	\$195.49	\$217.21	\$238.93	\$195.49	\$215.03
76	\$201.88	\$222.07	\$181.69	\$199.86	\$222.07	\$244.27	\$199.86	\$219.85
77	\$206.30	\$226.93	\$185.67	\$204.24	\$226.93	\$249.62	\$204.24	\$224.66
78	\$210.72	\$231.79	\$189.65	\$208.61	\$231.79	\$254.97	\$208.61	\$229.47
79	\$215.14	\$236.65	\$193.62	\$212.99	\$236.65	\$260.32	\$212.99	\$234.28
80	\$219.56	\$241.51	\$197.60	\$217.36	\$241.51	\$265.66	\$217.36	\$239.10
81	\$223.98	\$246.37	\$201.58	\$221.74	\$246.37	\$271.01	\$221.74	\$243.91
82	\$228.40	\$251.23	\$205.56	\$226.11	\$251.23	\$276.36	\$226.11	\$248.72
83	\$232.81	\$256.10	\$209.53	\$230.49	\$256.10	\$281.71	\$230.49	\$253.53
84	\$237.23	\$260.96	\$213.51	\$234.86	\$260.96	\$287.05	\$234.86	\$258.35
85+	\$241.65	\$265.82	\$217.49	\$239.24	\$265.82	\$292.40	\$239.24	\$263.16

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G - Tier 3 - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$166.71	\$183.38	\$150.03	\$165.04	\$183.38	\$201.71	\$165.04	\$181.54
66	\$173.16	\$190.48	\$155.84	\$171.43	\$190.48	\$209.52	\$171.43	\$188.57
67	\$179.62	\$197.58	\$161.65	\$177.82	\$197.58	\$217.34	\$177.82	\$195.60
68	\$186.07	\$204.68	\$167.46	\$184.21	\$204.68	\$225.15	\$184.21	\$202.63
69	\$192.53	\$211.78	\$173.27	\$190.60	\$211.78	\$232.96	\$190.60	\$209.66
70	\$198.98	\$218.88	\$179.08	\$196.99	\$218.88	\$240.77	\$196.99	\$216.69
71	\$207.65	\$228.42	\$186.89	\$205.58	\$228.42	\$251.26	\$205.58	\$226.13
72	\$216.32	\$237.96	\$194.69	\$214.16	\$237.96	\$261.75	\$214.16	\$235.58
73	\$225.00	\$247.50	\$202.50	\$222.75	\$247.50	\$272.24	\$222.75	\$245.02
74	\$233.67	\$257.03	\$210.30	\$231.33	\$257.03	\$282.74	\$231.33	\$254.46
75	\$242.34	\$266.57	\$218.10	\$239.91	\$266.57	\$293.23	\$239.91	\$263.91
76	\$247.76	\$272.54	\$222.99	\$245.28	\$272.54	\$299.79	\$245.28	\$269.81
77	\$253.18	\$278.50	\$227.87	\$250.65	\$278.50	\$306.35	\$250.65	\$275.72
78	\$258.61	\$284.47	\$232.75	\$256.02	\$284.47	\$312.92	\$256.02	\$281.62
79	\$264.03	\$290.44	\$237.63	\$261.39	\$290.44	\$319.48	\$261.39	\$287.53
80	\$269.46	\$296.40	\$242.51	\$266.76	\$296.40	\$326.04	\$266.76	\$293.44
81	\$274.88	\$302.37	\$247.39	\$272.13	\$302.37	\$332.60	\$272.13	\$299.34
82	\$280.30	\$308.33	\$252.27	\$277.50	\$308.33	\$339.17	\$277.50	\$305.25
83	\$285.73	\$314.30	\$257.15	\$282.87	\$314.30	\$345.73	\$282.87	\$311.16
84	\$291.15	\$320.27	\$262.04	\$288.24	\$320.27	\$352.29	\$288.24	\$317.06
85+	\$296.57	\$326.23	\$266.92	\$293.61	\$326.23	\$358.85	\$293.61	\$322.97

