

BENEFITS CHART OF MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JANUARY 1, 2020



Only applicants first eligible for Medicare before 2020 may purchase Plan C, F and High Deductible F

BENEFITS	MEDICARE SUPPLEMENT INSURANCE PLANS								FIRST ELIGIBLE BEFORE 2020 ONLY	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A Coinsurance and Hospital Costs (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Co-payment	✓	✓	✓	✓	50%	75%	✓	✓ Copays apply ³	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A Hospice Care Coinsurance or Co-payment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Care Co-payment			✓	✓	50%	75%	✓	✓	✓	✓
Part A Deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B Deductible									✓	✓
Part B Excess Charge				✓						✓
Foreign Travel Emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-Pocket limit ²					\$8,000 ²	\$4,000 ²				

¹Plans F and G also have a high deductible option which require paying a plan deductible of \$2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays one hundred percent (100%) of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

³Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that don't result in an inpatient admission.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN A

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but \$1,736	\$0	\$1,736 (Part A deductible)
61st through 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$217 a day	\$0	Up to \$217 a day
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/coinsurance	\$0

¹Notice: When your Medicare Part A hospital benefits are exhausted, Texas Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (365) days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

²A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		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, and durable medical equipment			
First \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
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	\$0	\$0	All costs
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	\$0	All costs

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN D

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$217 a day	Up to \$217 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/coinsurance	\$0

¹Notice: When your Medicare Part A hospital benefits are exhausted, Texas Farm Bureau Health Plans stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

²A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		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, and durable medical equipment			
First \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B Home Health Care - Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
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	\$0	\$0	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	80%	20%

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN G

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$217 a day	Up to \$217 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/coinsurance	\$0

¹Notice: When your Medicare Part A hospital benefits are exhausted, Texas Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (365) days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

²A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		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, and durable medical equipment			
First \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B Home Health Care - Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
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	\$0	\$0	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	80%	20%

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT PLAN N

All dollar amounts shown are the 2026 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2026**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare (Part A) Hospital Services Per Benefit Period Hospitalization² - Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after (while using 60 lifetime reserve days)	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used, additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 ¹
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	\$0	\$0
21st through 100th day	All but \$217 a day	Up to \$217 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Remainder of Medicare approved amounts	100%	\$0	\$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/coinsurance	\$0

¹Notice: When your Medicare Part A hospital benefits are exhausted, Texas Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (365) days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

²A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		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, and durable medical equipment			
First \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Balance, other than up to a \$20 office visit and up to a \$50 emergency visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts ³	\$0	\$0	\$283 (Part B deductible)
Additional amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B Home Health Care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$283 of Medicare-approved amounts (Part B deductible ³)	\$0	\$0	\$283
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	\$0
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	\$0	\$0	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁴	\$0	80%	20%

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Member pays all amounts over \$50,000.

HOW TO FIND A PLAN FOR YOU

To find your estimated monthly premium costs, follow these steps:

1. Find your rating area based off the table below.
2. Use the tables on pages [14-16] to find the corresponding rating area table and tobacco use.
3. Once you find the correct table, scroll down the first column to find your age. Your premium will be shown at the right based on whether you're male or female and whether you use tobacco if your applying outside of your Medicare Supplement Open Enrollment Period and are not eligible for a Guaranteed Issue Right.
4. Find the plan option that's right for you.

Area Assignment by Zip Code

AREA 1		AREA 2		AREA 3	
754	755	750	751	772	774
756	757	752	753	775	776
758	759	760	761		
763	765	762	764		
766	768	767	770		
769	773	777	784		
778	779				
780	781				
782	783				
785	786				
787	788				
789	790				
791	792				
793	794				
795	796				
797	798				
799	885				

Premium Rates Area - 1

Zip Codes: 754, 755, 756, 757, 758, 759, 763, 765, 766, 768, 769, 773, 778, 779, 780, 781, 782, 783, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 885

