

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Kentucky - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$77.47	\$136.33	\$132.82	\$119.86	\$55.35	\$106.59	\$118.49	\$106.75	\$169.27	\$172.63
66	\$77.47	\$136.33	\$132.82	\$119.86	\$55.35	\$106.59	\$118.49	\$106.75	\$169.27	\$172.63
67	\$77.47	\$136.33	\$132.82	\$119.86	\$55.35	\$106.59	\$118.49	\$106.75	\$169.27	\$172.63
68	\$77.47	\$136.33	\$132.82	\$119.86	\$55.35	\$106.59	\$118.49	\$106.75	\$169.27	\$172.63
69	\$81.28	\$143.04	\$139.36	\$125.76	\$58.08	\$111.84	\$124.32	\$112.00	\$177.60	\$181.12
70	\$85.09	\$149.74	\$145.89	\$131.65	\$60.80	\$117.08	\$130.14	\$117.25	\$185.92	\$189.61
71	\$88.90	\$156.45	\$152.42	\$137.55	\$63.52	\$122.32	\$135.97	\$122.50	\$194.25	\$198.10
72	\$92.71	\$163.15	\$158.95	\$143.44	\$66.24	\$127.56	\$141.80	\$127.75	\$202.57	\$206.59
73	\$96.52	\$169.86	\$165.49	\$149.34	\$68.97	\$132.81	\$147.63	\$133.00	\$210.90	\$215.08
74	\$100.33	\$176.56	\$172.02	\$155.23	\$71.69	\$138.05	\$153.45	\$138.25	\$219.22	\$223.57
75	\$104.14	\$183.27	\$178.55	\$161.13	\$74.41	\$143.29	\$159.28	\$143.50	\$227.55	\$232.06
76	\$107.95	\$189.97	\$185.08	\$167.02	\$77.13	\$148.53	\$165.11	\$148.75	\$235.87	\$240.55
77	\$111.76	\$196.68	\$191.62	\$172.92	\$79.86	\$153.78	\$170.94	\$154.00	\$244.20	\$249.04
78	\$115.57	\$203.38	\$198.15	\$178.81	\$82.58	\$159.02	\$176.76	\$159.25	\$252.52	\$257.53
79	\$119.38	\$210.09	\$204.68	\$184.71	\$85.30	\$164.26	\$182.59	\$164.50	\$260.85	\$266.02
80	\$123.19	\$216.79	\$211.21	\$190.60	\$88.02	\$169.50	\$188.42	\$169.75	\$269.17	\$274.51

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

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Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$127.00	\$223.50	\$217.75	\$196.50	\$90.75	\$174.75	\$194.25	\$175.00	\$277.50	\$283.00
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$190.50	\$335.25	\$407.19	\$373.35	\$136.12	\$262.12	\$355.47	\$350.00	\$416.25	\$424.50

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$139.70	\$245.85	\$239.52	\$216.15	\$99.82	\$192.22	\$213.67	\$192.50	\$305.25	\$311.30
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$190.50	\$335.25	\$407.19	\$373.35	\$136.12	\$262.12	\$355.47	\$350.00	\$416.25	\$424.50

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Female Tobacco Monthly Plan Rates for Kentucky - Area 1
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Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$85.21	\$149.96	\$146.10	\$131.85	\$60.89	\$117.25	\$130.33	\$117.42	\$186.20	\$189.89
66	\$85.21	\$149.96	\$146.10	\$131.85	\$60.89	\$117.25	\$130.33	\$117.42	\$186.20	\$189.89
67	\$85.21	\$149.96	\$146.10	\$131.85	\$60.89	\$117.25	\$130.33	\$117.42	\$186.20	\$189.89
68	\$85.21	\$149.96	\$146.10	\$131.85	\$60.89	\$117.25	\$130.33	\$117.42	\$186.20	\$189.89
69	\$89.40	\$157.34	\$153.29	\$138.33	\$63.88	\$123.02	\$136.74	\$123.20	\$195.36	\$199.23
70	\$93.59	\$164.71	\$160.47	\$144.82	\$66.87	\$128.78	\$143.15	\$128.97	\$204.51	\$208.57
71	\$97.79	\$172.09	\$167.66	\$151.30	\$69.87	\$134.55	\$149.56	\$134.75	\$213.67	\$217.91
72	\$101.98	\$179.47	\$174.84	\$157.78	\$72.86	\$140.32	\$155.97	\$140.52	\$222.83	\$227.24
73	\$106.17	\$186.84	\$182.03	\$164.27	\$75.86	\$146.08	\$162.38	\$146.30	\$231.99	\$236.58
74	\$110.36	\$194.22	\$189.22	\$170.75	\$78.85	\$151.85	\$168.79	\$152.07	\$241.14	\$245.92
75	\$114.55	\$201.59	\$196.40	\$177.24	\$81.85	\$157.62	\$175.20	\$157.85	\$250.30	\$255.26
76	\$118.74	\$208.97	\$203.59	\$183.72	\$84.84	\$163.38	\$181.61	\$163.62	\$259.46	\$264.60
77	\$122.93	\$216.34	\$210.77	\$190.21	\$87.84	\$169.15	\$188.02	\$169.40	\$268.62	\$273.94
78	\$127.12	\$223.72	\$217.96	\$196.69	\$90.83	\$174.92	\$194.43	\$175.17	\$277.77	\$283.28
79	\$131.31	\$231.09	\$225.14	\$203.18	\$93.83	\$180.68	\$200.84	\$180.95	\$286.93	\$292.62
80	\$135.50	\$238.47	\$232.33	\$209.66	\$96.82	\$186.45	\$207.25	\$186.72	\$296.09	\$301.96

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Cover Page - Rates
Female Tobacco Monthly Plan Rates for Kentucky - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$139.70	\$245.85	\$239.52	\$216.15	\$99.82	\$192.22	\$213.67	\$192.50	\$305.25	\$311.30
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$209.55	\$368.77	\$447.90	\$410.68	\$149.73	\$288.33	\$391.01	\$385.00	\$457.87	\$466.95

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$153.67	\$270.43	\$263.47	\$237.76	\$109.80	\$211.44	\$235.03	\$211.75	\$335.77	\$342.43
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$209.55	\$368.77	\$447.90	\$410.68	\$149.73	\$288.33	\$391.01	\$385.00	\$457.87	\$466.95