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G (High Deductible) - Guaranteed Issue - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$68.21	\$68.21	\$61.39	\$61.39	\$75.03	\$75.03	\$67.53	\$67.53
66	\$70.85	\$70.85	\$63.77	\$63.77	\$77.94	\$77.94	\$70.14	\$70.14
67	\$73.49	\$73.49	\$66.14	\$66.14	\$80.84	\$80.84	\$72.76	\$72.76
68	\$76.13	\$76.13	\$68.52	\$68.52	\$83.75	\$83.75	\$75.37	\$75.37
69	\$78.77	\$78.77	\$70.90	\$70.90	\$86.65	\$86.65	\$77.99	\$77.99
70	\$81.42	\$81.42	\$73.27	\$73.27	\$89.56	\$89.56	\$80.60	\$80.60
71	\$84.96	\$84.96	\$76.47	\$76.47	\$93.46	\$93.46	\$84.11	\$84.11
72	\$88.51	\$88.51	\$79.66	\$79.66	\$97.36	\$97.36	\$87.63	\$87.63
73	\$92.06	\$92.06	\$82.85	\$82.85	\$101.27	\$101.27	\$91.14	\$91.14
74	\$95.61	\$95.61	\$86.05	\$86.05	\$105.17	\$105.17	\$94.65	\$94.65
75	\$99.16	\$99.16	\$89.24	\$89.24	\$109.07	\$109.07	\$98.16	\$98.16
76	\$101.37	\$101.37	\$91.24	\$91.24	\$111.51	\$111.51	\$100.36	\$100.36
77	\$103.59	\$103.59	\$93.23	\$93.23	\$113.95	\$113.95	\$102.56	\$102.56
78	\$105.81	\$105.81	\$95.23	\$95.23	\$116.39	\$116.39	\$104.75	\$104.75
79	\$108.03	\$108.03	\$97.23	\$97.23	\$118.83	\$118.83	\$106.95	\$106.95
80	\$110.25	\$110.25	\$99.23	\$99.23	\$121.28	\$121.28	\$109.15	\$109.15
81	\$112.47	\$112.47	\$101.22	\$101.22	\$123.72	\$123.72	\$111.35	\$111.35
82	\$114.69	\$114.69	\$103.22	\$103.22	\$126.16	\$126.16	\$113.54	\$113.54
83	\$116.91	\$116.91	\$105.22	\$105.22	\$128.60	\$128.60	\$115.74	\$115.74
84	\$119.13	\$119.13	\$107.21	\$107.21	\$131.04	\$131.04	\$117.94	\$117.94
85+	\$121.35	\$121.35	\$109.21	\$109.21	\$133.48	\$133.48	\$120.13	\$120.13

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G (High Deductible) – Tier 1 – Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$68.21	\$75.03	\$61.39	\$67.53	\$75.03	\$82.53	\$67.53	\$74.28
66	\$70.85	\$77.94	\$63.77	\$70.14	\$77.94	\$85.73	\$70.14	\$77.16
67	\$73.49	\$80.84	\$66.14	\$72.76	\$80.84	\$88.93	\$72.76	\$80.03
68	\$76.13	\$83.75	\$68.52	\$75.37	\$83.75	\$92.12	\$75.37	\$82.91
69	\$78.77	\$86.65	\$70.90	\$77.99	\$86.65	\$95.32	\$77.99	\$85.79
70	\$81.42	\$89.56	\$73.27	\$80.60	\$89.56	\$98.51	\$80.60	\$88.66
71	\$84.96	\$93.46	\$76.47	\$84.11	\$93.46	\$102.81	\$84.11	\$92.53
72	\$88.51	\$97.36	\$79.66	\$87.63	\$97.36	\$107.10	\$87.63	\$96.39
73	\$92.06	\$101.27	\$82.85	\$91.14	\$101.27	\$111.39	\$91.14	\$100.25
74	\$95.61	\$105.17	\$86.05	\$94.65	\$105.17	\$115.68	\$94.65	\$104.12
75	\$99.16	\$109.07	\$89.24	\$98.16	\$109.07	\$119.98	\$98.16	\$107.98
76	\$101.37	\$111.51	\$91.24	\$100.36	\$111.51	\$122.66	\$100.36	\$110.40
77	\$103.59	\$113.95	\$93.23	\$102.56	\$113.95	\$125.35	\$102.56	\$112.81
78	\$105.81	\$116.39	\$95.23	\$104.75	\$116.39	\$128.03	\$104.75	\$115.23
79	\$108.03	\$118.83	\$97.23	\$106.95	\$118.83	\$130.72	\$106.95	\$117.65
80	\$110.25	\$121.28	\$99.23	\$109.15	\$121.28	\$133.40	\$109.15	\$120.06
81	\$112.47	\$123.72	\$101.22	\$111.35	\$123.72	\$136.09	\$111.35	\$122.48
82	\$114.69	\$126.16	\$103.22	\$113.54	\$126.16	\$138.77	\$113.54	\$124.90
83	\$116.91	\$128.60	\$105.22	\$115.74	\$128.60	\$141.46	\$115.74	\$127.31
84	\$119.13	\$131.04	\$107.21	\$117.94	\$131.04	\$144.14	\$117.94	\$129.73
85+	\$121.35	\$133.48	\$109.21	\$120.13	\$133.48	\$146.83	\$120.13	\$132.15