Non-Tobacco								
AGE	Plan A		Plan D		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
Under Age 65 ESRD/ALS	122.73	109.64	135.59	121.42	298.99	267.71	226.69	202.55
Under Age 65	674.63	608.98	-	-	-	-	-	-
65	122.73	109.64	135.59	121.42	149.49	133.86	113.34	101.28
66	122.73	109.64	135.59	121.42	149.49	133.86	113.34	101.28
67	122.73	109.64	135.59	121.42	149.49	133.86	113.34	101.28
68	122.73	109.64	135.59	121.42	149.49	133.86	113.34	101.28
69	127.52	113.97	142.29	127.48	156.88	140.54	119.04	106.43
70	132.52	118.50	149.29	133.81	164.60	147.53	125.00	111.83
71	137.75	123.23	156.61	140.43	172.67	154.83	131.23	117.46
72	143.21	128.17	164.26	147.35	181.10	162.45	137.74	123.35
73	148.92	133.34	172.24	154.58	189.91	170.43	144.53	129.50
74	154.89	138.74	180.59	162.13	199.12	178.76	151.64	135.93
75	161.13	144.38	189.32	170.02	208.74	187.46	159.06	142.64
76	167.64	150.28	198.43	178.27	218.80	196.56	166.82	149.66
77	174.45	156.44	207.96	186.89	229.30	206.07	174.93	157.00
78	181.57	162.88	217.92	195.90	240.28	216.00	183.41	164.67
79	189.00	169.60	228.32	205.31	251.76	226.38	192.26	172.68
80	196.77	176.63	239.19	215.15	263.75	237.23	201.51	181.05
81	204.89	183.98	250.55	225.43	276.28	248.57	211.18	189.80
82	213.38	191.66	262.43	236.17	289.37	260.41	221.29	198.94
83	222.25	199.68	274.83	247.39	303.06	272.79	231.85	208.49
84	231.51	208.07	287.80	259.12	317.36	285.73	242.88	218.48
85	241.20	216.83	301.35	271.38	332.30	299.25	254.41	228.91
86	251.32	225.98	315.50	284.19	347.91	313.38	266.46	239.81
87	261.89	235.55	330.30	297.58	364.23	328.14	279.05	251.20
88	272.94	245.55	345.76	311.57	381.28	343.57	292.21	263.11
89	284.49	256.00	361.92	326.18	399.10	359.69	305.96	275.55
90	296.56	266.91	378.80	341.46	417.72	376.54	320.33	288.55
91 - 120	309.17	278.32	396.44	357.42	437.18	394.14	335.35	302.14

Premium Rates Area - 1

Zip Codes: 754, 755, 756, 757, 758, 759, 763, 765, 766, 768, 769, 773, 778, 779, 780, 781, 782, 783, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 885

Tobacco								
AGE	Plan A		Plan D		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
Under Age 65 ESRD/ALS	135.00	120.60	149.15	133.56	328.89	294.48	249.36	222.81
Under Age 65	742.09	669.88	-	-	-	-	-	-
65	135.00	120.60	149.15	133.56	164.44	147.24	124.68	111.40
66	135.00	120.60	149.15	133.56	164.44	147.24	124.68	111.40
67	135.00	120.60	149.15	133.56	164.44	147.24	124.68	111.40
68	135.00	120.60	149.15	133.56	164.44	147.24	124.68	111.40
69	140.27	125.37	156.52	140.23	172.57	154.59	130.95	117.08
70	145.77	130.35	164.22	147.19	181.06	162.28	137.50	123.01
71	151.52	135.55	172.27	154.47	189.94	170.31	144.35	129.20
72	157.53	140.99	180.68	162.08	199.21	178.70	151.51	135.68
73	163.82	146.67	189.47	170.03	208.90	187.47	158.99	142.45
74	170.38	152.61	198.65	178.34	219.03	196.63	166.80	149.52
75	177.24	158.82	208.25	187.02	229.62	206.21	174.97	156.91
76	184.41	165.30	218.28	196.10	240.68	216.22	183.51	164.63
77	191.90	172.08	228.76	205.58	252.23	226.67	192.43	172.70
78	199.72	179.16	239.71	215.49	264.31	237.60	201.75	181.13
79	207.90	186.56	251.15	225.84	276.93	249.02	211.49	189.94
80	216.45	194.30	263.11	236.66	290.12	260.95	221.66	199.15
81	225.38	202.38	275.61	247.97	303.91	273.42	232.30	208.78
82	234.72	210.82	288.67	259.78	318.31	286.46	243.42	218.83
83	244.47	219.65	302.32	272.13	333.36	300.07	255.03	229.34
84	254.67	228.87	316.58	285.04	349.09	314.30	267.17	240.32
85	265.32	238.51	331.48	298.52	365.53	329.18	279.85	251.80
86	276.45	248.58	347.05	312.61	382.70	344.72	293.11	263.79
87	288.08	259.11	363.33	327.33	400.65	360.96	306.96	276.32
88	300.24	270.10	380.34	342.72	419.41	377.93	321.43	289.42
89	312.94	281.60	398.11	358.80	439.01	395.66	336.56	303.11
90	326.21	293.61	416.68	375.60	459.49	414.19	352.36	317.41
91 - 120	340.09	306.16	436.09	393.16	480.90	433.56	368.88	332.35