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Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Kentucky - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$87.23	\$153.72	\$149.90	\$135.11	\$62.37	\$120.32	\$133.74	\$120.47	\$190.93	\$194.59
66	\$87.23	\$153.72	\$149.90	\$135.11	\$62.37	\$120.32	\$133.74	\$120.47	\$190.93	\$194.59
67	\$87.23	\$153.72	\$149.90	\$135.11	\$62.37	\$120.32	\$133.74	\$120.47	\$190.93	\$194.59
68	\$87.23	\$153.72	\$149.90	\$135.11	\$62.37	\$120.32	\$133.74	\$120.47	\$190.93	\$194.59
69	\$91.52	\$161.28	\$157.28	\$141.76	\$65.44	\$126.24	\$140.32	\$126.40	\$200.32	\$204.16
70	\$95.81	\$168.84	\$164.65	\$148.40	\$68.50	\$132.15	\$146.89	\$132.32	\$209.71	\$213.73
71	\$100.10	\$176.40	\$172.02	\$155.05	\$71.57	\$138.07	\$153.47	\$138.25	\$219.10	\$223.30
72	\$104.39	\$183.96	\$179.39	\$161.69	\$74.64	\$143.99	\$160.05	\$144.17	\$228.49	\$232.87
73	\$108.68	\$191.52	\$186.77	\$168.34	\$77.71	\$149.91	\$166.63	\$150.10	\$237.88	\$242.44
74	\$112.97	\$199.08	\$194.14	\$174.98	\$80.77	\$155.82	\$173.20	\$156.02	\$247.27	\$252.01
75	\$117.26	\$206.64	\$201.51	\$181.63	\$83.84	\$161.74	\$179.78	\$161.95	\$256.66	\$261.58
76	\$121.55	\$214.20	\$208.88	\$188.27	\$86.91	\$167.66	\$186.36	\$167.87	\$266.05	\$271.15
77	\$125.84	\$221.76	\$216.26	\$194.92	\$89.98	\$173.58	\$192.94	\$173.80	\$275.44	\$280.72
78	\$130.13	\$229.32	\$223.63	\$201.56	\$93.04	\$179.49	\$199.51	\$179.72	\$284.83	\$290.29
79	\$134.42	\$236.88	\$231.00	\$208.21	\$96.11	\$185.41	\$206.09	\$185.65	\$294.22	\$299.86
80	\$138.71	\$244.44	\$238.37	\$214.85	\$99.18	\$191.33	\$212.67	\$191.57	\$303.61	\$309.43

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Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$143.00	\$252.00	\$245.75	\$221.50	\$102.25	\$197.25	\$219.25	\$197.50	\$313.00	\$319.00
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$214.50	\$378.00	\$459.55	\$420.85	\$153.37	\$295.87	\$401.22	\$395.00	\$469.50	\$478.50

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$157.30	\$277.20	\$270.32	\$243.65	\$112.47	\$216.97	\$241.17	\$217.25	\$344.30	\$350.90
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$214.50	\$378.00	\$459.55	\$420.85	\$153.37	\$295.87	\$401.22	\$395.00	\$469.50	\$478.50

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Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$95.95	\$169.09	\$164.89	\$148.62	\$68.60	\$132.35	\$147.11	\$132.52	\$210.02	\$214.04
66	\$95.95	\$169.09	\$164.89	\$148.62	\$68.60	\$132.35	\$147.11	\$132.52	\$210.02	\$214.04
67	\$95.95	\$169.09	\$164.89	\$148.62	\$68.60	\$132.35	\$147.11	\$132.52	\$210.02	\$214.04
68	\$95.95	\$169.09	\$164.89	\$148.62	\$68.60	\$132.35	\$147.11	\$132.52	\$210.02	\$214.04
69	\$100.67	\$177.40	\$173.00	\$155.93	\$71.98	\$138.86	\$154.34	\$139.04	\$220.35	\$224.57
70	\$105.39	\$185.72	\$181.11	\$163.24	\$75.35	\$145.36	\$161.58	\$145.55	\$230.68	\$235.10
71	\$110.11	\$194.04	\$189.22	\$170.55	\$78.72	\$151.87	\$168.81	\$152.07	\$241.01	\$245.63
72	\$114.82	\$202.35	\$197.33	\$177.86	\$82.10	\$158.38	\$176.05	\$158.59	\$251.33	\$256.15
73	\$119.54	\$210.67	\$205.44	\$185.17	\$85.47	\$164.89	\$183.28	\$165.11	\$261.66	\$266.68
74	\$124.26	\$218.98	\$213.55	\$192.48	\$88.85	\$171.40	\$190.52	\$171.62	\$271.99	\$277.21
75	\$128.98	\$227.30	\$221.66	\$199.79	\$92.22	\$177.91	\$197.75	\$178.14	\$282.32	\$287.73
76	\$133.70	\$235.62	\$229.77	\$207.10	\$95.59	\$184.42	\$204.99	\$184.66	\$292.65	\$298.26
77	\$138.42	\$243.93	\$237.88	\$214.41	\$98.97	\$190.93	\$212.22	\$191.18	\$302.98	\$308.79
78	\$143.14	\$252.25	\$245.99	\$221.72	\$102.34	\$197.44	\$219.46	\$197.69	\$313.31	\$319.31
79	\$147.86	\$260.56	\$254.10	\$229.03	\$105.72	\$203.95	\$226.69	\$204.21	\$323.64	\$329.84
80	\$152.58	\$268.88	\$262.21	\$236.34	\$109.09	\$210.46	\$233.93	\$210.73	\$333.97	\$340.37

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Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$157.30	\$277.20	\$270.32	\$243.65	\$112.47	\$216.97	\$241.17	\$217.25	\$344.30	\$350.90
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$235.95	\$415.80	\$505.49	\$462.93	\$168.70	\$325.45	\$441.34	\$434.50	\$516.45	\$526.35

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$173.03	\$304.92	\$297.35	\$268.01	\$123.71	\$238.66	\$265.28	\$238.97	\$378.73	\$385.99
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$235.95	\$415.80	\$505.49	\$462.93	\$168.70	\$325.45	\$441.34	\$434.50	\$516.45	\$526.35