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G (High Deductible) - Tier 2 - Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$75.03	\$82.53	\$67.53	\$74.28	\$82.53	\$90.79	\$74.28	\$81.71
66	\$77.94	\$85.73	\$70.14	\$77.16	\$85.73	\$94.30	\$77.16	\$84.87
67	\$80.84	\$88.93	\$72.76	\$80.03	\$88.93	\$97.82	\$80.03	\$88.04
68	\$83.75	\$92.12	\$75.37	\$82.91	\$92.12	\$101.33	\$82.91	\$91.20
69	\$86.65	\$95.32	\$77.99	\$85.79	\$95.32	\$104.85	\$85.79	\$94.36
70	\$89.56	\$98.51	\$80.60	\$88.66	\$98.51	\$108.36	\$88.66	\$97.53
71	\$93.46	\$102.81	\$84.11	\$92.53	\$102.81	\$113.09	\$92.53	\$101.78
72	\$97.36	\$107.10	\$87.63	\$96.39	\$107.10	\$117.81	\$96.39	\$106.03
73	\$101.27	\$111.39	\$91.14	\$100.25	\$111.39	\$122.53	\$100.25	\$110.28
74	\$105.17	\$115.68	\$94.65	\$104.12	\$115.68	\$127.25	\$104.12	\$114.53
75	\$109.07	\$119.98	\$98.16	\$107.98	\$119.98	\$131.98	\$107.98	\$118.78
76	\$111.51	\$122.66	\$100.36	\$110.40	\$122.66	\$134.93	\$110.40	\$121.44
77	\$113.95	\$125.35	\$102.56	\$112.81	\$125.35	\$137.88	\$112.81	\$124.09
78	\$116.39	\$128.03	\$104.75	\$115.23	\$128.03	\$140.84	\$115.23	\$126.75
79	\$118.83	\$130.72	\$106.95	\$117.65	\$130.72	\$143.79	\$117.65	\$129.41
80	\$121.28	\$133.40	\$109.15	\$120.06	\$133.40	\$146.74	\$120.06	\$132.07
81	\$123.72	\$136.09	\$111.35	\$122.48	\$136.09	\$149.70	\$122.48	\$134.73
82	\$126.16	\$138.77	\$113.54	\$124.90	\$138.77	\$152.65	\$124.90	\$137.39
83	\$128.60	\$141.46	\$115.74	\$127.31	\$141.46	\$155.61	\$127.31	\$140.04
84	\$131.04	\$144.14	\$117.94	\$129.73	\$144.14	\$158.56	\$129.73	\$142.70
85+	\$133.48	\$146.83	\$120.13	\$132.15	\$146.83	\$161.51	\$132.15	\$145.36

