

# New Hampshire's Guide to Medicare Supplement Insurance

2020



## Companies, Rates and Useful Information

Published by the New Hampshire Insurance Department

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### \*\*\* Special Notes \*\*\*

1. Rates quoted within this guide are available during **initial open enrollment** or guaranteed issue periods.
2. Quoted rates are **generally** available to individuals who are renewing coverage with the specified company.
3. Individuals who are changing plans or who would like to obtain a renewal rate with a specific company should contact the company directly.
4. Starting January 1, 2020, Medicare Supplement plans sold to new people with Medicare won't be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to people new to Medicare starting on January 1, 2020. If you already have either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans.
5. This brochure represents only those insurance companies with approved plans and rates, as of the date above. Whereas this brochure will be updated periodically, as additional company plans and rates are approved, please visit our website at [www.nh.gov/insurance](http://www.nh.gov/insurance) to view the updated brochure. You may also contact the NH Insurance Department's Consumer Services Division at 1-800-852-3416 (option #2) to obtain updated plan and rate information.

## MEDICARE SUPPLEMENT (MEDIGAP) CONSUMER TIPS

### Understand the insurance coverage you are buying

- Medicare Supplement Insurance (also known as MedSupp and Medigap) is different than Medicare (Part A/B), Medicare Advantage and Medicare Part D.
- A Medicare Supplement Insurance policy helps pay some of the health care costs that original Medicare doesn't cover, such as copayments, coinsurance and deductibles.
- **For additional information about all types of Medicare coverage policies, including enrollment periods, please visit [Medicare.gov](https://www.medicare.gov), speak with a local agent or contact a state-certified, Medicare Counselor at ServiceLink (866-634-9412).**

### Shop carefully before you buy

- Compare benefits, services and costs.
- Insurance companies may charge different premiums for exactly the same Medigap coverage. As you shop, be certain you are comparing the same Medigap plan.

### Read your policy to understand coverage and coverage limitations

- Know how your policy coordinates with any other coverage(s) you may have.

### Make sure that all the information on your application is correct

- An incorrect application may cause the insurance company to cancel your policy or leave you with unpaid claims.
- Do not be misled by agents who tell you your health history does not matter.
- Describe your health status completely and accurately.
- It is best, if you complete the application yourself. If your agent completes the application on your behalf, do not sign the application until you have verified that all information is complete and accurate.

### Do not pay with cash

- Pay by check, money order or bank draft, payable to the company – not the agent.
- Do not give your agent a blank check or access to your bank account.
- If you have an automatic teller machine (ATM) card, do not give your card or your access code to anyone.

### If you do not receive your policy within 45 – 60 days, contact the company or agent.

- If after contacting the company and/or agent you still do not receive your policy, or if you suspect fraud, contact the New Hampshire Insurance Department's Consumer Helpline, toll-free at 1-800-852-3416.

### Seek Help

If you have questions or are unable to resolve a problem with your insurance company or agent, contact:

- The New Hampshire Insurance Department's Consumer Division at 800-852-3416, via email at [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov) or in writing at 21 South Fruit Street; Suite 14; Concord, NH 03301.

**The New Hampshire Insurance Department distributes this brochure as a courtesy to NH residents. The Department does not endorse any company, agent or service described herein. Premium rates are based on the information available to the Department at the time of publication and are subject to change.**

## 2020 MEDIGAP PLANS

### How to read the chart:

1. If an "X" appears in a column of this chart, the Medigap policy covers 100% of the described benefit.
2. If a column lists a percentage, the policy covers that percentage of the described benefit.
3. If a column is blank, the policy does not cover that benefit.

**Note: The Medigap policy covers coinsurance only after the deductible has been paid unless the policy also covers the deductible.**

MEDIGAP Benefits	Plans									
	A	B	C <sup>^</sup>	D	F <sup>^</sup>	G <sup>**</sup>	K	L	M	N
Medicare Part A Coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used up.)	X	X	X	X	X	X	X	X	X	X
Medicare Part B Coinsurance or Copayment	X	X	X	X	X	X	50%	75%	X	X <sup>***</sup>
Blood (First 3 Pints)	X	X	X	X	X	X	50%	75%	X	X
Part A. Hospice Care Coinsurance or Co-Payment	X	X	X	X	X	X	50%	75%	X	X
Skilled Nursing Facility Care Coinsurance			X	X	X	X	50%	75%	X	X
Medicare Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Medicare Part B Deductible			X		X					
Medicare Part B excess charges					X	X				
Foreign Travel Emergency (Up to Plan Limits)			80%	80%	80%	80%			80%	80%
2019 Out of pocket limit:							\$5560.	\$2780.		
<b>2020 Out of pocket limit:</b>							<b>To Be Determined</b>	<b>To Be Determined</b>		

<sup>^</sup> Plans C & F are not available to newly eligible Medicare beneficiaries.

<sup>\*</sup>Plan F also offers a high deductible plan. If you choose this option, you must pay for Medicare covered costs up to the 2020 deductible amount before your policy pays anything.

<sup>\*\*</sup> Plan G also offers a high deductible plan. If you choose this option, you must pay for the Medicare covered costs up to the 2020 deductible amount. Plan G does not cover the Medicare Part B deductible, however, counts your payment of the Part B deductible toward the plan deductible.

<sup>\*\*\*</sup> Plan N pays 100% of the Part B co-insurance, except for a co-payment of up to \$20.00 for office visits and up to a \$50.00 co-payment for emergency room visits that do not result in an in-patient admission.

**2020 Medicare Supplement Plans – Rates Effective January 1, 2020 – December 31, 2020**

Company	Plans											
	A	B	C	D	F	F+	G	G+	K	L	M	N
Aetna Health and Life Insurance Company	X	X			X	X	X					X
American Retirement Life Insurance Company (Agent and Direct Marketed)	X				X		X					X
Americo Financial Life and Annuity Insurance Company	X				X		X					X
Anthem Health Plans of New Hampshire	X				X		X					X
Colonial Penn Life Insurance Company	X	X		X	X	X	X		X	X	X	X
Combined Insurance Company of America	X				X							X
First Health Life & Health Insurance Company	X	X			X		X					X
Globe Life and Accident Insurance Company	X	X			X	X	X	X				X
Government Personnel Mutual Life Insurance Company	X		X		X		X					X
HPHC Insurance Company	X				X		X				X	X
Humana Insurance Company	X	X	X		X	X			X	X		X
Loyal American Life Insurance Company	X				X		X					X
Mutual of Omaha Insurance Company	X				X	X	X					X
Renaissance Life & Health Insurance Company	X				X		X					X
State Farm Mutual Automobile Insurance Company	X		X	X	X		X					X
Transamerica Life Insurance Company	X	X	X	X	X		X		X	X	X	X
Transamerica Premier Life Insurance Company	X				X		X					X
United American Insurance Company	X	X	X	X	X	X	X	X	X	X		X
UnitedHealthcare Insurance Company	X	X	X		X		X		X	X		X
USAA Life Insurance Company	X				X		X					X

**\*\*\* Special Note \*\*\***

This brochure only contains the rate charts which have been approved, as of the date appearing on the cover of this brochure. Whereas this brochure will be updated periodically, as additional company plans and rates are approved, please visit our website at [www.nh.gov/insurance](http://www.nh.gov/insurance) to view the updated brochure. You may also contact the NH Insurance Department's Consumer Services Division at 1-800-852-3416 (option #2) to obtain updated plan and rate information.