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Cover Page - Rates
Under 65 Monthly Plan Rates for Kentucky - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare due to Disability or End-Stage Renal Disease.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$110.50	\$194.50	\$189.50	\$171.00	\$79.00	\$152.00	\$169.00	\$152.25	\$241.50	\$246.25
	Female Tobacco Rates									
50-64	\$121.55	\$213.95	\$208.45	\$188.10	\$86.90	\$167.20	\$185.90	\$167.47	\$265.65	\$270.87
	Male Non-Tobacco Rates									
50-64	\$124.50	\$219.25	\$213.75	\$192.75	\$89.00	\$171.50	\$190.75	\$171.75	\$272.25	\$277.50
	Male Tobacco Rates									
50-64	\$136.95	\$241.17	\$235.12	\$212.02	\$97.90	\$188.65	\$209.82	\$188.92	\$299.47	\$305.25

The rates above are for plan effective dates from January 2024 through May 2024 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** applies if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday (or Medicare Part B effective date, if later,) and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 39% at ages 65 through 68. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until it reaches 0% on the anniversary date of your plan on or after age 81.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

4 **IMPORTANT:** Plans C and F are available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 rates apply to individuals whose plan effective date will be ten or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application that would qualify them for the Level 2 rate.

6 Level 2 rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application that qualifies them for this Level 2 rate.

7 You must use a network hospital with Select Plans G and N.

Kentucky Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page - Rates"

40111	42051	42159	42302	42377
40115	42053	42160	42303	42378
40119	42054	42163	42304	42402
40140	42055	42164	42320	42404
40143	42056	42170	42321	42406
40144	42058	42171	42322	42408
40145	42060	42201	42323	42409
40146	42061	42202	42324	42410
40152	42063	42204	42325	42411
40153	42064	42206	42326	42413
40170	42066	42207	42327	42419
40171	42069	42210	42328	42420
40176	42070	42211	42330	42431
40178	42071	42215	42332	42436
42001	42076	42216	42333	42437
42002	42078	42217	42334	42440
42003	42079	42219	42337	42441
42020	42081	42220	42338	42442
42021	42082	42221	42339	42444
42022	42083	42223	42343	42445
42023	42085	42232	42344	42450
42024	42086	42234	42345	42451
42025	42087	42236	42347	42452
42027	42088	42240	42348	42453
42028	42101	42241	42349	42455
42029	42102	42252	42350	42456
42031	42103	42254	42351	42457
42032	42104	42256	42352	42458
42033	42120	42259	42354	42459
42035	42122	42261	42355	42460
42036	42123	42262	42356	42461
42037	42127	42265	42361	42462
42038	42128	42266	42364	42463
42039	42130	42273	42366	42464
42040	42131	42274	42367	42712
42041	42134	42275	42368	42721
42044	42135	42276	42369	42726
42045	42141	42280	42370	42754
42047	42142	42285	42371	42755
42048	42152	42286	42372	42762
42049	42153	42288	42374	
42050	42156	42301	42376	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$75.64	\$133.13	\$129.77	\$116.96	\$53.98	\$104.15	\$115.90	\$104.31	\$165.31	\$168.51
66	\$75.64	\$133.13	\$129.77	\$116.96	\$53.98	\$104.15	\$115.90	\$104.31	\$165.31	\$168.51
67	\$75.64	\$133.13	\$129.77	\$116.96	\$53.98	\$104.15	\$115.90	\$104.31	\$165.31	\$168.51
68	\$75.64	\$133.13	\$129.77	\$116.96	\$53.98	\$104.15	\$115.90	\$104.31	\$165.31	\$168.51
69	\$79.36	\$139.68	\$136.16	\$122.72	\$56.64	\$109.28	\$121.60	\$109.44	\$173.44	\$176.80
70	\$83.08	\$146.22	\$142.54	\$128.47	\$59.29	\$114.40	\$127.30	\$114.57	\$181.57	\$185.08
71	\$86.80	\$152.77	\$148.92	\$134.22	\$61.95	\$119.52	\$133.00	\$119.70	\$189.70	\$193.37
72	\$90.52	\$159.32	\$155.30	\$139.97	\$64.60	\$124.64	\$138.70	\$124.83	\$197.83	\$201.66
73	\$94.24	\$165.87	\$161.69	\$145.73	\$67.26	\$129.77	\$144.40	\$129.96	\$205.96	\$209.95
74	\$97.96	\$172.41	\$168.07	\$151.48	\$69.91	\$134.89	\$150.10	\$135.09	\$214.09	\$218.23
75	\$101.68	\$178.96	\$174.45	\$157.23	\$72.57	\$140.01	\$155.80	\$140.22	\$222.22	\$226.52
76	\$105.40	\$185.51	\$180.83	\$162.98	\$75.22	\$145.13	\$161.50	\$145.35	\$230.35	\$234.81
77	\$109.12	\$192.06	\$187.22	\$168.74	\$77.88	\$150.26	\$167.20	\$150.48	\$238.48	\$243.10
78	\$112.84	\$198.60	\$193.60	\$174.49	\$80.53	\$155.38	\$172.90	\$155.61	\$246.61	\$251.38
79	\$116.56	\$205.15	\$199.98	\$180.24	\$83.19	\$160.50	\$178.60	\$160.74	\$254.74	\$259.67
80	\$120.28	\$211.70	\$206.36	\$185.99	\$85.84	\$165.62	\$184.30	\$165.87	\$262.87	\$267.96

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$124.00	\$218.25	\$212.75	\$191.75	\$88.50	\$170.75	\$190.00	\$171.00	\$271.00	\$276.25
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$186.00	\$327.37	\$397.84	\$364.32	\$132.75	\$256.12	\$347.70	\$342.00	\$406.50	\$414.37

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$136.40	\$240.07	\$234.02	\$210.92	\$97.35	\$187.82	\$209.00	\$188.10	\$298.10	\$303.87
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$186.00	\$327.37	\$397.84	\$364.32	\$132.75	\$256.12	\$347.70	\$342.00	\$406.50	\$414.37