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan G (High Deductible) - Tier 3 - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$92.08	\$101.29	\$82.87	\$91.16	\$101.29	\$111.42	\$91.16	\$100.28
66	\$95.65	\$105.21	\$86.08	\$94.69	\$105.21	\$115.73	\$94.69	\$104.16
67	\$99.21	\$109.14	\$89.29	\$98.22	\$109.14	\$120.05	\$98.22	\$108.04
68	\$102.78	\$113.06	\$92.50	\$101.75	\$113.06	\$124.36	\$101.75	\$111.93
69	\$106.35	\$116.98	\$95.71	\$105.28	\$116.98	\$128.68	\$105.28	\$115.81
70	\$109.91	\$120.90	\$98.92	\$108.81	\$120.90	\$132.99	\$108.81	\$119.69
71	\$114.70	\$126.17	\$103.23	\$113.55	\$126.17	\$138.79	\$113.55	\$124.91
72	\$119.49	\$131.44	\$107.54	\$118.30	\$131.44	\$144.58	\$118.30	\$130.13
73	\$124.28	\$136.71	\$111.85	\$123.04	\$136.71	\$150.38	\$123.04	\$135.34
74	\$129.07	\$141.98	\$116.16	\$127.78	\$141.98	\$156.17	\$127.78	\$140.56
75	\$133.86	\$147.25	\$120.47	\$132.52	\$147.25	\$161.97	\$132.52	\$145.77
76	\$136.86	\$150.54	\$123.17	\$135.49	\$150.54	\$165.60	\$135.49	\$149.04
77	\$139.85	\$153.84	\$125.87	\$138.45	\$153.84	\$169.22	\$138.45	\$152.30
78	\$142.85	\$157.13	\$128.56	\$141.42	\$157.13	\$172.84	\$141.42	\$155.56
79	\$145.84	\$160.43	\$131.26	\$144.38	\$160.43	\$176.47	\$144.38	\$158.82
80	\$148.84	\$163.72	\$133.95	\$147.35	\$163.72	\$180.09	\$147.35	\$162.09
81	\$151.83	\$167.02	\$136.65	\$150.32	\$167.02	\$183.72	\$150.32	\$165.35
82	\$154.83	\$170.31	\$139.35	\$153.28	\$170.31	\$187.34	\$153.28	\$168.61
83	\$157.83	\$173.61	\$142.04	\$156.25	\$173.61	\$190.97	\$156.25	\$171.87
84	\$160.82	\$176.90	\$144.74	\$159.21	\$176.90	\$194.59	\$159.21	\$175.14
85+	\$163.82	\$180.20	\$147.44	\$162.18	\$180.20	\$198.22	\$162.18	\$178.40

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N - Guaranteed Issue - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$112.32	\$112.32	\$101.09	\$101.09	\$123.55	\$123.55	\$111.20	\$111.20
66	\$116.67	\$116.67	\$105.00	\$105.00	\$128.34	\$128.34	\$115.50	\$115.50
67	\$121.02	\$121.02	\$108.92	\$108.92	\$133.12	\$133.12	\$119.81	\$119.81
68	\$125.37	\$125.37	\$112.83	\$112.83	\$137.91	\$137.91	\$124.12	\$124.12
69	\$129.72	\$129.72	\$116.75	\$116.75	\$142.69	\$142.69	\$128.42	\$128.42
70	\$134.07	\$134.07	\$120.66	\$120.66	\$147.48	\$147.48	\$132.73	\$132.73
71	\$139.91	\$139.91	\$125.92	\$125.92	\$153.90	\$153.90	\$138.51	\$138.51
72	\$145.75	\$145.75	\$131.18	\$131.18	\$160.33	\$160.33	\$144.30	\$144.30
73	\$151.60	\$151.60	\$136.44	\$136.44	\$166.76	\$166.76	\$150.08	\$150.08
74	\$157.44	\$157.44	\$141.69	\$141.69	\$173.18	\$173.18	\$155.86	\$155.86
75	\$163.28	\$163.28	\$146.95	\$146.95	\$179.61	\$179.61	\$161.65	\$161.65
76	\$166.94	\$166.94	\$150.24	\$150.24	\$183.63	\$183.63	\$165.27	\$165.27
77	\$170.59	\$170.59	\$153.53	\$153.53	\$187.65	\$187.65	\$168.88	\$168.88
78	\$174.24	\$174.24	\$156.82	\$156.82	\$191.67	\$191.67	\$172.50	\$172.50
79	\$177.90	\$177.90	\$160.11	\$160.11	\$195.69	\$195.69	\$176.12	\$176.12
80	\$181.55	\$181.55	\$163.40	\$163.40	\$199.71	\$199.71	\$179.74	\$179.74
81	\$185.21	\$185.21	\$166.69	\$166.69	\$203.73	\$203.73	\$183.35	\$183.35
82	\$188.86	\$188.86	\$169.97	\$169.97	\$207.75	\$207.75	\$186.97	\$186.97
83	\$192.52	\$192.52	\$173.26	\$173.26	\$211.77	\$211.77	\$190.59	\$190.59
84	\$196.17	\$196.17	\$176.55	\$176.55	\$215.79	\$215.79	\$194.21	\$194.21
85+	\$199.82	\$199.82	\$179.84	\$179.84	\$219.81	\$219.81	\$197.83	\$197.83