# Aetna Health and Life Insurance Company

800 Crescent Centre Drive, Franklin, TN 37067; (800) 264-4000

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	286.89	249.48	313.62	272.72					421.58	366.52	114.62	99.63	315.37	274.22									268.14	233.16
65	143.28	124.62	156.52	136.11					210.42	182.93	57.14	49.73	157.44	136.86									131.53	114.37
66	144.36	125.53	157.85	137.20					212.08	184.43	57.73	50.15	158.60	137.94									133.03	115.70
67	147.02	127.87	160.60	139.61					216.00	187.84	58.64	51.06	161.52	140.44									136.20	118.45
68	149.94	130.36	163.85	142.44					220.25	191.42	59.89	52.06	164.68	143.19									139.61	121.45
69	153.44	133.45	167.60	145.78					225.33	195.92	61.23	53.31	168.60	146.61									143.44	124.78
70	157.19	136.61	171.60	149.27					230.91	200.75	62.81	54.56	172.68	150.11									147.19	127.95
71	161.27	140.28	176.18	153.27					236.91	206.00	64.47	56.06	177.26	154.11									151.02	131.36
72	165.43	143.86	180.68	157.19					242.99	211.33	65.97	57.48	181.76	158.02									154.94	134.70
73	169.52	147.44	185.34	161.10					249.07	216.58	67.72	58.89	186.34	162.02									158.60	137.94
74	173.76	151.11	189.92	165.10					255.23	221.91	69.47	60.39	191.01	166.10									162.44	141.19
75	178.35	155.10	194.84	169.43					262.06	227.83	71.22	61.98	195.92	170.43									166.60	144.86
76	182.68	158.85	199.67	173.60					268.39	233.41	73.05	63.47	200.75	174.60									170.60	148.27
77	187.43	162.93	204.75	178.01					275.14	239.24	74.89	65.06	205.83	179.01									174.85	152.02
78	191.84	166.77	209.50	182.18					281.72	244.99	76.55	66.64	210.67	183.26									179.10	155.69
79	196.34	170.68	214.50	186.51					288.30	250.73	78.39	68.14	215.75	187.59									183.26	159.35
80	200.84	174.68	219.41	190.84					294.97	256.48	80.22	69.72	220.66	191.92									187.59	163.10
81	205.50	178.76	224.58	195.26					301.88	262.48	82.13	71.39	225.74	196.34									192.01	166.93
82	210.25	182.76	229.74	199.75					308.88	268.56	83.97	73.05	231.07	200.92									196.42	170.77
83	215.08	187.01	235.07	204.33					315.96	274.72	85.88	74.64	236.32	205.50									201.00	174.76
84	220.08	191.34	240.40	209.08					323.20	281.05	87.88	76.39	241.82	210.25									205.50	178.76
85	225.66	196.25	246.57	214.41					331.53	288.30	90.21	78.39	247.90	215.66									210.75	183.34
86	230.41	200.42	251.82	219.00					338.53	294.38	92.13	80.05	253.23	220.25									215.25	187.18
87	235.32	204.58	257.15	223.58					345.78	300.63	93.88	81.72	258.48	224.83									219.75	191.09
88	240.24	208.83	262.48	228.24					352.86	306.88	95.88	83.47	263.89	229.49									224.41	195.09
89	245.15	213.16	267.89	232.99					360.11	313.21	97.88	85.13	269.39	234.24									229.08	199.17
90	250.23	217.50	273.22	237.65					367.44	319.54	99.88	86.88	274.81	238.90									233.66	203.17

Notes: Forms are generally available to all Medicare recipients in the state (for applicants not in an open enrollment period, simple yes/no underwriting applies).

# American Retirement Life Insurance Company

P.O. Box 559004 Austin, TX 78755-9004; (800) 633-6752

Pre-Existing Condition Limitations: Yes, policy contains a 6 month limitation.

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	447.97	389.54							541.97	471.27			391.22	340.19									320.86	279.01
65	204.16	177.53							246.99	214.78			178.29	155.03									146.23	127.15
66	204.16	177.53							246.99	214.78			178.29	155.03									146.23	127.15
67	214.36	186.40							259.34	225.51			187.20	162.79									153.54	133.51
68	219.86	191.18							266.00	231.30			192.01	166.96									157.48	136.94
69	225.50	196.09							272.82	237.23			196.93	171.24									161.52	140.45
70	231.29	201.12							279.82	243.32			201.98	175.64									165.66	144.05
71	237.30	206.34							287.08	249.64			207.23	180.20									169.96	147.79
72	243.30	211.57							294.35	255.96			212.48	184.76									174.27	151.54
73	249.48	216.94							301.82	262.45			217.87	189.45									178.69	155.38
74	255.81	222.44							309.48	269.11			223.39	194.26									183.22	159.32
75	262.29	228.08							317.33	275.94			229.06	199.18									187.87	163.36
76	269.03	233.94							325.48	283.03			234.95	204.30									192.70	167.56
77	275.77	239.80							333.63	290.12			240.83	209.42									197.52	171.76
78	282.68	245.81							341.99	297.38			246.86	214.66									202.47	176.06
79	289.76	251.97							350.56	304.83			253.05	220.04									207.54	180.47
80	297.02	258.28							359.34	312.47			259.39	225.56									212.74	184.99
81	304.56	264.83							368.46	320.40			265.97	231.28									218.14	189.69
82	312.09	271.38							377.57	328.32			272.55	237.00									223.53	194.38
83	319.51	277.84							386.55	336.13			279.03	242.64									228.85	199.00
84	327.11	284.44							395.75	344.13			285.67	248.41									234.29	203.74
85	334.89	291.21							405.16	352.31			292.46	254.32									239.87	208.58
86	342.86	298.14							414.80	360.69			299.42	260.36									245.57	213.54
87	351.01	305.23							424.66	369.27			306.54	266.56									251.41	218.62
88	359.19	312.34							434.55	377.87			313.68	272.76									257.27	223.71
89	367.37	319.45							444.45	386.48			320.83	278.98									263.13	228.81
90	375.56	326.57							454.36	395.09			327.97	285.20									268.99	233.91

**Notes:** Policy is available to any NH resident who is enrolled in Parts A and B of Medicare regardless of age. Marketed through insurance agents and/or direct.

# Americo Financial Life and Annuity Insurance Company

P.O. Box 410288 Kansas City, MO 64141-0288; (800) 231-0801

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	285.98	248.68							353.06	307.01			300.10	260.96									247.14	214.91
65	177.23	154.12							218.81	190.27			185.99	161.73									153.17	133.19
66	177.23	154.12							218.81	190.27			185.99	161.73									153.17	133.19
67	177.23	154.12							218.81	190.27			185.99	161.73									153.17	133.19
68	177.23	154.12							218.81	190.27			185.99	161.73									153.17	133.19
69	181.78	158.07							224.42	195.15			190.76	165.88									157.09	136.60
70	186.44	162.12							230.18	200.15			195.65	170.13									161.12	140.11
71	191.23	166.28							236.08	205.29			200.67	174.49									165.26	143.70
72	196.13	170.55							242.14	210.55			205.82	178.97									169.50	147.39
73	201.11	174.87							248.28	215.89			211.04	183.51									173.80	151.13
74	206.21	179.31							254.58	221.37			216.39	188.17									178.20	154.96
75	211.44	183.86							261.04	226.99			221.88	192.94									182.72	158.89
76	216.80	188.52							267.66	232.75			227.51	197.83									187.36	162.92
77	222.30	193.31							274.45	238.65			233.28	202.85									192.11	167.06
78	226.58	197.03							279.73	243.24			237.77	206.76									195.81	170.27
79	230.94	200.82							285.11	247.93			242.35	210.74									199.58	173.55
80	235.39	204.68							290.60	252.70			247.01	214.79									203.42	176.89
81	239.92	208.62							296.19	257.56			251.76	218.93									207.33	180.29
82	244.53	212.64							301.89	262.52			256.61	223.14									211.32	183.76
83	248.33	215.94							306.58	266.59			260.59	226.60									214.60	186.61
84	252.18	219.29							311.33	270.72			264.63	230.11									217.93	189.51
85	256.09	222.69							316.16	274.92			268.74	233.68									221.31	192.44
86	260.06	226.14							321.06	279.19			272.90	237.31									224.74	195.43
87	264.10	229.65							326.04	283.52			277.14	240.99									228.23	198.46
88	266.74	231.95							329.30	286.35			279.91	243.40									230.51	200.45
89	269.40	234.26							332.60	289.22			282.71	245.83									232.82	202.45
90	272.10	236.61							335.92	292.11			285.53	248.29									235.15	204.48

**Notes:** Policy is available to any NH resident who is enrolled in Parts A & B of Medicare regardless of age.

# Anthem Health Plans of New Hampshire

3000 Goffs Falls Rd, Manchester, NH 03111-0001; (800) 232-1261

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	392.64	356.94							604.32	549.38			442.79	402.55									419.94	381.78
65	137.87	125.34							212.21	192.92			155.48	141.36									147.46	134.06
66	148.67	135.14							228.82	208.01			167.65	152.41									159.00	144.54
67	152.34	138.49							234.47	213.16			171.80	156.18									162.93	148.12
68	156.24	142.02							240.47	218.59			176.20	160.18									167.10	151.91
69	160.28	145.71							246.71	224.26			180.77	164.32									171.44	155.83
70	164.84	149.86							253.72	230.67			185.90	169.00									176.29	160.28
71	168.91	153.55							259.97	236.35			190.49	173.16									180.66	164.22
72	173.15	157.41							266.51	242.27			195.28	177.51									185.20	168.35
73	176.69	160.63							271.96	247.24			199.28	181.16									188.99	171.81
74	180.26	163.87							277.44	252.23			203.29	184.81									192.79	175.27
75	183.81	167.10							282.89	257.18			207.30	188.43									196.60	178.70
76	187.42	170.38							288.45	262.24			211.35	192.14									200.44	182.23
77	190.94	173.57							293.86	267.14			215.31	195.75									204.20	185.65
78	193.80	176.18							298.28	271.16			218.54	198.68									207.27	188.43
79	196.66	178.79							302.69	275.17			221.78	201.63									210.33	191.22
80	214.48	194.98							330.11	300.10			241.86	219.89									229.38	208.54
81	232.29	211.18							357.53	325.04			261.95	238.15									248.43	225.86
82	250.11	227.38							384.96	349.94			282.07	256.43									267.51	243.19
83	267.93	243.57							412.38	374.88			302.16	274.68									286.57	260.50
84	285.76	259.77							439.80	399.82			322.25	292.96									305.61	277.84
85	303.56	275.97							467.24	424.75			342.34	311.21									324.67	295.15
86	321.38	292.14							494.63	449.67			362.42	329.49									343.72	312.48
87	339.19	308.34							522.07	474.60			382.52	347.75									362.77	329.81
88	357.01	324.54							549.49	499.53			402.62	366.02									381.84	347.12
89	374.84	340.74							576.90	524.44			422.71	384.26									400.89	364.43
90	392.64	356.94							604.32	549.38			442.79	402.55									419.94	381.78

**Notes:** The rates shown are based on issue age and are the only ones applicable during open enrollment. There are no availability restrictions - the forms are generally available to all Medicare recipients in the state. Discounted rates are available for electronic funds transfer/annual payment and multi-insured households.