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$83.20	\$146.44	\$142.75	\$128.66	\$59.38	\$114.57	\$127.49	\$114.74	\$181.84	\$185.36
66	\$83.20	\$146.44	\$142.75	\$128.66	\$59.38	\$114.57	\$127.49	\$114.74	\$181.84	\$185.36
67	\$83.20	\$146.44	\$142.75	\$128.66	\$59.38	\$114.57	\$127.49	\$114.74	\$181.84	\$185.36
68	\$83.20	\$146.44	\$142.75	\$128.66	\$59.38	\$114.57	\$127.49	\$114.74	\$181.84	\$185.36
69	\$87.29	\$153.64	\$149.77	\$134.98	\$62.30	\$120.20	\$133.76	\$120.38	\$190.78	\$194.47
70	\$91.38	\$160.84	\$156.79	\$141.31	\$65.22	\$125.83	\$140.03	\$126.02	\$199.72	\$203.59
71	\$95.48	\$168.04	\$163.81	\$147.64	\$68.14	\$131.47	\$146.30	\$131.67	\$208.67	\$212.70
72	\$99.57	\$175.25	\$170.83	\$153.97	\$71.06	\$137.10	\$152.57	\$137.31	\$217.61	\$221.82
73	\$103.66	\$182.45	\$177.85	\$160.29	\$73.98	\$142.74	\$158.84	\$142.95	\$226.55	\$230.94
74	\$107.75	\$189.65	\$184.87	\$166.62	\$76.90	\$148.37	\$165.11	\$148.59	\$235.49	\$240.05
75	\$111.84	\$196.85	\$191.89	\$172.95	\$79.82	\$154.01	\$171.38	\$154.24	\$244.44	\$249.17
76	\$115.94	\$204.05	\$198.91	\$179.28	\$82.74	\$159.64	\$177.65	\$159.88	\$253.38	\$258.28
77	\$120.03	\$211.26	\$205.93	\$185.60	\$85.66	\$165.28	\$183.92	\$165.52	\$262.32	\$267.40
78	\$124.12	\$218.46	\$212.95	\$191.93	\$88.58	\$170.91	\$190.19	\$171.17	\$271.27	\$276.52
79	\$128.21	\$225.66	\$219.97	\$198.26	\$91.50	\$176.55	\$196.46	\$176.81	\$280.21	\$285.63
80	\$132.30	\$232.86	\$226.99	\$204.59	\$94.42	\$182.18	\$202.73	\$182.45	\$289.15	\$294.75

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$136.40	\$240.07	\$234.02	\$210.92	\$97.35	\$187.82	\$209.00	\$188.10	\$298.10	\$303.87
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$204.60	\$360.10	\$437.61	\$400.74	\$146.02	\$281.73	\$382.47	\$376.20	\$447.15	\$455.80

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$150.04	\$264.07	\$257.42	\$232.01	\$107.08	\$206.60	\$229.90	\$206.91	\$327.91	\$334.25
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$204.60	\$360.10	\$437.61	\$400.74	\$146.02	\$281.73	\$382.47	\$376.20	\$447.15	\$455.80

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$85.40	\$150.21	\$146.24	\$131.91	\$61.00	\$117.57	\$130.54	\$117.73	\$186.35	\$190.01
66	\$85.40	\$150.21	\$146.24	\$131.91	\$61.00	\$117.57	\$130.54	\$117.73	\$186.35	\$190.01
67	\$85.40	\$150.21	\$146.24	\$131.91	\$61.00	\$117.57	\$130.54	\$117.73	\$186.35	\$190.01
68	\$85.40	\$150.21	\$146.24	\$131.91	\$61.00	\$117.57	\$130.54	\$117.73	\$186.35	\$190.01
69	\$89.60	\$157.60	\$153.44	\$138.40	\$64.00	\$123.36	\$136.96	\$123.52	\$195.52	\$199.36
70	\$93.80	\$164.98	\$160.63	\$144.88	\$67.00	\$129.14	\$143.38	\$129.31	\$204.68	\$208.70
71	\$98.00	\$172.37	\$167.82	\$151.37	\$70.00	\$134.92	\$149.80	\$135.10	\$213.85	\$218.05
72	\$102.20	\$179.76	\$175.01	\$157.86	\$73.00	\$140.70	\$156.22	\$140.89	\$223.01	\$227.39
73	\$106.40	\$187.15	\$182.21	\$164.35	\$76.00	\$146.49	\$162.64	\$146.68	\$232.18	\$236.74
74	\$110.60	\$194.53	\$189.40	\$170.83	\$79.00	\$152.27	\$169.06	\$152.47	\$241.34	\$246.08
75	\$114.80	\$201.92	\$196.59	\$177.32	\$82.00	\$158.05	\$175.48	\$158.26	\$250.51	\$255.43
76	\$119.00	\$209.31	\$203.78	\$183.81	\$85.00	\$163.83	\$181.90	\$164.05	\$259.67	\$264.77
77	\$123.20	\$216.70	\$210.98	\$190.30	\$88.00	\$169.62	\$188.32	\$169.84	\$268.84	\$274.12
78	\$127.40	\$224.08	\$218.17	\$196.78	\$91.00	\$175.40	\$194.74	\$175.63	\$278.00	\$283.46
79	\$131.60	\$231.47	\$225.36	\$203.27	\$94.00	\$181.18	\$201.16	\$181.42	\$287.17	\$292.81
80	\$135.80	\$238.86	\$232.55	\$209.76	\$97.00	\$186.96	\$207.58	\$187.21	\$296.33	\$302.15

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$140.00	\$246.25	\$239.75	\$216.25	\$100.00	\$192.75	\$214.00	\$193.00	\$305.50	\$311.50
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$210.00	\$369.37	\$448.33	\$410.87	\$150.00	\$289.12	\$391.62	\$386.00	\$458.25	\$467.25

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$154.00	\$270.87	\$263.72	\$237.87	\$110.00	\$212.02	\$235.40	\$212.30	\$336.05	\$342.65
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$210.00	\$369.37	\$448.33	\$410.87	\$150.00	\$289.12	\$391.62	\$386.00	\$458.25	\$467.25