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N – Tier 1 – Family Discount

Rating Area 1
 Michigan

Rating Area 2
 Non-Michigan

Age	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	\$112.32	\$123.55	\$101.09	\$111.20	\$123.55	\$135.91	\$111.20	\$122.32
66	\$116.67	\$128.34	\$105.00	\$115.50	\$128.34	\$141.17	\$115.50	\$127.05
67	\$121.02	\$133.12	\$108.92	\$119.81	\$133.12	\$146.43	\$119.81	\$131.79
68	\$125.37	\$137.91	\$112.83	\$124.12	\$137.91	\$151.70	\$124.12	\$136.53
69	\$129.72	\$142.69	\$116.75	\$128.42	\$142.69	\$156.96	\$128.42	\$141.26
70	\$134.07	\$147.48	\$120.66	\$132.73	\$147.48	\$162.22	\$132.73	\$146.00
71	\$139.91	\$153.90	\$125.92	\$138.51	\$153.90	\$169.29	\$138.51	\$152.36
72	\$145.75	\$160.33	\$131.18	\$144.30	\$160.33	\$176.36	\$144.30	\$158.73
73	\$151.60	\$166.76	\$136.44	\$150.08	\$166.76	\$183.43	\$150.08	\$165.09
74	\$157.44	\$173.18	\$141.69	\$155.86	\$173.18	\$190.50	\$155.86	\$171.45
75	\$163.28	\$179.61	\$146.95	\$161.65	\$179.61	\$197.57	\$161.65	\$177.81
76	\$166.94	\$183.63	\$150.24	\$165.27	\$183.63	\$201.99	\$165.27	\$181.79
77	\$170.59	\$187.65	\$153.53	\$168.88	\$187.65	\$206.41	\$168.88	\$185.77
78	\$174.24	\$191.67	\$156.82	\$172.50	\$191.67	\$210.83	\$172.50	\$189.75
79	\$177.90	\$195.69	\$160.11	\$176.12	\$195.69	\$215.26	\$176.12	\$193.73
80	\$181.55	\$199.71	\$163.40	\$179.74	\$199.71	\$219.68	\$179.74	\$197.71
81	\$185.21	\$203.73	\$166.69	\$183.35	\$203.73	\$224.10	\$183.35	\$201.69
82	\$188.86	\$207.75	\$169.97	\$186.97	\$207.75	\$228.52	\$186.97	\$205.67
83	\$192.52	\$211.77	\$173.26	\$190.59	\$211.77	\$232.94	\$190.59	\$209.65
84	\$196.17	\$215.79	\$176.55	\$194.21	\$215.79	\$237.37	\$194.21	\$213.63
85+	\$199.82	\$219.81	\$179.84	\$197.83	\$219.81	\$241.79	\$197.83	\$217.61