# Colonial Penn Life Insurance Company

399 Market Street, Philadelphia, PA 19106; (800) 800-2254

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	295.34	265.90	373.66	336.43			305.82	275.34	446.15	401.68	108.04	97.36	422.25	380.17			173.63	156.38	269.94	243.11	346.72	312.16	302.14	272.03
65	190.78	171.81	240.94	216.95			180.31	162.38	274.25	246.96	66.60	60.04	249.89	225.02			104.52	94.17	169.31	152.49	214.72	193.37	163.99	147.69
66	197.78	178.12	249.63	224.79			189.39	170.54	284.12	255.82	68.96	62.17	259.70	233.86			108.40	97.67	175.08	157.69	223.42	201.21	171.78	154.72
67	205.07	184.68	258.51	232.77			199.64	179.78	294.22	264.93	71.37	64.35	269.75	242.89			112.69	101.52	181.18	163.17	232.30	209.17	179.86	161.96
68	212.42	191.31	267.44	240.83			210.30	189.36	304.47	274.15	73.83	66.55	280.01	252.14			117.10	105.50	187.46	168.83	241.29	217.28	188.02	169.34
69	219.77	197.91	276.42	248.89			221.37	199.33	314.84	283.50	76.36	68.80	290.40	261.48			121.65	109.60	193.89	174.62	250.41	225.49	196.35	176.83
70	227.09	204.48	285.34	256.94			232.86	209.68	325.30	292.89	78.83	71.06	300.85	270.89			126.31	113.75	200.41	180.49	259.57	233.72	204.72	184.36
71	234.29	210.97	294.16	264.84			244.86	220.48	335.77	302.32	81.35	73.33	311.33	280.34			130.96	117.97	206.99	186.39	268.73	241.98	213.09	191.91
72	241.31	217.28	302.80	272.63			257.32	231.70	346.15	311.67	83.84	75.56	321.72	289.68			135.62	122.19	213.54	192.29	277.75	250.11	221.39	199.37
73	248.09	223.41	311.10	280.13			270.34	243.41	356.33	320.83	86.28	77.77	331.87	298.82			140.24	126.33	219.97	198.11	286.61	258.05	229.52	206.67
74	254.49	229.16	319.02	287.25			283.93	255.64	366.16	329.65	88.65	79.89	341.70	307.66			144.71	130.34	226.22	203.72	295.05	265.66	237.39	213.77
75	260.39	234.47	326.39	293.87			298.14	268.43	375.39	337.96	90.87	81.88	350.96	315.99			148.88	134.12	232.09	209.00	302.97	272.78	244.79	220.43
76	265.63	239.20	332.92	299.73			312.99	281.79	383.84	345.57	92.86	83.69	359.39	323.58			152.69	137.52	237.44	213.82	310.09	279.21	251.52	226.51
77	269.99	243.11	338.41	304.71			328.56	295.79	391.15	352.16	94.64	85.30	366.69	330.15			155.95	140.49	242.04	217.99	316.15	284.65	257.40	231.79
78	273.17	245.98	342.60	308.48			344.89	310.49	396.94	357.38	96.04	86.52	372.48	335.36			158.54	142.79	245.63	221.21	320.73	288.76	262.02	235.95
79	274.94	247.55	345.06	310.69			351.77	316.68	400.69	360.75	96.93	87.36	376.22	338.74			160.08	144.18	247.84	223.18	323.36	291.16	265.02	238.64
80	275.91	248.43	346.44	311.92			358.78	322.99	402.88	362.70	97.45	87.82	378.43	340.70			160.74	144.75	248.90	224.15	324.51	292.16	266.75	240.21
81	276.90	249.31	347.82	313.17			365.93	329.44	405.02	364.68	97.99	88.29	380.61	342.69			161.39	145.36	249.97	225.09	325.64	293.20	268.51	241.80
82	277.90	250.21	349.23	314.42			373.24	336.01	407.22	366.62	98.52	88.77	382.80	344.67			162.02	145.94	251.03	226.07	326.77	294.23	270.28	243.37
83	278.89	251.10	350.63	315.67			380.67	342.70	409.41	368.58	99.05	89.26	385.01	346.66			162.69	146.54	252.11	227.03	327.91	295.25	272.04	244.98
84	279.90	252.00	352.00	316.92			388.27	349.54	411.63	370.59	99.60	89.75	387.24	348.66			163.37	147.14	253.20	228.01	329.06	296.27	273.87	246.57
85	280.90	252.90	353.42	318.19			396.01	356.52	413.86	372.59	100.14	90.25	389.47	350.67			164.02	147.72	254.27	229.00	330.21	297.31	275.65	248.19
86	281.90	253.81	354.83	319.47			403.92	363.62	416.08	374.59	100.70	90.72	391.75	352.69			164.71	148.33	255.36	229.97	331.36	298.36	277.45	249.83
87	282.91	254.71	356.22	320.75			411.96	370.88	418.29	376.60	101.24	91.21	394.01	354.74			165.37	148.95	256.43	230.94	332.51	299.38	279.28	251.50
88	283.91	255.63	357.66	322.02			420.19	378.27	420.56	378.64	101.79	91.70	396.29	356.80			166.03	149.56	257.55	231.96	333.67	300.43	281.12	253.13
89	284.95	256.56	359.08	323.31			428.58	385.81	422.83	380.67	102.35	92.21	398.58	358.87			166.71	150.17	258.65	232.94	334.84	301.47	282.98	254.79
90	285.97	257.47	360.52	324.59			437.13	393.52	425.11	382.73	102.91	92.71	400.90	360.92			167.39	150.77	259.76	233.92	336.01	302.53	284.83	256.47

**Notes:** Available statewide to applicants age 65 and over covered under both Medicare Parts A and B. Also available for under-65 applicants where the application is submitted prior to or during the six-month period beginning with the first day of the first month in which such applicants are enrolled for benefits under Medicare Part B.

# Combined Insurance Company of America

111 E Wacker Dr Suite 700, Chicago, IL 60601; (800) 544-5531

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	330.84	299.33							467.49	422.97													327.24	296.08
65	163.49	147.92							231.02	209.02													161.71	146.31
66	186.87	169.07							264.05	238.90													184.84	167.23
67	186.87	169.07							264.05	238.90													184.84	167.23
68	186.87	169.07							264.05	238.90													184.84	167.23
69	186.87	169.07							264.05	238.90													184.84	167.23
70	186.87	169.07							264.05	238.90													184.84	167.23
71	235.64	213.20							332.97	301.26													233.08	210.88
72	235.64	213.20							332.97	301.26													233.08	210.88
73	235.64	213.20							332.97	301.26													233.08	210.88
74	235.64	213.20							332.97	301.26													233.08	210.88
75	235.64	213.20							332.97	301.26													233.08	210.88
76	275.70	249.44							389.58	352.47													272.70	246.73
77	275.70	249.44							389.58	352.47													272.70	246.73
78	275.70	249.44							389.58	352.47													272.70	246.73
79	275.70	249.44							389.58	352.47													272.70	246.73
80	275.70	249.44							389.58	352.47													272.70	246.73
81	330.84	299.33							467.49	422.97													327.24	296.08
82	330.84	299.33							467.49	422.97													327.24	296.08
83	330.84	299.33							467.49	422.97													327.24	296.08
84	330.84	299.33							467.49	422.97													327.24	296.08
85	330.84	299.33							467.49	422.97													327.24	296.08
86	330.84	299.33							467.49	422.97													327.24	296.08
87	330.84	299.33							467.49	422.97													327.24	296.08
88	330.84	299.33							467.49	422.97													327.24	296.08
89	330.84	299.33							467.49	422.97													327.24	296.08
90	330.84	299.33							467.49	422.97													327.24	296.08

**Notes:** The <65 rate is only available to individuals who are disabled and who have enrolled for benefits under Medicare Part B within the last 6 months