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$93.94	\$165.23	\$160.86	\$145.10	\$67.10	\$129.33	\$143.59	\$129.50	\$204.99	\$209.01
66	\$93.94	\$165.23	\$160.86	\$145.10	\$67.10	\$129.33	\$143.59	\$129.50	\$204.99	\$209.01
67	\$93.94	\$165.23	\$160.86	\$145.10	\$67.10	\$129.33	\$143.59	\$129.50	\$204.99	\$209.01
68	\$93.94	\$165.23	\$160.86	\$145.10	\$67.10	\$129.33	\$143.59	\$129.50	\$204.99	\$209.01
69	\$98.56	\$173.35	\$168.78	\$152.23	\$70.40	\$135.69	\$150.65	\$135.87	\$215.07	\$219.29
70	\$103.18	\$181.48	\$176.69	\$159.37	\$73.70	\$142.05	\$157.71	\$142.24	\$225.15	\$229.57
71	\$107.80	\$189.60	\$184.60	\$166.50	\$77.00	\$148.41	\$164.78	\$148.61	\$235.23	\$239.85
72	\$112.42	\$197.73	\$192.51	\$173.64	\$80.30	\$154.77	\$171.84	\$154.97	\$245.31	\$250.13
73	\$117.04	\$205.86	\$200.42	\$180.78	\$83.60	\$161.13	\$178.90	\$161.34	\$255.39	\$260.41
74	\$121.66	\$213.98	\$208.33	\$187.91	\$86.90	\$167.49	\$185.96	\$167.71	\$265.47	\$270.69
75	\$126.28	\$222.11	\$216.25	\$195.05	\$90.20	\$173.85	\$193.02	\$174.08	\$275.56	\$280.97
76	\$130.90	\$230.23	\$224.16	\$202.18	\$93.50	\$180.21	\$200.09	\$180.45	\$285.64	\$291.25
77	\$135.52	\$238.36	\$232.07	\$209.32	\$96.80	\$186.57	\$207.15	\$186.82	\$295.72	\$301.53
78	\$140.14	\$246.49	\$239.98	\$216.46	\$100.10	\$192.93	\$214.21	\$193.19	\$305.80	\$311.81
79	\$144.76	\$254.61	\$247.89	\$223.59	\$103.40	\$199.29	\$221.27	\$199.56	\$315.88	\$322.09
80	\$149.38	\$262.74	\$255.80	\$230.73	\$106.70	\$205.65	\$228.33	\$205.93	\$325.96	\$332.37

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$154.00	\$270.87	\$263.72	\$237.87	\$110.00	\$212.02	\$235.40	\$212.30	\$336.05	\$342.65
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$231.00	\$406.30	\$493.15	\$451.95	\$165.00	\$318.03	\$430.78	\$424.60	\$504.07	\$513.97

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$169.40	\$297.95	\$290.09	\$261.65	\$121.00	\$233.22	\$258.94	\$233.53	\$369.65	\$376.91
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$231.00	\$406.30	\$493.15	\$451.95	\$165.00	\$318.03	\$430.78	\$424.60	\$504.07	\$513.97

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Under 65 Monthly Plan Rates for Kentucky - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare due to Disability or End-Stage Renal Disease.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$108.00	\$190.00	\$185.00	\$166.75	\$77.00	\$148.50	\$165.25	\$148.75	\$235.75	\$240.25
	Female Tobacco Rates									
50-64	\$118.80	\$209.00	\$203.50	\$183.42	\$84.70	\$163.35	\$181.77	\$163.62	\$259.32	\$264.27
	Male Non-Tobacco Rates									
50-64	\$121.75	\$214.25	\$208.50	\$188.25	\$87.00	\$167.75	\$186.25	\$168.00	\$265.75	\$271.00
	Male Tobacco Rates									
50-64	\$133.92	\$235.67	\$229.35	\$207.07	\$95.70	\$184.52	\$204.87	\$184.80	\$292.32	\$298.10

The rates above are for plan effective dates from January 2024 through May 2024 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** applies if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday (or Medicare Part B effective date, if later,) and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 39% at ages 65 through 68. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until it reaches 0% on the anniversary date of your plan on or after age 81.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

4 **IMPORTANT:** Plans C and F are available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 rates apply to individuals whose plan effective date will be ten or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application that would qualify them for the Level 2 rate.

6 Level 2 rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application that qualifies them for this Level 2 rate.

7 You must use a network hospital with Select Plans G and N.

Kentucky Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page - Rates"