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N - Tier 2 - Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$123.55	\$135.91	\$111.20	\$122.32	\$135.91	\$149.50	\$122.32	\$134.55
66	\$128.34	\$141.17	\$115.50	\$127.05	\$141.17	\$155.29	\$127.05	\$139.76
67	\$133.12	\$146.43	\$119.81	\$131.79	\$146.43	\$161.08	\$131.79	\$144.97
68	\$137.91	\$151.70	\$124.12	\$136.53	\$151.70	\$166.87	\$136.53	\$150.18
69	\$142.69	\$156.96	\$128.42	\$141.26	\$156.96	\$172.66	\$141.26	\$155.39
70	\$147.48	\$162.22	\$132.73	\$146.00	\$162.22	\$178.45	\$146.00	\$160.60
71	\$153.90	\$169.29	\$138.51	\$152.36	\$169.29	\$186.22	\$152.36	\$167.60
72	\$160.33	\$176.36	\$144.30	\$158.73	\$176.36	\$194.00	\$158.73	\$174.60
73	\$166.76	\$183.43	\$150.08	\$165.09	\$183.43	\$201.77	\$165.09	\$181.60
74	\$173.18	\$190.50	\$155.86	\$171.45	\$190.50	\$209.55	\$171.45	\$188.60
75	\$179.61	\$197.57	\$161.65	\$177.81	\$197.57	\$217.33	\$177.81	\$195.59
76	\$183.63	\$201.99	\$165.27	\$181.79	\$201.99	\$222.19	\$181.79	\$199.97
77	\$187.65	\$206.41	\$168.88	\$185.77	\$206.41	\$227.05	\$185.77	\$204.35
78	\$191.67	\$210.83	\$172.50	\$189.75	\$210.83	\$231.92	\$189.75	\$208.73
79	\$195.69	\$215.26	\$176.12	\$193.73	\$215.26	\$236.78	\$193.73	\$213.10
80	\$199.71	\$219.68	\$179.74	\$197.71	\$219.68	\$241.65	\$197.71	\$217.48
81	\$203.73	\$224.10	\$183.35	\$201.69	\$224.10	\$246.51	\$201.69	\$221.86
82	\$207.75	\$228.52	\$186.97	\$205.67	\$228.52	\$251.37	\$205.67	\$226.24
83	\$211.77	\$232.94	\$190.59	\$209.65	\$232.94	\$256.24	\$209.65	\$230.61
84	\$215.79	\$237.37	\$194.21	\$213.63	\$237.37	\$261.10	\$213.63	\$234.99
85+	\$219.81	\$241.79	\$197.83	\$217.61	\$241.79	\$265.97	\$217.61	\$239.37

Medicare Supplement Rates - Effective April 1, 2024
 Monthly Premium Rates for Plan N – Tier 3 – Family Discount

Rating Area 1
Michigan

Rating Area 2
Non-Michigan

Age	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	\$151.63	\$166.80	\$136.47	\$150.12	\$166.80	\$183.48	\$150.12	\$165.13
66	\$157.51	\$173.26	\$141.76	\$155.93	\$173.26	\$190.58	\$155.93	\$171.52
67	\$163.38	\$179.72	\$147.04	\$161.74	\$179.72	\$197.69	\$161.74	\$177.92
68	\$169.25	\$186.17	\$152.32	\$167.56	\$186.17	\$204.79	\$167.56	\$184.31
69	\$175.12	\$192.63	\$157.61	\$173.37	\$192.63	\$211.90	\$173.37	\$190.71
70	\$180.99	\$199.09	\$162.89	\$179.18	\$199.09	\$219.00	\$179.18	\$197.10
71	\$188.88	\$207.77	\$169.99	\$186.99	\$207.77	\$228.55	\$186.99	\$205.69
72	\$196.77	\$216.44	\$177.09	\$194.80	\$216.44	\$238.09	\$194.80	\$214.28
73	\$204.65	\$225.12	\$184.19	\$202.61	\$225.12	\$247.63	\$202.61	\$222.87
74	\$212.54	\$233.80	\$191.29	\$210.42	\$233.80	\$257.18	\$210.42	\$231.46
75	\$220.43	\$242.47	\$198.39	\$218.22	\$242.47	\$266.72	\$218.22	\$240.05
76	\$225.36	\$247.90	\$202.83	\$223.11	\$247.90	\$272.69	\$223.11	\$245.42
77	\$230.30	\$253.33	\$207.27	\$227.99	\$253.33	\$278.66	\$227.99	\$250.79
78	\$235.23	\$258.75	\$211.71	\$232.88	\$258.75	\$284.63	\$232.88	\$256.16
79	\$240.16	\$264.18	\$216.15	\$237.76	\$264.18	\$290.60	\$237.76	\$261.54
80	\$245.10	\$269.61	\$220.59	\$242.64	\$269.61	\$296.57	\$242.64	\$266.91
81	\$250.03	\$275.03	\$225.03	\$247.53	\$275.03	\$302.54	\$247.53	\$272.28
82	\$254.96	\$280.46	\$229.47	\$252.41	\$280.46	\$308.50	\$252.41	\$277.65
83	\$259.90	\$285.89	\$233.91	\$257.30	\$285.89	\$314.47	\$257.30	\$283.03
84	\$264.83	\$291.31	\$238.35	\$262.18	\$291.31	\$320.44	\$262.18	\$288.40
85+	\$269.76	\$296.74	\$242.79	\$267.06	\$296.74	\$326.41	\$267.06	\$293.77