# First Health Life & Health Insurance Company

800 Crescent Centre Drive, Franklin, TN 37067; (800) 264-4000

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	187.67	173.01	248.32	230.32					306.54	285.80			289.38	271.14									197.09	185.68
65	146.02	134.53	171.01	158.69					201.25	187.59			185.01	173.43									122.03	114.95
66	149.19	137.45	175.43	162.68					206.75	192.76			190.17	178.26									125.53	118.29
67	152.27	140.28	179.84	166.85					212.17	197.84			195.34	183.09									129.12	121.53
68	155.19	142.94	184.09	170.68					217.41	202.75			200.34	187.67									132.45	124.87
69	158.02	145.53	188.26	174.51					222.66	207.67			205.33	192.42									135.95	128.03
70	160.77	148.02	192.34	178.35					227.83	212.50			210.33	197.09									139.44	131.20
71	163.27	150.44	196.42	182.26					233.07	217.41			215.33	201.75									142.86	134.53
72	165.77	152.77	200.59	185.93					238.24	222.33			220.33	206.42									146.36	137.86
73	168.02	154.85	204.25	189.51					243.15	226.83			225.16	211.00									149.69	140.94
74	170.18	156.69	208.00	192.84					248.07	231.41			229.91	215.33									153.02	144.11
75	172.01	158.60	211.50	196.17					252.82	235.74			234.49	219.75									156.27	147.27
76	173.85	160.10	215.00	199.42					257.40	240.07			238.99	223.91									159.44	150.36
77	175.26	161.52	218.16	202.42					261.90	244.24			243.40	228.08									162.68	153.27
78	176.43	162.52	221.08	205.00					265.81	247.90			247.40	231.82									165.68	156.02
79	177.35	163.35	223.91	207.67					269.81	251.65			251.32	235.49									168.60	158.85
80	178.43	164.43	226.58	210.17					273.64	255.15			255.23	239.24									171.51	161.52
81	179.59	165.43	229.41	212.75					277.72	258.98			259.48	243.07									174.43	164.35
82	180.68	166.52	232.07	215.25					281.64	262.73			263.48	246.90									177.60	167.18
83	181.84	167.60	234.66	217.66					285.55	266.39			267.56	250.73									180.59	170.10
84	183.01	168.52	237.24	220.00					289.47	269.98			271.56	254.40									183.68	173.01
85	183.93	169.52	239.65	222.33					293.22	273.47			275.39	258.06									186.59	175.76
86	184.93	170.52	241.99	224.41					296.80	276.72			279.14	261.48									189.42	178.43
87	186.01	171.35	244.24	226.49					300.13	279.89			282.55	264.81									192.01	180.93
88	186.76	172.01	245.98	228.24					303.05	282.55			285.55	267.56									194.34	182.93
89	187.34	172.68	247.48	229.49					305.29	284.72			287.97	269.81									196.09	184.76
90	187.67	173.01	248.32	230.32					306.54	285.80			289.38	271.14									197.09	185.68

**Notes:** Forms are generally available to all Medicare recipients in the state (for applicants not in an open enrollment period, simple yes/no underwriting applies).

# Globe Life and Accident Insurance Company

P.O. Box 8080 McKinney, TX 75070; (800) 801-6831

Pre-Existing Condition Limitations: Yes, policy contains a 6 month pre-existing condition limit.

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	155.00	155.00	239.50	239.50					343.00	343.00	84.50	84.50	322.00	322.00	84.50	84.50							253.50	253.50
65	110.00	110.00	159.50	159.50					200.00	200.00	52.50	52.50	182.50	182.50	52.50	52.50							141.00	141.00
66	115.50	115.50	168.50	168.50					213.00	213.00	55.50	55.50	196.00	196.00	55.50	55.50							151.50	151.50
67	115.50	115.50	168.50	168.50					213.00	213.00	55.50	55.50	196.00	196.00	55.50	55.50							151.50	151.50
68	115.50	115.50	168.50	168.50					213.00	213.00	55.50	55.50	196.00	196.00	55.50	55.50							151.50	151.50
69	115.50	115.50	168.50	168.50					213.00	213.00	55.50	55.50	196.00	196.00	55.50	55.50							151.50	151.50
70	122.50	122.50	184.50	184.50					242.00	242.00	60.50	60.50	224.50	224.50	60.50	60.50							174.50	174.50
71	122.50	122.50	184.50	184.50					242.00	242.00	60.50	60.50	224.50	224.50	60.50	60.50							174.50	174.50
72	122.50	122.50	184.50	184.50					242.00	242.00	60.50	60.50	224.50	224.50	60.50	60.50							174.50	174.50
73	122.50	122.50	184.50	184.50					242.00	242.00	60.50	60.50	224.50	224.50	60.50	60.50							174.50	174.50
74	122.50	122.50	184.50	184.50					242.00	242.00	60.50	60.50	224.50	224.50	60.50	60.50							174.50	174.50
75	126.00	126.00	195.00	195.00					265.00	265.00	65.50	65.50	247.50	247.50	65.50	65.50							193.50	193.50
76	126.00	126.00	195.00	195.00					265.00	265.00	65.50	65.50	247.50	247.50	65.50	65.50							193.50	193.50
77	126.00	126.00	195.00	195.00					265.00	265.00	65.50	65.50	247.50	247.50	65.50	65.50							193.50	193.50
78	126.00	126.00	195.00	195.00					265.00	265.00	65.50	65.50	247.50	247.50	65.50	65.50							193.50	193.50
79	126.00	126.00	195.00	195.00					265.00	265.00	65.50	65.50	247.50	247.50	65.50	65.50							193.50	193.50
80	129.00	129.00	199.50	199.50					286.00	286.00	70.50	70.50	268.50	268.50	70.50	70.50							211.00	211.00
81	129.00	129.00	199.50	199.50					286.00	286.00	70.50	70.50	268.50	268.50	70.50	70.50							211.00	211.00
82	129.00	129.00	199.50	199.50					286.00	286.00	70.50	70.50	268.50	268.50	70.50	70.50							211.00	211.00
83	129.00	129.00	199.50	199.50					286.00	286.00	70.50	70.50	268.50	268.50	70.50	70.50							211.00	211.00
84	129.00	129.00	199.50	199.50					286.00	286.00	70.50	70.50	268.50	268.50	70.50	70.50							211.00	211.00
85	142.00	142.00	219.50	219.50					314.50	314.50	77.50	77.50	295.00	295.00	77.50	77.50							232.00	232.00
86	142.00	142.00	219.50	219.50					314.50	314.50	77.50	77.50	295.00	295.00	77.50	77.50							232.00	232.00
87	142.00	142.00	219.50	219.50					314.50	314.50	77.50	77.50	295.00	295.00	77.50	77.50							232.00	232.00
88	142.00	142.00	219.50	219.50					314.50	314.50	77.50	77.50	295.00	295.00	77.50	77.50							232.00	232.00
89	142.00	142.00	219.50	219.50					314.50	314.50	77.50	77.50	295.00	295.00	77.50	77.50							232.00	232.00
90	155.00	155.00	239.50	239.50					343.00	343.00	84.50	84.50	322.00	322.00	84.50	84.50							253.50	253.50

**Notes:** Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after policy effective date. Pre-Existing conditions limitations do not apply to applicants eligible for guaranteed issue pursuant to INS 1905.13, and pre-existing limitations are waived to the extent of prior creditable coverage for applicants eligible for open enrollment or when replacing a Medicare supplement policy. Available statewide to persons of all ages who are eligible for Medicare. Only applicants first eligible for Medicare before 2020 may purchase Plans, F and high deductible F.

# Government Personnel Mutual Life Insurance Company

3316 Farnam Street, Omaha, NE 68175; (866) 242-7573

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	333.36	290.02			459.16	399.47			470.57	409.40			369.06	321.08									327.64	285.05
65	248.29	216.01			341.98	297.52			350.49	304.93			274.89	239.15									244.02	212.30
66	248.29	216.01			341.98	297.52			350.49	304.93			274.89	239.15									244.02	212.30
67	248.29	216.01			341.98	297.52			350.49	304.93			274.89	239.15									244.02	212.30
68	255.73	222.48			352.24	306.45			361.00	314.07			283.13	246.33									251.32	218.65
69	263.41	229.17			362.81	315.64			371.84	323.50			291.62	253.71									258.90	225.24
70	271.31	236.04			373.71	325.13			383.00	333.21			300.37	261.32									266.65	231.98
71	277.41	241.35			382.11	332.44			391.61	340.70			307.12	267.19									272.64	237.20
72	283.65	246.77			390.71	339.92			400.42	348.36			314.03	273.20									278.79	242.55
73	290.05	252.34			399.50	347.57			409.43	356.21			321.09	279.35									285.03	247.98
74	296.57	258.01			408.45	355.35			418.65	364.23			328.31	285.63									291.48	253.58
75	301.02	261.89			414.60	360.70			424.93	369.69			333.25	289.92									295.83	257.37
76	305.54	265.82			420.80	366.10			431.29	375.22			338.25	294.28									300.27	261.24
77	309.36	269.14			426.08	370.69			436.69	379.92			342.48	297.96									304.02	264.50
78	313.21	272.49			431.41	375.32			442.13	384.66			346.76	301.68									307.82	267.81
79	317.14	275.91			436.78	380.00			447.68	389.48			351.10	305.46									311.67	271.15
80	320.32	278.68			441.19	383.84			452.15	393.37			354.60	308.51									314.78	273.86
81	321.09	279.35			442.27	384.78			453.27	394.35			355.49	309.28									315.58	274.55
82	321.91	280.06			443.38	385.74			454.41	395.34			356.40	310.06									316.38	275.25
83	322.70	280.75			444.48	386.70			455.56	396.34			357.28	310.84									317.15	275.92
84	323.51	281.45			445.61	387.68			456.70	397.33			358.15	311.59									317.96	276.62
85	324.33	282.17			446.73	388.65			457.83	398.31			359.08	312.40									318.73	277.30
86	325.15	282.88			447.83	389.61			458.98	399.31			359.97	313.18									319.55	278.01
87	325.95	283.57			448.96	390.60			460.13	400.31			360.87	313.96									320.34	278.70
88	326.76	284.28			450.08	391.57			461.27	401.31			361.76	314.73									321.13	279.39
89	327.58	285.00			451.20	392.54			462.42	402.31			362.65	315.51									321.94	280.09
90	328.40	285.71			452.34	393.54			463.56	403.30			363.56	316.30									322.75	280.80