40018	40232	40840	41051	41619	41746	41847
40023	40233	40844	41052	41621	41749	41848
40025	40241	40858	41053	41622	41751	41849
40027	40242	40862	41054	41630	41754	41855
40041	40243	40868	41055	41631	41759	41858
40047	40245	40874	41056	41635	41760	41859
40059	40250	40979	41059	41636	41762	41861
40109	40251	40981	41061	41640	41763	41862
40110	40252	41001	41062	41642	41764	
40118	40253	41002	41063	41643	41766	
40129	40255	41003	41064	41645	41772	
40150	40256	41004	41071	41647	41773	
40165	40257	41005	41072	41649	41774	
40166	40258	41006	41073	41650	41775	
40201	40259	41007	41074	41651	41776	
40202	40261	41010	41075	41653	41777	
40203	40266	41011	41076	41655	41778	
40204	40268	41012	41080	41659	41804	
40205	40269	41014	41081	41660	41810	
40206	40270	41015	41085	41663	41812	
40207	40272	41016	41086	41666	41815	
40208	40280	41017	41091	41667	41817	
40209	40281	41018	41092	41669	41819	
40210	40282	41019	41093	41701	41821	
40211	40283	41021	41094	41702	41822	
40212	40285	41022	41095	41712	41824	
40213	40287	41025	41096	41713	41825	
40214	40289	41030	41097	41714	41826	
40215	40290	41031	41099	41719	41828	
40216	40291	41033	41367	41721	41831	
40217	40292	41034	41517	41722	41832	
40218	40293	41035	41537	41723	41833	
40219	40294	41037	41601	41725	41834	
40220	40295	41039	41602	41727	41835	
40221	40296	41040	41603	41729	41836	
40222	40297	41041	41604	41731	41837	
40223	40298	41042	41605	41735	41838	
40224	40299	41043	41606	41736	41839	
40225	40803	41044	41607	41739	41840	
40228	40816	41046	41612	41740	41843	
40229	40826	41048	41615	41743	41844	
40231	40827	41049	41616	41745	41845	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1	Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$73.35	\$129.01	\$125.66	\$113.46	\$52.46	\$101.10	\$112.24	\$101.26	\$160.27	\$163.48
66	\$73.35	\$129.01	\$125.66	\$113.46	\$52.46	\$101.10	\$112.24	\$101.26	\$160.27	\$163.48
67	\$73.35	\$129.01	\$125.66	\$113.46	\$52.46	\$101.10	\$112.24	\$101.26	\$160.27	\$163.48
68	\$73.35	\$129.01	\$125.66	\$113.46	\$52.46	\$101.10	\$112.24	\$101.26	\$160.27	\$163.48
69	\$76.96	\$135.36	\$131.84	\$119.04	\$55.04	\$106.08	\$117.76	\$106.24	\$168.16	\$171.52
70	\$80.56	\$141.70	\$138.02	\$124.62	\$57.62	\$111.05	\$123.28	\$111.22	\$176.04	\$179.56
71	\$84.17	\$148.05	\$144.20	\$130.20	\$60.20	\$116.02	\$128.80	\$116.20	\$183.92	\$187.60
72	\$87.78	\$154.39	\$150.38	\$135.78	\$62.78	\$120.99	\$134.32	\$121.18	\$191.80	\$195.64
73	\$91.39	\$160.74	\$156.56	\$141.36	\$65.36	\$125.97	\$139.84	\$126.16	\$199.69	\$203.68
74	\$94.99	\$167.08	\$162.74	\$146.94	\$67.94	\$130.94	\$145.36	\$131.14	\$207.57	\$211.72
75	\$98.60	\$173.43	\$168.92	\$152.52	\$70.52	\$135.91	\$150.88	\$136.12	\$215.45	\$219.76
76	\$102.21	\$179.77	\$175.10	\$158.10	\$73.10	\$140.88	\$156.40	\$141.10	\$223.33	\$227.80
77	\$105.82	\$186.12	\$181.28	\$163.68	\$75.68	\$145.86	\$161.92	\$146.08	\$231.22	\$235.84
78	\$109.42	\$192.46	\$187.46	\$169.26	\$78.26	\$150.83	\$167.44	\$151.06	\$239.10	\$243.88
79	\$113.03	\$198.81	\$193.64	\$174.84	\$80.84	\$155.80	\$172.96	\$156.04	\$246.98	\$251.92
80	\$116.64	\$205.15	\$199.82	\$180.42	\$83.42	\$160.77	\$178.48	\$161.02	\$254.86	\$259.96

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$120.25	\$211.50	\$206.00	\$186.00	\$86.00	\$165.75	\$184.00	\$166.00	\$262.75	\$268.00
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$180.37	\$317.25	\$385.22	\$353.40	\$129.00	\$248.62	\$336.72	\$332.00	\$394.12	\$402.00

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$132.27	\$232.65	\$226.60	\$204.60	\$94.60	\$182.32	\$202.40	\$182.60	\$289.02	\$294.80
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$180.37	\$317.25	\$385.22	\$353.40	\$129.00	\$248.62	\$336.72	\$332.00	\$394.12	\$402.00

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$80.68	\$141.91	\$138.22	\$124.80	\$57.70	\$111.21	\$123.46	\$111.38	\$176.30	\$179.82
66	\$80.68	\$141.91	\$138.22	\$124.80	\$57.70	\$111.21	\$123.46	\$111.38	\$176.30	\$179.82
67	\$80.68	\$141.91	\$138.22	\$124.80	\$57.70	\$111.21	\$123.46	\$111.38	\$176.30	\$179.82
68	\$80.68	\$141.91	\$138.22	\$124.80	\$57.70	\$111.21	\$123.46	\$111.38	\$176.30	\$179.82
69	\$84.65	\$148.89	\$145.02	\$130.94	\$60.54	\$116.68	\$129.53	\$116.86	\$184.97	\$188.67
70	\$88.62	\$155.87	\$151.82	\$137.08	\$63.38	\$122.15	\$135.60	\$122.34	\$193.64	\$197.51
71	\$92.58	\$162.85	\$158.62	\$143.22	\$66.22	\$127.62	\$141.68	\$127.82	\$202.31	\$206.36
72	\$96.55	\$169.83	\$165.41	\$149.35	\$69.05	\$133.09	\$147.75	\$133.29	\$210.98	\$215.20
73	\$100.52	\$176.81	\$172.21	\$155.49	\$71.89	\$138.56	\$153.82	\$138.77	\$219.65	\$224.04
74	\$104.49	\$183.79	\$179.01	\$161.63	\$74.73	\$144.03	\$159.89	\$144.25	\$228.32	\$232.89
75	\$108.46	\$190.77	\$185.81	\$167.77	\$77.57	\$149.50	\$165.96	\$149.73	\$236.99	\$241.73
76	\$112.42	\$197.75	\$192.61	\$173.91	\$80.41	\$154.97	\$172.04	\$155.21	\$245.66	\$250.58
77	\$116.39	\$204.73	\$199.40	\$180.04	\$83.24	\$160.44	\$178.11	\$160.68	\$254.33	\$259.42
78	\$120.36	\$211.71	\$206.20	\$186.18	\$86.08	\$165.91	\$184.18	\$166.16	\$263.00	\$268.26
79	\$124.33	\$218.69	\$213.00	\$192.32	\$88.92	\$171.38	\$190.25	\$171.64	\$271.67	\$277.11
80	\$128.30	\$225.67	\$219.80	\$198.46	\$91.76	\$176.85	\$196.32	\$177.12	\$280.34	\$285.95

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$132.27	\$232.65	\$226.60	\$204.60	\$94.60	\$182.32	\$202.40	\$182.60	\$289.02	\$294.80
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$198.40	\$348.97	\$423.74	\$388.74	\$141.90	\$273.48	\$370.39	\$365.20	\$433.53	\$442.20