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, secure email or fax it to us.

Agent: Contact your local agent

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

Fax: 810-600-7931

Email: MHPsales@mclaren.org

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

Review the application carefully before you sign it. Be certain 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 (TTY: 711) from 8 a.m. to 6 p.m., Monday- Friday 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 (TTY: 711) or contact your agent.

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 (TTY: 711).*

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 McLaren 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, so you understand your rights and duties, and you understand the rights and duties of your health plan.

Notice: Please be aware 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 \$1,632	Nothing	\$1,632 (Part A deductible)	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing
61st thru 90th day	All but \$408 a day	All but \$408 a day	Nothing	All but \$408 a day	Nothing	All but \$408 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	All but \$816 a day	Nothing	All but \$816 a day	Nothing	All but \$816a 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 \$204 a day	Nothing	All but \$204 a day	All but \$204 a day	Nothing	All but \$204 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	Plan F / HD-F*			Plan G / HD-G*		Plan N	
	Original Medicare Pays	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 \$1,632	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing
61st thru 90th day	All but \$408 a day	\$408 a day	Nothing	\$408 a day	Nothing	\$408a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	Nothing	\$816 a day	Nothing	\$816 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 \$204 a day	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing	Up to \$204 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

*HDHP F and G deductible amount of \$2,800 for 2024 must be met before plan pays

Services	Plan A			Plan C		Plan D	
	Original Medicare Pays	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 \$240 of Medicare approved amounts (Part B deductible)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
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 2024 Original Medicare numbers. The benefits and costs shown below are for plans effective on or after January 1, 2024.							
Medicare preventive care First \$240 of Medicare approved amounts (Part B deductible) when applicable							
Medicare approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood First 3 pints							
Additional amounts	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Clinical laboratory services Tests for diagnostic services							
Parts A & B	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Home health care — Medicare approved services Medically necessary skilled care services and medical supplies							
Durable medical equipment first \$240 of Medicare approved amounts (Part B deductible)	100%	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
	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 Pays	Plan F / HD-F* You Pay	Plan G / HD-G* Plan Pays	Plan G / HD-G* You Pay	Plan N Plan Pays	Plan N 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 \$240 of Medicare approved amounts (Part B deductible)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
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 2024 Original Medicare numbers. The benefits and costs shown below are for plans effective on or after January 1, 2024.							
Medicare preventive care							
First \$240 of Medicare approved amounts (Part B deductible) when applicable	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
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	\$240	Nothing	Nothing	\$240	Nothing	\$240
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 \$240 of Medicare approved amounts (Part B deductible)	Nothing	\$226	Nothing	Nothing	\$226	Nothing	\$226
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%

*HDHP F and G deductible amount of \$2,800 for 2024 must be met before plan pays

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 based on 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@mcclaren.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.

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