Premium Rates Area - 2

Zip Codes: 750, 751, 752, 753, 760, 761, 762, 764, 767, 770, 777, 784

Non-Tobacco								
AGE	Plan A		Plan D		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
Under Age 65 ESRD/ALS	128.89	115.15	142.40	127.51	314.00	281.16	238.07	212.72
Under Age 65	708.51	639.57	-	-	-	-	-	-
65	128.89	115.15	142.40	127.51	157.00	140.58	119.04	106.36
66	128.89	115.15	142.40	127.51	157.00	140.58	119.04	106.36
67	128.89	115.15	142.40	127.51	157.00	140.58	119.04	106.36
68	128.89	115.15	142.40	127.51	157.00	140.58	119.04	106.36
69	133.92	119.70	149.44	133.88	164.76	147.60	125.02	111.78
70	139.18	124.45	156.79	140.53	172.87	154.94	131.28	117.44
71	144.67	129.42	164.48	147.48	181.34	162.60	137.82	123.36
72	150.41	134.61	172.50	154.75	190.20	170.61	144.65	129.54
73	156.40	140.04	180.90	162.34	199.45	178.99	151.79	136.00
74	162.67	145.71	189.66	170.27	209.12	187.74	159.26	142.75
75	169.22	151.63	198.83	178.56	219.23	196.88	167.05	149.81
76	176.06	157.82	208.40	187.22	229.79	206.43	175.20	157.18
77	183.21	164.29	218.41	196.28	240.82	216.42	183.72	164.89
78	190.69	171.06	228.86	205.74	252.35	226.85	192.62	172.94
79	198.50	178.12	239.79	215.62	264.40	237.75	201.92	181.35
80	206.66	185.51	251.21	225.95	277.00	249.15	211.63	190.14
81	215.19	193.22	263.14	236.75	290.16	261.05	221.79	199.33
82	224.10	201.28	275.61	248.03	303.91	273.49	232.40	208.93
83	233.41	209.71	288.64	259.82	318.28	286.50	243.49	218.96
84	243.14	218.52	302.25	272.14	333.29	300.08	255.08	229.45
85	253.31	227.72	316.48	285.01	348.99	314.28	267.19	240.41
86	263.94	237.33	331.35	298.46	365.39	329.12	279.84	251.86
87	275.05	247.38	346.89	312.52	382.52	344.62	293.07	263.82
88	286.65	257.88	363.13	327.21	400.43	360.82	306.89	276.32
89	298.78	268.85	380.09	342.57	419.15	377.76	321.33	289.39
90	311.45	280.32	397.83	358.61	438.70	395.45	336.42	303.04
91 - 120	324.70	292.30	416.35	375.37	459.14	413.94	352.19	317.31