**Notes:** Rates are based on an Issue Age basis. Add \$25 one-time enrollment fee.

# HPHC Insurance Company

93 Worcester Street, Wellesley, MA; (888) 333-4742

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
65	174.00	174.00							215.00	215.00			147.00	147.00							178.00	178.00	151.00	151.00
66	177.00	177.00							218.00	218.00			163.00	163.00							180.00	180.00	154.00	154.00
67	181.00	181.00							226.00	226.00			171.00	171.00							183.00	183.00	158.00	158.00
68	187.00	187.00							233.00	233.00			179.00	179.00							192.00	192.00	167.00	167.00
69	191.00	191.00							240.00	240.00			187.00	187.00							198.00	198.00	171.00	171.00
70	196.00	196.00							252.00	252.00			195.00	195.00							204.00	204.00	175.00	175.00
71	204.00	204.00							256.00	256.00			202.00	202.00							209.00	209.00	182.00	182.00
72	201.00	210.00							262.00	262.00			210.00	210.00							214.00	214.00	190.00	190.00
73	213.00	213.00							269.00	269.00			219.00	219.00							218.00	218.00	194.00	194.00
74	215.00	215.00							274.00	274.00			228.00	228.00							224.00	224.00	197.00	197.00
75	221.00	221.00							280.00	280.00			236.00	236.00							228.00	228.00	202.00	202.00
76	224.00	224.00							286.00	286.00			246.00	246.00							232.00	232.00	205.00	205.00
77	231.00	231.00							293.00	293.00			256.00	256.00							234.00	234.00	211.00	211.00
78	233.00	233.00							298.00	298.00			266.00	266.00							239.00	239.00	217.00	217.00
79	238.00	238.00							303.00	303.00			276.00	276.00							242.00	242.00	219.00	219.00
80	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
81	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
82	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
83	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
84	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
85	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
86	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
87	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
88	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
89	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00
90	317.00	317.00							475.00	475.00			348.00	348.00							345.00	345.00	336.00	336.00

**Notes:** These forms are generally available to all Medicare recipients in the state of NH. Rates shown on this page are applicable during open enrollment.

# Humana Insurance Company

500 West Main Street, Louisville, KY 40202; (888) 310-8482 (1-877-833-4486 TTY/TDD)  
 Pre-Existing Condition Limitations: 3 Mos. (N/A for policies issued under guaranteed issue status)

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38
65	195.43	187.99	212.52	204.42	273.84	263.38			279.39	368.72	65.59	63.15					140.50	135.17	182.80	175.85			206.98	199.10
66	198.45	189.78	215.81	206.37	278.09	265.90			283.72	271.29	66.59	63.74					142.66	136.45	185.62	177.52			210.18	200.99
67	204.37	194.15	222.25	211.13	286.41	272.04			292.21	277.55	68.53	65.17					146.90	139.58	191.16	181.60			216.46	205.62
68	210.13	198.49	228.52	215.85	294.50	278.14			300.47	283.77	70.43	66.60					151.02	142.69	196.54	185.66			222.56	210.22
69	216.09	202.67	235.00	220.40	302.87	284.02			309.01	289.77	72.38	67.97					155.28	145.68	202.11	189.57			228.87	214.66
70	222.17	206.78	241.62	224.88	311.42	289.79			317.74	295.67	74.39	69.33					159.64	148.62	207.80	193.41			235.32	219.01
71	228.20	210.87	248.18	229.32	319.89	295.53			326.37	301.52	76.37	70.67					163.96	151.55	213.42	197.23			241.70	223.34
72	234.35	215.00	254.88	233.82	328.53	301.34			335.20	307.45	78.39	72.03					168.36	154.51	219.18	201.09			248.22	227.72
73	240.44	219.11	261.51	238.30	337.09	307.12			343.93	313.35	80.39	73.38					172.72	157.45	224.87	204.94			254.68	232.08
74	246.55	223.07	268.16	242.60	345.68	312.68			352.70	319.02	82.40	74.68					177.10	160.28	230.58	208.63			261.15	236.27
75	252.43	226.84	274.56	246.70	353.95	317.98			361.13	324.43	84.33	75.92					181.31	162.98	236.08	212.16			267.39	240.26
76	258.25	230.55	280.89	250.74	362.13	323.19			369.48	329.74	86.25	77.14					185.48	165.64	241.52	215.62			273.55	244.19
77	263.77	233.98	286.90	254.48	369.88	328.02			377.39	334.67	88.06	78.27					189.43	168.10	246.68	218.83			279.40	247.83
78	268.98	237.14	292.57	257.91	377.21	332.46			384.87	339.20	89.78	79.31					193.16	170.36	251.55	221.79			284.93	251.18
79	273.93	239.89	297.96	260.91	384.17	336.33			391.97	343.15	91.40	80.21					196.70	172.33	256.18	224.36			290.17	254.10
80	278.78	242.49	303.23	263.74	390.97	339.98			398.91	346.88	93.00	81.07					200.17	174.19	260.70	226.79			295.31	256.85
81	283.31	244.88	308.16	266.34	397.34	343.33			405.41	350.30	94.48	81.85					203.42	175.90	264.94	229.02			300.10	259.38
82	287.40	246.97	312.62	268.61	403.09	346.27			411.28	353.30	95.83	82.54					206.35	177.40	268.77	230.97			304.44	261.60
83	290.88	248.73	316.40	270.53	407.97	348.75			416.26	355.82	96.97	83.12					208.83	178.66	272.01	232.62			308.13	263.46
84	293.46	249.97	319.21	271.88	411.61	350.49			419.97	357.60	97.82	83.52					210.69	179.55	274.43	233.78			310.87	264.78
85	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38
86	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38
87	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38
88	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38
89	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38
90	294.83	250.54	320.70	272.50	413.53	351.29			421.93	358.42	98.27	83.71					211.67	179.95	275.71	234.31			312.32	265.38

**Notes:** Rates are statewide but vary by age, gender, and tobacco use. Rates shown are non-tobacco (preferred). A discount is available for automatic bank withdrawal and for those policyholders living at the same address. Policies not issued under guaranteed issue status are subject to medical underwriting.

# Loyal American Life Insurance Company

P.O. Box 559004 Austin, TX 78755-9004; (800) 633-6752

Pre-Existing Condition Limitations: Yes, policy contains a 6 month pre-existing condition limit.

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	379.83	316.59							669.38	558.07			571.61	476.17									535.99	446.48
65	320.69	296.93							422.85	391.44			355.33	329.04									318.43	294.81
66	320.69	296.93							422.85	391.44			355.33	329.04									318.43	294.81
67	320.69	296.93							422.85	391.44			355.33	329.04									318.43	294.81
68	323.83	299.93							431.87	399.91			363.41	336.48									325.58	301.44
69	328.89	301.71							443.48	406.87			373.68	342.89									334.77	307.06
70	333.94	303.62							455.50	414.11			384.32	349.30									344.09	312.81
71	338.99	305.39							467.65	421.35			395.10	355.97									353.66	318.55
72	344.18	307.31							480.22	428.73			406.13	362.64									363.50	324.55
73	349.37	309.22							493.06	436.37			417.55	369.44									373.58	330.55
74	354.74	311.13							506.17	444.02			429.09	376.37									383.92	336.68
75	358.80	312.09							518.87	451.13			440.38	382.91									395.41	343.83
76	363.03	312.91							531.84	458.50			451.80	389.45									407.29	351.11
77	367.27	313.86							545.09	465.88			463.60	396.25									419.55	358.52
78	371.50	314.82							558.61	473.39			475.66	403.05									432.06	366.18
79	375.60	315.64							569.68	478.71			485.28	407.80									441.63	371.16
80	379.83	316.59							581.01	484.18			495.28	412.67									451.46	376.26
81	379.83	316.59							586.75	488.96			500.42	416.91									459.38	382.77
82	379.83	316.59							592.62	493.88			505.55	421.27									466.27	388.52
83	379.83	316.59							598.50	498.79			510.81	425.63									473.30	394.39
84	379.83	316.59							604.51	503.85			516.07	429.99									480.32	400.27
85	379.83	316.59							609.01	507.53			519.91	433.33									487.60	406.27
86	379.83	316.59							615.16	512.59			525.17	437.69									492.45	410.35
87	379.83	316.59							621.30	517.78			530.43	442.05									497.43	414.44
88	379.83	316.59							627.45	522.97			535.69	446.41									502.41	418.52
89	379.83	316.59							633.73	528.16			541.08	450.90									507.39	422.74
90	379.83	316.59							640.02	533.48			546.47	455.39									512.49	426.95

**Notes:** Policy is available to any NH resident who is enrolled in Parts A & B of Medicare regardless of age. Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.