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$145.49	\$255.91	\$249.26	\$225.06	\$104.06	\$200.55	\$222.64	\$200.86	\$317.92	\$324.28
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$198.40	\$348.97	\$423.74	\$388.74	\$141.90	\$273.48	\$370.39	\$365.20	\$433.53	\$442.20

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$82.80	\$145.48	\$141.82	\$127.79	\$59.17	\$113.91	\$126.57	\$114.07	\$180.71	\$184.22
66	\$82.80	\$145.48	\$141.82	\$127.79	\$59.17	\$113.91	\$126.57	\$114.07	\$180.71	\$184.22
67	\$82.80	\$145.48	\$141.82	\$127.79	\$59.17	\$113.91	\$126.57	\$114.07	\$180.71	\$184.22
68	\$82.80	\$145.48	\$141.82	\$127.79	\$59.17	\$113.91	\$126.57	\$114.07	\$180.71	\$184.22
69	\$86.88	\$152.64	\$148.80	\$134.08	\$62.08	\$119.52	\$132.80	\$119.68	\$189.60	\$193.28
70	\$90.95	\$159.79	\$155.77	\$140.36	\$64.99	\$125.12	\$139.02	\$125.29	\$198.48	\$202.34
71	\$95.02	\$166.95	\$162.75	\$146.65	\$67.90	\$130.72	\$145.25	\$130.90	\$207.37	\$211.40
72	\$99.09	\$174.10	\$169.72	\$152.93	\$70.81	\$136.32	\$151.47	\$136.51	\$216.26	\$220.46
73	\$103.17	\$181.26	\$176.70	\$159.22	\$73.72	\$141.93	\$157.70	\$142.12	\$225.15	\$229.52
74	\$107.24	\$188.41	\$183.67	\$165.50	\$76.63	\$147.53	\$163.92	\$147.73	\$234.03	\$238.58
75	\$111.31	\$195.57	\$190.65	\$171.79	\$79.54	\$153.13	\$170.15	\$153.34	\$242.92	\$247.64
76	\$115.38	\$202.72	\$197.62	\$178.07	\$82.45	\$158.73	\$176.37	\$158.95	\$251.81	\$256.70
77	\$119.46	\$209.88	\$204.60	\$184.36	\$85.36	\$164.34	\$182.60	\$164.56	\$260.70	\$265.76
78	\$123.53	\$217.03	\$211.57	\$190.64	\$88.27	\$169.94	\$188.82	\$170.17	\$269.58	\$274.82
79	\$127.60	\$224.19	\$218.55	\$196.93	\$91.18	\$175.54	\$195.05	\$175.78	\$278.47	\$283.88
80	\$131.67	\$231.34	\$225.52	\$203.21	\$94.09	\$181.14	\$201.27	\$181.39	\$287.36	\$292.94

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$135.75	\$238.50	\$232.50	\$209.50	\$97.00	\$186.75	\$207.50	\$187.00	\$296.25	\$302.00
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$203.62	\$357.75	\$434.77	\$398.05	\$145.50	\$280.12	\$379.72	\$374.00	\$444.37	\$453.00

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$149.32	\$262.35	\$255.75	\$230.45	\$106.70	\$205.42	\$228.25	\$205.70	\$325.87	\$332.20
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$203.62	\$357.75	\$434.77	\$398.05	\$145.50	\$280.12	\$379.72	\$374.00	\$444.37	\$453.00

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
Standard Rates with Enrollment Discount² for individuals ages 65-80 whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$91.08	\$160.03	\$156.00	\$140.57	\$65.08	\$125.30	\$139.23	\$125.47	\$198.78	\$202.64
66	\$91.08	\$160.03	\$156.00	\$140.57	\$65.08	\$125.30	\$139.23	\$125.47	\$198.78	\$202.64
67	\$91.08	\$160.03	\$156.00	\$140.57	\$65.08	\$125.30	\$139.23	\$125.47	\$198.78	\$202.64
68	\$91.08	\$160.03	\$156.00	\$140.57	\$65.08	\$125.30	\$139.23	\$125.47	\$198.78	\$202.64
69	\$95.56	\$167.90	\$163.68	\$147.48	\$68.28	\$131.46	\$146.08	\$131.64	\$208.55	\$212.60
70	\$100.04	\$175.77	\$171.35	\$154.40	\$71.48	\$137.63	\$152.92	\$137.81	\$218.33	\$222.57
71	\$104.52	\$183.64	\$179.02	\$161.31	\$74.69	\$143.79	\$159.77	\$143.99	\$228.10	\$232.54
72	\$109.00	\$191.51	\$186.69	\$168.22	\$77.89	\$149.95	\$166.62	\$150.16	\$237.88	\$242.50
73	\$113.48	\$199.38	\$194.37	\$175.14	\$81.09	\$156.11	\$173.47	\$156.33	\$247.66	\$252.47
74	\$117.96	\$207.25	\$202.04	\$182.05	\$84.29	\$162.28	\$180.31	\$162.50	\$257.43	\$262.43
75	\$122.44	\$215.12	\$209.71	\$188.96	\$87.49	\$168.44	\$187.16	\$168.67	\$267.21	\$272.40
76	\$126.92	\$222.99	\$217.38	\$195.88	\$90.69	\$174.60	\$194.01	\$174.84	\$276.98	\$282.37
77	\$131.40	\$230.86	\$225.06	\$202.79	\$93.89	\$180.76	\$200.86	\$181.01	\$286.76	\$292.33
78	\$135.88	\$238.73	\$232.73	\$209.70	\$97.09	\$186.93	\$207.70	\$187.18	\$296.54	\$302.30
79	\$140.36	\$246.60	\$240.40	\$216.62	\$100.29	\$193.09	\$214.55	\$193.35	\$306.31	\$312.26
80	\$144.84	\$254.47	\$248.07	\$223.53	\$103.49	\$199.25	\$221.40	\$199.52	\$316.09	\$322.23

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Standard Rates for individuals ages 81 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
81+	\$149.32	\$262.35	\$255.75	\$230.45	\$106.70	\$205.42	\$228.25	\$205.70	\$325.87	\$332.20
	Level 2 Rates ⁶ for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65+	\$223.98	\$393.52	\$478.25	\$437.85	\$160.05	\$308.13	\$417.69	\$411.40	\$488.80	\$498.30

Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday or Medicare Part B effective date, if later.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Level 1 Rates ⁵ for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
75+	\$164.25	\$288.58	\$281.32	\$253.49	\$117.37	\$225.96	\$251.07	\$226.27	\$358.45	\$365.42
	Level 2 Rates ⁶ for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
75+	\$223.98	\$393.52	\$478.25	\$437.85	\$160.05	\$308.13	\$417.69	\$411.40	\$488.80	\$498.30

The rates above are for plan effective dates from June 2023 through May 2024 and may change.