Premium Rates Area - 2

Zip Codes: 750, 751, 752, 753, 760, 761, 762, 764, 767, 770, 777, 784

Tobacco								
AGE	Plan A		Plan D		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
Under Age 65 ESRD/ALS	141.78	126.67	156.64	140.26	345.40	309.28	261.88	233.99
Under Age 65	779.36	703.53	-	-	-	-	-	-
65	141.78	126.67	156.65	140.27	172.70	154.64	130.94	117.00
66	141.78	126.67	156.65	140.27	172.70	154.64	130.94	117.00
67	141.78	126.67	156.65	140.27	172.70	154.64	130.94	117.00
68	141.78	126.67	156.65	140.27	172.70	154.64	130.94	117.00
69	147.31	131.67	164.38	147.27	181.24	162.36	137.53	122.96
70	153.10	136.90	172.47	154.59	190.16	170.43	144.41	129.19
71	159.14	142.36	180.92	162.23	199.47	178.86	151.60	135.69
72	165.45	148.07	189.76	170.22	209.22	187.67	159.12	142.49
73	172.04	154.04	198.98	178.57	219.40	196.89	166.97	149.60
74	178.94	160.28	208.63	187.30	230.03	206.51	175.18	157.03
75	186.14	166.79	218.71	196.42	241.15	216.57	183.76	164.79
76	193.67	173.60	229.24	205.95	252.77	227.07	192.72	172.90
77	201.53	180.72	240.25	215.90	264.90	238.06	202.09	181.37
78	209.76	188.17	251.75	226.31	277.59	249.54	211.88	190.23
79	218.35	195.93	263.77	237.18	290.84	261.53	222.11	199.48
80	227.33	204.06	276.33	248.55	304.70	274.07	232.80	209.16
81	236.71	212.54	289.45	260.42	319.18	287.16	243.97	219.26
82	246.51	221.41	303.17	272.83	334.30	300.84	255.64	229.82
83	256.75	230.68	317.50	285.80	350.11	315.15	267.84	240.86
84	267.45	240.37	332.48	299.35	366.62	330.09	280.59	252.39
85	278.64	250.49	348.13	313.51	383.89	345.71	293.91	264.45
86	290.33	261.06	364.48	328.31	401.93	362.03	307.83	277.04
87	302.56	272.12	381.58	343.78	420.77	379.08	322.37	290.20
88	315.32	283.67	399.44	359.94	440.47	396.90	337.58	303.96
89	328.66	295.74	418.10	376.82	461.07	415.54	353.46	318.33
90	342.60	308.35	437.61	394.47	482.57	435.00	370.06	333.35
91 - 120	357.17	321.53	457.99	412.91	505.05	455.33	387.41	349.04