# Mutual of Omaha Insurance Company

3300 Mutual of Omaha Plaza, Omaha, NE 68175; (800) 667-2937

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	277.88	241.14							398.52	345.85	106.72	92.62	331.84	287.98									250.28	217.20
65	185.24	160.76							265.66	230.56	71.15	61.75	221.23	191.99									166.85	144.80
66	185.24	160.76							265.68	230.56	71.15	61.75	221.23	191.99									166.85	144.80
67	185.24	160.76							265.68	230.56	71.15	61.75	221.23	191.99									166.85	144.80
68	189.51	164.46							271.78	235.87	72.78	63.16	226.32	196.40									170.68	148.13
69	193.49	167.91							277.51	240.82	74.31	64.49	231.07	200.53									174.26	151.24
70	197.16	171.11							282.76	245.40	75.73	65.72	235.46	204.35									177.58	154.11
71	200.71	174.18							287.85	249.82	77.09	66.90	239.70	208.02									180.78	156.88
72	204.12	177.14							292.75	254.07	78.39	68.04	243.78	211.56									183.85	159.55
73	207.49	180.07							297.59	258.25	79.69	69.16	247.79	215.04									186.89	162.19
74	210.81	182.95							302.34	262.39	80.97	70.26	251.77	218.49									189.87	164.78
75	214.08	185.78							307.04	266.45	82.22	71.35	255.66	221.87									192.83	167.33
76	217.28	188.57							311.64	270.45	83.46	72.42	259.50	225.20									195.71	169.85
77	220.52	191.38							316.28	274.48	84.69	73.50	263.37	228.55									198.63	172.38
78	223.79	194.22							320.96	278.54	85.95	74.59	267.26	231.95									201.57	174.92
79	227.06	197.05							325.65	282.61	87.21	75.68	271.16	235.33									204.51	177.49
80	230.26	199.84							330.24	286.60	88.44	76.75	274.99	238.65									207.39	179.98
81	233.37	202.53							334.70	290.46	89.63	77.78	278.70	241.87									210.20	182.41
82	236.42	205.17							339.08	294.26	90.80	78.80	282.35	245.03									212.92	184.78
83	239.22	207.61							343.10	297.75	91.87	79.73	285.69	247.94									215.46	186.99
84	241.77	209.82							346.75	300.91	92.85	80.58	288.73	250.57									217.74	188.97
85	244.19	211.92							350.21	303.92	93.78	81.38	291.61	253.09									219.92	190.85
86	246.63	214.04							353.71	306.97	94.72	82.20	294.54	255.61									222.12	192.76
87	249.09	216.17							357.26	310.04	95.66	83.02	297.48	258.16									224.34	194.69
88	251.59	218.34							360.81	313.13	96.62	83.85	300.46	260.75									226.59	196.64
89	254.10	220.52							364.43	316.27	97.58	84.69	303.45	263.36									228.85	198.60
90	256.38	222.50							367.72	319.11	98.47	85.45	306.19	265.72									230.91	200.40

**Notes:** Rates are based on an Issue Age basis

# Renaissance Life & Health Insurance Company of America

P.O. Box 27248 Salt Lake City, UT 84127-0248; (844) 202-4150

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	478.44	416.24							609.47	530.24			515.62	448.59									411.40	357.92
65	179.08	155.80							228.12	198.47			188.16	163.70									153.98	133.96
66	179.08	155.80							228.12	198.47			188.16	163.70									153.98	133.96
67	179.08	155.80							228.12	198.47			188.16	163.70									153.98	133.96
68	187.19	162.85							238.46	207.46			196.70	171.13									160.96	140.03
69	195.25	169.87							248.72	216.39			205.22	178.55									167.90	146.07
70	203.31	176.88							258.98	225.31			213.75	185.96									174.82	152.09
71	212.37	184.76							270.53	235.36			223.36	194.33									182.60	158.87
72	221.50	192.71							282.16	245.48			233.04	202.74									190.45	165.69
73	229.83	199.95							292.78	254.72			241.90	210.46									197.63	171.94
74	238.21	207.24							303.46	264.01			250.84	218.23									204.83	178.20
75	246.50	214.45							314.00	273.18			259.85	226.07									211.95	184.40
76	254.73	221.61							324.49	282.31			268.93	233.97									219.03	190.56
77	263.04	228.85							335.09	291.53			278.09	241.94									226.18	196.78
78	268.48	233.58							342.01	297.55			284.19	247.25									230.85	200.84
79	274.15	238.51							349.23	303.83			290.54	252.77									235.74	205.09
80	280.05	243.65							356.75	310.37			297.12	258.50									240.81	209.50
81	286.20	249.00							364.60	317.20			303.99	264.47									246.11	214.11
82	292.62	254.58							372.78	324.32			311.11	270.67									251.62	218.91
83	300.10	261.09							382.30	332.60			319.35	277.84									258.04	224.50
84	307.87	267.84							392.19	341.20			327.91	285.28									264.73	230.32
85	315.96	274.88							402.51	350.18			336.81	293.03									271.68	236.36
86	324.38	282.21							413.22	359.50			346.07	301.08									278.92	242.66
87	333.13	289.82							424.38	369.21			355.70	309.46									286.46	249.22
88	342.14	297.67							435.85	379.19			365.60	318.07									294.20	255.95
89	351.65	305.93							447.95	389.71			376.05	327.16									302.37	263.06
90	361.69	314.67							460.76	400.86			387.11	336.78									311.02	270.58

**Notes:** Rates are based on an Issue Age basis. Rates are generally available to all Medicare recipients in the state. Rates are applicable during the open enrollment period. A 12% Household Premium Discount is available to those who qualify. The discount is available if you currently have a household resident (at least one, no more than 3) who is age 50 or older: With whom you have continuously resided for the past 12 months or to whom you are either married or with whom you are in a civil union partnership; or Who has an existing Medicare Supplement policy, or is applying for a policy, with Renaissance Life & Health Insurance Company of America.

# State Farm Mutual Auto. Insurance Company

1 State Farm Plaza, Bloomington, IL 61710-0001; (866) 855-1212

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	194.73	179.60			293.67	271.06	315.52	268.17	296.48	273.70			315.94	268.34									259.16	222.95
65	141.69	130.90			213.86	197.37	180.71	163.71	215.98	199.32			181.05	164.05									140.08	125.63
66	146.96	135.57			221.59	204.59	187.17	168.38	231.11	206.63			187.51	168.64									145.01	129.20
67	151.72	140.08			228.82	211.14	193.12	172.97	237.83	213.26			193.46	173.31									149.68	132.94
68	155.97	143.99			235.45	217.26	199.07	177.56	243.95	219.47			199.41	177.90									154.27	136.51
69	160.14	147.73			241.48	222.95	204.68	181.90	250.07	225.08			205.19	182.32									158.86	140.25
70	164.13	151.55			247.43	228.39	210.37	186.32	255.85	230.69			210.71	186.57									163.37	143.90
71	168.04	155.04			253.30	233.75	215.90	190.57	261.63	236.13			216.32	190.91									167.70	147.47
72	171.70	158.35			258.99	238.93	221.25	194.82	266.90	241.31			221.68	195.07									172.12	150.96
73	175.18	161.67			264.26	243.86	226.52	198.73	272.00	246.33			226.95	199.24									176.54	154.53
74	178.58	164.81			269.28	248.54	231.62	202.81	276.59	251.00			232.05	203.15									180.79	158.01
75	181.56	167.45			273.87	252.70	236.64	206.72	280.92	255.25			237.23	206.97									185.04	161.41
76	184.36	170.17			278.29	256.78	241.65	210.54	284.83	259.33			242.16	210.88									189.21	164.90
77	186.91	172.46			281.94	260.18	246.41	214.28	287.98	262.73			247.09	214.54									193.37	168.30
78	188.95	174.42			285.09	262.99	251.26	217.85	290.53	265.71			251.77	218.28									197.62	171.61
79	190.74	176.03			287.64	265.37	256.02	221.42	292.57	268.17			256.53	221.76									201.70	175.01
80	192.01	177.14			289.68	267.24	260.61	224.91	294.01	269.96			261.20	225.25									205.87	178.24
81	193.03	178.07			291.12	268.68	265.20	228.31	295.12	271.40			265.71	228.65									209.95	181.56
82	193.71	178.75			292.23	269.70	269.62	231.62	295.80	272.34			270.13	231.96									214.03	184.87
83	194.05	179.09			292.82	270.21	273.95	234.94	296.31	273.02			274.46	235.19									218.11	188.02
84	194.56	179.52			293.42	270.81	278.29	238.08	296.48	273.44			278.71	238.34									222.10	191.16
85	194.73	179.60			293.67	271.06	282.37	241.14	296.48	273.70			282.88	241.40									225.93	194.39
86	194.73	179.60			296.67	271.06	286.28	244.12	296.48	273.70			286.70	244.54									229.75	197.54
87	194.73	179.60			296.67	271.06	290.10	247.18	296.48	273.70			290.53	247.43									233.49	200.68
88	194.73	179.60			296.67	271.06	293.76	250.15	296.48	273.70			294.27	250.32									237.23	203.83
89	194.73	179.60			296.67	271.06	297.33	252.96	296.48	273.70			297.75	253.21									240.72	206.89
90	194.73	179.60			296.67	271.06	300.64	255.68	296.48	273.70			301.07	255.93									244.12	209.86

Notes: State Farm does not offer a monthly premium mode. However, each policyholder has the option to participate in the State Farm Payment Plan (SFPP), which allows policyholders to combine all their insurance coverage payments into one monthly payment. Under this plan, the policyholder has a semi-annual mode but makes a monthly payment equal to 1/6 of the semiannual payment. Certain SFPP fees apply in certain situations. Above are the rates that are 1/6 of the semiannual payment. Availability restrictions: Applicants covered by Medicaid are not eligible except in the following situations: Persons covered for medical assistance through the state Medicaid program as a Specified Low-Income Medicare Beneficiary (SLMB), or Persons receiving premium paying assistance only from the state Medicaid program. In either of these exception situations, written documentation from the government office administering the program is required and should be submitted with the application. Applicants not enrolled in both Part A and B of Medicare are not eligible. Rates are applicable during open enrollment.