Cover Page - Rates
Under 65 Monthly Plan Rates for Kentucky - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 3		Applies to individuals age 50-64 who are eligible for Medicare due to Disability or End-Stage Renal Disease.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁷	Plan K	Plan L	Plan N	Select N ⁷	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$104.50	\$184.00	\$179.25	\$161.75	\$74.75	\$144.25	\$160.00	\$144.50	\$228.50	\$233.25
	Female Tobacco Rates									
50-64	\$114.95	\$202.40	\$197.17	\$177.92	\$82.22	\$158.67	\$176.00	\$158.95	\$251.35	\$256.57
	Male Non-Tobacco Rates									
50-64	\$118.00	\$207.50	\$202.25	\$182.25	\$84.50	\$162.50	\$180.50	\$162.75	\$257.75	\$262.75
	Male Tobacco Rates									
50-64	\$129.80	\$228.25	\$222.47	\$200.47	\$92.95	\$178.75	\$198.55	\$179.02	\$283.52	\$289.02

The rates above are for plan effective dates from January 2024 through May 2024 and may change.

1 Your age as of your plan effective date.

2 The **Enrollment Discount** applies if you are between the ages of 65 and 80 and your plan effective date is within ten years following your 65th birthday (or Medicare Part B effective date, if later,) and you do not have any medical conditions on the application that would qualify you for the Level 2 rate.

The Level 2 rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

The Enrollment Discount is applied to the current Standard Rate. The Standard Rates usually change each year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount is 39% at ages 65 through 68. After age 68, the discount percentage reduces 3% each year on the anniversary date of your plan until it reaches 0% on the anniversary date of your plan on or after age 81.

3 Refer to the application for medical conditions that would qualify you for the Level 2 rate.

4 **IMPORTANT:** Plans C and F are available only to applicants eligible for Medicare prior to 1/1/2020.

5 Level 1 rates apply to individuals whose plan effective date will be ten or more years following their 65th birthday (or Medicare Part B effective date, if later). Level 1 rates are for individuals whose acceptance is guaranteed or who do not have any of the medical conditions on the application that would qualify them for the Level 2 rate.

6 Level 2 rates apply to individuals whose acceptance is not guaranteed and who have one or more of the medical conditions on the application that qualifies them for this Level 2 rate.

7 You must use a network hospital with Select Plans G and N.

Kentucky Area 3 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

40003	40076	40358	40473	40583	40828	40983	41216	41397	41562
40004	40077	40359	40475	40588	40829	40988	41219	41408	41563
40006	40078	40360	40476	40591	40830	40995	41222	41413	41564
40007	40104	40361	40481	40598	40831	40997	41224	41421	41566
40008	40107	40362	40484	40601	40843	41008	41226	41425	41567
40009	40108	40363	40486	40602	40845	41045	41230	41426	41568
40010	40117	40370	40488	40603	40847	41083	41231	41451	41571
40011	40121	40371	40489	40604	40849	41098	41232	41464	41572
40012	40122	40372	40492	40618	40854	41101	41234	41465	41632
40013	40142	40374	40502	40619	40855	41102	41238	41472	42124
40014	40155	40376	40503	40620	40856	41105	41240	41477	42129
40019	40157	40379	40504	40621	40863	41114	41250	41501	42133
40020	40159	40380	40505	40622	40865	41121	41254	41502	42140
40022	40160	40383	40506	40701	40870	41124	41255	41503	42151
40026	40161	40384	40507	40702	40873	41128	41256	41512	42154
40031	40162	40385	40508	40724	40902	41129	41257	41513	42157
40032	40175	40387	40509	40729	40903	41132	41260	41514	42166
40033	40177	40390	40510	40730	40906	41135	41262	41519	42167
40036	40310	40391	40511	40734	40913	41139	41263	41520	42214
40037	40311	40392	40512	40737	40914	41141	41264	41522	42501
40040	40312	40402	40513	40740	40915	41142	41265	41524	42502
40045	40313	40403	40514	40741	40921	41143	41267	41526	42503
40046	40316	40404	40515	40742	40923	41144	41268	41527	42516
40048	40317	40405	40516	40743	40927	41146	41271	41528	42518
40049	40319	40409	40517	40744	40930	41149	41274	41531	42519
40050	40322	40410	40522	40745	40932	41159	41301	41534	42528
40051	40324	40419	40523	40750	40935	41160	41310	41535	42533
40052	40328	40422	40524	40755	40939	41164	41311	41538	42539
40055	40330	40423	40526	40759	40940	41166	41314	41539	42541
40056	40334	40434	40533	40763	40941	41168	41317	41540	42544
40057	40336	40437	40536	40769	40943	41169	41332	41542	42553
40058	40337	40440	40544	40771	40944	41171	41339	41543	42558
40060	40339	40442	40546	40801	40946	41173	41347	41544	42564
40061	40340	40444	40550	40806	40949	41174	41348	41547	42565
40062	40342	40445	40555	40807	40951	41175	41351	41548	42566
40063	40346	40447	40574	40808	40953	41179	41352	41549	42567
40065	40347	40448	40575	40810	40955	41180	41360	41553	42602
40066	40348	40452	40576	40813	40958	41181	41364	41554	42603
40067	40350	40456	40577	40815	40962	41183	41365	41555	42629
40068	40351	40460	40578	40818	40964	41189	41366	41557	42631
40069	40353	40461	40579	40819	40965	41201	41368	41558	42633
40070	40355	40464	40580	40820	40972	41203	41385	41559	42634
40071	40356	40468	40581	40823	40977	41204	41386	41560	42635
40075	40357	40472	40582	40824	40982	41214	41390	41561	42638

Kentucky Area 3 ZIP Codes CONTINUED

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