Premium Rates Area - 3

Zip Codes: 772, 774, 775, 776

Non-Tobacco								
AGE	Plan A		Plan D		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
Under Age 65 ESRD/ALS	142.43	127.24	157.36	140.90	346.97	310.68	263.07	235.06
Under Age 65	782.91	706.72	-	-	-	-	-	-
65	142.43	127.24	157.36	140.90	173.49	155.34	131.53	117.53
66	142.43	127.24	157.36	140.90	173.49	155.34	131.53	117.53
67	142.43	127.24	157.36	140.90	173.49	155.34	131.53	117.53
68	142.43	127.24	157.36	140.90	173.49	155.34	131.53	117.53
69	147.98	132.26	165.13	147.94	182.06	163.10	138.15	123.52
70	153.79	137.52	173.26	155.29	191.02	171.20	145.06	129.77
71	159.86	143.01	181.75	162.97	200.38	179.68	152.29	136.31
72	166.20	148.75	190.62	171.00	210.17	188.53	159.84	143.14
73	172.83	154.74	199.89	179.38	220.39	197.78	167.73	150.28
74	179.75	161.01	209.58	188.15	231.08	207.45	175.98	157.74
75	186.99	167.55	219.70	197.31	242.24	217.55	184.59	165.54
76	194.55	174.40	230.28	206.88	253.91	228.11	193.60	173.68
77	202.45	181.55	241.34	216.89	266.11	239.14	203.01	182.20
78	210.71	189.02	252.89	227.34	278.85	250.67	212.84	191.09
79	219.34	196.82	264.96	238.26	292.17	262.72	223.12	200.39
80	228.36	204.98	277.58	249.68	306.08	275.31	233.86	210.11
81	237.78	213.51	290.77	261.61	320.62	288.46	245.08	220.26
82	247.63	222.42	304.54	274.07	335.82	302.21	256.80	230.87
83	257.92	231.73	318.94	287.10	351.70	316.58	269.06	241.96
84	268.67	241.46	333.99	300.71	368.29	331.59	281.86	253.54
85	279.91	251.63	349.71	314.94	385.63	347.28	295.24	265.65
86	291.65	262.25	366.14	329.80	403.75	363.67	309.23	278.30
87	303.92	273.36	383.31	345.34	422.69	380.81	323.84	291.52
88	316.75	284.96	401.25	361.57	442.48	398.71	339.11	305.34
89	330.15	297.08	420.00	378.53	463.15	417.42	355.07	319.78
90	344.15	309.75	439.60	396.26	484.76	436.97	371.74	334.86
91 - 120	358.79	322.99	460.07	414.79	507.35	457.40	389.17	350.63

Premium Rates Area - 3

Zip Codes: 772, 774, 775, 776

Tobacco								
AGE	Plan A		Plan D		Plan G		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
Under Age 65 ESRD/ALS	156.67	139.96	173.10	154.99	381.67	341.75	289.38	258.57
Under Age 65	861.20	777.39	-	-	-	-	-	-
65	156.67	139.96	173.09	154.99	190.84	170.87	144.69	129.28
66	156.67	139.96	173.09	154.99	190.84	170.87	144.69	129.28
67	156.67	139.96	173.09	154.99	190.84	170.87	144.69	129.28
68	156.67	139.96	173.09	154.99	190.84	170.87	144.69	129.28
69	162.78	145.49	181.64	162.73	200.27	179.41	151.97	135.87
70	169.17	151.27	190.58	170.82	210.12	188.32	159.57	142.75
71	175.85	157.31	199.92	179.27	220.42	197.65	167.52	149.94
72	182.82	163.63	209.68	188.10	231.19	207.38	175.83	157.46
73	190.11	170.21	219.88	197.32	242.43	217.56	184.51	165.31
74	197.73	177.11	230.53	206.96	254.19	228.20	193.58	173.52
75	205.69	184.31	241.67	217.04	266.46	239.31	203.05	182.09
76	214.01	191.84	253.31	227.57	279.30	250.92	212.96	191.05
77	222.70	199.71	265.47	238.57	292.72	263.05	223.31	200.42
78	231.78	207.92	278.18	250.07	306.74	275.74	234.13	210.20
79	241.27	216.50	291.46	262.09	321.39	288.99	245.43	220.43
80	251.20	225.48	305.34	274.65	336.69	302.84	257.24	231.12
81	261.56	234.86	319.84	287.77	352.68	317.31	269.58	242.28
82	272.39	244.66	335.00	301.48	369.40	332.43	282.48	253.96
83	283.71	254.90	350.84	315.81	386.87	348.24	295.96	266.15
84	295.54	265.61	367.39	330.78	405.12	364.75	310.05	278.89
85	307.90	276.79	384.68	346.43	424.19	382.01	324.77	292.21
86	320.82	288.48	402.75	362.78	444.13	400.04	340.15	306.13
87	334.31	300.70	421.64	379.87	464.96	418.89	356.22	320.67
88	348.43	313.46	441.38	397.73	486.73	438.58	373.02	335.87
89	363.17	326.79	462.00	416.39	509.47	459.16	390.57	351.75
90	378.57	340.73	483.56	435.89	533.24	480.67	408.92	368.35
91 - 120	394.67	355.29	506.08	456.27	558.09	503.14	428.09	385.69