# Transamerica Life Insurance Company

2700 West Plano Parkway, Plano, TX 75075; (800) 797-2643

Pre-Existing Condition Limitations: Yes, 6 months

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
65	148.19	135.15	195.66	178.45	231.50	211.13	214.00	195.17	232.84	212.35			213.90	195.08			95.56	87.15	141.84	129.36	174.66	159.29	164.24	149.79
66	155.72	141.62	205.60	186.98	243.26	221.23	224.87	204.51	244.67	222.51			224.77	204.41			100.41	91.32	149.05	135.55	183.53	166.91	172.58	156.95
67	163.65	148.39	216.07	195.92	255.64	231.80	236.32	214.29	257.12	233.15			236.21	214.19			105.52	95.68	156.64	142.03	192.87	174.89	181.37	164.46
68	172.05	155.48	227.16	205.29	268.76	242.88	248.45	224.53	270.32	244.29			248.33	224.42			110.94	100.26	164.68	148.82	202.78	183.25	190.68	172.32
69	180.63	162.64	238.49	214.74	282.17	254.07	260.85	234.88	283.81	255.55			260.72	234.76			116.47	104.88	172.89	155.68	212.89	191.70	200.19	180.26
70	189.51	169.90	250.21	224.33	296.04	265.41	273.67	245.36	297.76	266.95			273.54	245.24			122.20	109.56	181.39	162.63	223.36	200.25	210.03	188.30
71	198.69	177.26	262.33	234.04	310.38	276.91	286.93	255.98	312.18	278.52			286.79	255.86			128.12	114.30	190.18	169.67	234.18	208.92	220.21	196.46
72	208.05	184.69	274.70	243.86	325.01	288.52	300.45	266.72	326.90	290.19			300.31	266.59			134.16	119.09	199.14	176.78	245.22	217.68	230.59	204.70
73	217.45	192.13	287.11	253.67	339.69	300.13	314.02	277.45	341.66	301.87			313.87	277.32			140.22	123.89	208.14	183.90	256.29	226.44	241.00	212.94
74	226.78	199.52	299.42	263.43	354.26	311.68	327.49	288.13	356.32	313.49			327.34	287.99			146.23	128.65	217.07	190.97	267.29	235.16	251.34	221.13
75	235.94	206.84	311.52	273.09	368.58	323.11	340.73	298.69	370.72	324.98			340.56	298.55			152.14	133.37	225.84	197.98	278.09	243.78	261.50	229.24
76	244.94	214.10	323.41	282.68	382.64	334.45	353.72	309.18	384.86	336.40			353.55	309.03			157.94	138.05	234.45	204.93	288.70	252.34	271.47	237.29
77	253.77	221.38	335.06	292.30	396.43	345.83	366.47	319.70	398.73	347.84			366.29	319.55			163.63	142.75	242.90	211.90	299.10	260.92	281.26	245.36
78	262.47	228.74	346.55	302.01	410.01	357.32	379.03	330.32	412.40	359.40			378.85	330.16			169.24	147.49	251.23	218.94	309.35	269.59	290.90	253.51
79	271.09	236.22	357.93	311.89	423.49	369.01	391.49	341.13	425.95	371.15			391.30	340.96			174.80	152.32	259.48	226.10	319.51	278.41	300.45	261.80
80	279.66	243.84	369.25	321.95	436.87	380.91	403.86	352.13	439.41	383.13			403.67	351.96			180.33	157.23	267.69	233.40	329.62	287.39	309.95	270.25
81	288.19	251.56	380.51	332.15	450.20	392.98	416.18	363.28	452.82	395.26			415.98	363.11			185.83	162.21	275.85	240.79	339.67	296.50	319.41	278.81
82	296.69	259.34	391.73	342.42	463.47	405.13	428.45	374.52	466.16	407.49			428.24	374.34			191.31	167.23	283.98	248.24	349.68	305.67	328.82	287.43
83	305.14	267.13	402.88	352.70	476.67	417.29	440.65	385.76	479.44	419.71			440.44	385.57			196.76	172.25	292.07	255.69	359.64	314.84	338.19	296.06
84	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
85	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
86	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
87	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
88	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
89	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64
90	313.56	274.87	414.00	362.92	489.82	429.38	452.81	396.94	492.67	431.88			452.59	396.75			202.19	177.24	300.13	263.10	369.56	323.96	347.52	304.64

**Notes:** Available to applicants age 65 and over who are eligible for Medicare (or those eligible for Medicare by reason of disability). All premiums are based on issue age. During the open enrollment period or the 63 day guaranteed issue period for certain eligible persons, all business written is guaranteed issue as required. All insureds written during these periods will be charged the non-tobacco rates. For business written outside the open enrollment or guaranteed issue periods, underwriting will be implemented. Non-tobacco and tobacco rates are used for the business written during this period.

# Transamerica Premier Life Insurance Company

2700 West Plano Parkway, Plano, TX 75075; 800 # unavailable - Contact a local agent to purchase.

Pre-Existing Condition Limitations: Yes, 6 months

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
65	122.75	114.45							207.28	193.27			154.03	143.62									131.08	122.23
66	122.75	114.45							207.28	193.27			154.03	143.62									131.08	122.23
67	122.75	114.45							207.28	193.27			154.03	143.62									131.08	122.23
68	122.75	114.45							207.28	193.27			154.03	143.62									131.08	122.23
69	126.27	117.97							213.22	199.22			158.43	148.03									134.82	125.98
70	129.87	121.38							219.32	204.95			162.98	152.29									138.68	129.61
71	134.50	124.83							227.11	210.78			168.75	156.62									143.62	133.28
72	139.85	128.69							236.16	217.31			175.47	161.49									149.33	137.43
73	145.72	132.81							246.06	224.25			182.83	166.63									155.60	141.83
74	151.70	136.82							256.16	231.04			190.33	171.67									161.99	146.09
75	157.45	140.44							265.87	237.14			197.55	176.19									168.13	149.95
76	162.72	143.55							274.77	242.40			204.18	180.12									173.76	153.28
77	167.46	146.23							282.77	246.91			210.09	183.48									178.80	156.13
78	171.70	148.64							289.95	251.01			215.45	186.51									183.35	158.72
79	175.62	151.06							296.56	255.10			220.35	189.55									187.54	161.31
80	179.33	153.69							302.81	259.53			225.00	192.85									191.49	164.12
81	182.90	156.60							308.86	264.45			229.49	196.49									195.31	167.22
82	186.37	159.77							314.70	269.80			233.85	200.48									199.00	170.61
83	189.69	163.07							320.31	275.37			238.00	204.60									202.56	174.13
84	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
85	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
86	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
87	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
88	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
89	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66
90	192.82	166.38							325.61	280.95			241.96	208.76									205.91	177.66

**Notes:** Agent distributed policies only; no direct sales. *Interested consumers need to contact a local sales agent to purchase one of these policies.* Available to applicants age 65 and over who are eligible for Medicare (or those eligible for Medicare by reason of disability). For quarterly, semi-annual and annual premium modes, multiply rates by 3, 6, and 12 respectively.

# United American Insurance Company

3700 South Stonebridge Drive, McKinney, TX 75070; (972) 529-5085

Pre-Existing Condition Limitations: Yes, policy contains a 6 month pre-existing condition limit.

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
65	142.00	123.00	241.00	210.00	273.00	237.00	257.00	223.00	249.00	217.00	44.00	38.00	258.00	224.00	44.00	38.00	115.00	100.00	161.00	140.00			210.00	183.00
66	146.00	127.00	251.00	219.00	286.00	249.00	271.00	235.00	262.00	227.00	46.00	40.00	272.00	236.00	46.00	40.00	119.00	104.00	168.00	146.00			222.00	193.00
67	146.00	127.00	251.00	219.00	286.00	249.00	271.00	235.00	262.00	227.00	46.00	40.00	272.00	236.00	46.00	40.00	119.00	104.00	168.00	146.00			222.00	193.00
68	146.00	127.00	251.00	219.00	286.00	249.00	271.00	235.00	262.00	227.00	46.00	40.00	272.00	236.00	46.00	40.00	119.00	104.00	168.00	146.00			222.00	193.00
69	146.00	127.00	251.00	219.00	286.00	249.00	271.00	235.00	262.00	227.00	46.00	40.00	272.00	236.00	46.00	40.00	119.00	104.00	168.00	146.00			222.00	193.00
70	151.00	131.00	264.00	230.00	306.00	267.00	291.00	253.00	280.00	243.00	50.00	44.00	292.00	254.00	50.00	44.00	127.00	111.00	179.00	156.00			240.00	209.00
71	151.00	131.00	264.00	230.00	306.00	267.00	291.00	253.00	280.00	243.00	50.00	44.00	292.00	254.00	50.00	44.00	127.00	111.00	179.00	156.00			240.00	209.00
72	151.00	131.00	264.00	230.00	306.00	267.00	291.00	253.00	280.00	243.00	50.00	44.00	292.00	254.00	50.00	44.00	127.00	111.00	179.00	156.00			240.00	209.00
73	151.00	131.00	264.00	230.00	306.00	267.00	291.00	253.00	280.00	243.00	50.00	44.00	292.00	254.00	50.00	44.00	127.00	111.00	179.00	156.00			240.00	209.00
74	151.00	131.00	264.00	230.00	306.00	267.00	291.00	253.00	280.00	243.00	50.00	44.00	292.00	254.00	50.00	44.00	127.00	111.00	179.00	156.00			240.00	209.00
75	151.00	131.00	268.00	233.00	326.00	284.00	311.00	270.00	298.00	259.00	55.00	47.00	312.00	271.00	55.00	47.00	134.00	116.00	188.00	163.00			258.00	225.00
76	151.00	131.00	268.00	233.00	326.00	284.00	311.00	270.00	298.00	259.00	55.00	47.00	312.00	271.00	55.00	47.00	134.00	116.00	188.00	163.00			258.00	225.00
77	151.00	131.00	268.00	233.00	326.00	284.00	311.00	270.00	298.00	259.00	55.00	47.00	312.00	271.00	55.00	47.00	134.00	116.00	188.00	163.00			258.00	225.00
78	151.00	131.00	268.00	233.00	326.00	284.00	311.00	270.00	298.00	259.00	55.00	47.00	312.00	271.00	55.00	47.00	134.00	116.00	188.00	163.00			258.00	225.00
79	151.00	131.00	268.00	233.00	326.00	284.00	311.00	270.00	298.00	259.00	55.00	47.00	312.00	271.00	55.00	47.00	134.00	116.00	188.00	163.00			258.00	225.00
80	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
81	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
82	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
83	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
84	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
85	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
86	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
87	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
88	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
89	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00
90	151.00	131.00	268.00	233.00	341.00	296.00	325.00	283.00	311.00	271.00	58.00	51.00	326.00	284.00	58.00	51.00	136.00	119.00	192.00	167.00			273.00	237.00

**Notes:** Rates are issue age based. Pre-existing Condition Limitation: Pre-Existing Condition means an injury sustained or sickness first manifesting itself prior to the policy effective date for which medical advice or treatment was recommended or given by a Physician within 6 months prior to the policy effective date. Loss due to Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the policy effective date. Pre-Existing Conditions limitation applies to each form listed, with the following exceptions: Pre-Existing Conditions limitations do not apply to applicants eligible for guaranteed issue pursuant to INS 1905.13, and Pre-Existing limitations are waived to the extent of prior creditable coverage for applicants eligible for open enrollment or when replacing a Medicare supplement policy. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

# UnitedHealthcare Insurance Company

680 Blair Mill Road; Horsham, PA 19044; (800) 523-5800

Pre-Existing Condition Limitations: Yes - Limitation provision is 3 months/3 months.

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
65	123.00	123.00	176.75	176.75	221.25	221.25			222.25	222.25			170.25	170.25			66.50	66.50	117.75	117.75			158.50	158.50
66	133.50	133.50	191.75	191.75	239.75	239.75			241.00	241.00			184.50	184.50			72.25	72.25	127.50	127.50			172.00	172.00
67	133.50	133.50	191.75	191.75	239.75	239.75			241.00	241.00			184.50	184.50			72.25	72.25	127.50	127.50			172.00	172.00
68	133.50	133.50	191.75	191.75	239.75	239.75			241.00	241.00			184.50	184.50			72.25	72.25	127.50	127.50			172.00	172.00
69	133.50	133.50	191.75	191.75	239.75	239.75			241.00	241.00			184.50	184.50			72.25	72.25	127.50	127.50			172.00	172.00
70	148.25	148.25	213.00	213.00	266.50	266.50			267.75	267.75			205.00	205.00			80.25	80.25	141.75	141.75			191.00	191.00
71	148.25	148.25	213.00	213.00	266.50	266.50			267.75	267.75			205.00	205.00			80.25	80.25	141.75	141.75			191.00	191.00
72	148.25	148.25	213.00	213.00	266.50	266.50			267.75	267.75			205.00	205.00			80.25	80.25	141.75	141.75			191.00	191.00
73	148.25	148.25	213.00	213.00	266.50	266.50			267.75	267.75			205.00	205.00			80.25	80.25	141.75	141.75			191.00	191.00
74	148.25	148.25	213.00	213.00	266.50	266.50			267.75	267.75			205.00	205.00			80.25	80.25	141.75	141.75			191.00	191.00
75	163.00	163.00	234.25	234.25	293.25	293.25			294.50	294.50			225.50	225.50			88.25	88.25	156.00	156.00			210.00	210.00
76	163.00	163.00	234.25	234.25	293.25	293.25			294.50	294.50			225.50	225.50			88.25	88.25	156.00	156.00			210.00	210.00
77	163.00	163.00	234.25	234.25	293.25	293.25			294.50	294.50			225.50	225.50			88.25	88.25	156.00	156.00			210.00	210.00
78	163.00	163.00	234.25	234.25	293.25	293.25			294.50	294.50			225.50	225.50			88.25	88.25	156.00	156.00			210.00	210.00
79	163.00	163.00	234.25	234.25	293.25	293.25			294.50	294.50			225.50	225.50			88.25	88.25	156.00	156.00			210.00	210.00
80	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
81	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
82	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
83	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
84	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
85	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
86	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
87	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
88	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
89	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25
90	178.00	178.00	255.50	255.50	319.75	319.75			321.25	321.25			246.00	246.00			96.25	96.25	170.00	170.00			229.25	229.25

**Notes:** These plans are issue age rated. *These plans are available to all New Hampshire Medicare recipients who are members of AARP.* Discounts available for Multi-Insured, Electronic Funds Transfer, and Annual Pay.

# USAA Life Insurance Company

9800 Fredericksburg Road; San Antonio, TX 78288; (800) 531-8722

Pre-Existing Condition Limitations: No

**Rates Effective January 1, 2020**

Age	Plan A		Plan B		Plan C		Plan D		Plan F		Plan F+		Plan G		Plan G+		Plan K		Plan L		Plan M		Plan N	
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
< 65	203.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38
65	167.96	167.96							234.43	234.43			191.76	191.76									169.49	169.49
66	167.96	167.96							234.43	234.43			191.76	191.76									169.49	169.49
67	167.96	167.96							234.43	234.43			191.76	191.76									169.49	169.49
68	167.96	167.96							234.43	234.43			197.76	197.76									169.49	169.49
69	167.96	167.96							234.43	234.43			191.76	191.76									169.49	169.49
70	181.05	191.05							253.13	253.13			215.73	215.73									183.60	183.60
71	181.05	181.05							253.13	253.13			215.73	215.73									183.60	183.60
72	181.05	181.05							253.13	253.13			215.73	215.73									183.60	183.60
73	181.05	181.05							253.13	253.13			215.73	215.73									183.60	183.60
74	181.05	181.05							253.13	253.13			215.73	215.73									183.60	183.60
75	191.93	191.93							268.43	268.43			236.98	236.98									194.31	194.31
76	191.93	191.93							268.43	268.43			236.98	236.98									194.31	194.31
77	191.93	191.93							268.43	268.43			236.98	236.98									194.31	194.31
78	191.93	191.93							268.43	268.43			236.98	236.98									194.31	194.31
79	191.93	191.93							268.43	268.43			236.98	236.98									194.31	194.31
80	199.92	199.92							278.97	278.97			259.42	259.42									202.13	202.13
81	199.92	199.92							278.97	278.97			259.42	259.42									202.13	202.13
82	199.92	199.92							278.97	278.97			259.42	259.42									202.13	202.13
83	199.92	199.92							278.97	278.97			259.42	259.42									202.13	202.13
84	199.92	199.92							278.97	278.97			259.42	259.42									202.13	202.13
85	203.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38
86	203.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38
87	23.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38
88	203.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38
89	203.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38
90	203.66	203.66							284.75	284.75			278.97	278.97									206.38	206.38

**Notes:** These forms are generally available to all Medicare recipients residing in New Hampshire. During open enrollment, policies are not subject to underwriting and pay non-smoker rates. Outside of open enrollment, policies may be subject to underwriting and may be charged smoker rates. Quarterly rates are also available.