

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
65	\$144.00	\$220.00	\$161.25	\$145.25	\$63.25	\$145.75	\$143.75	\$144.25	\$265.50	\$267.00
66	\$156.25	\$238.50	\$166.25	\$149.75	\$68.75	\$158.00	\$156.00	\$148.75	\$288.00	\$289.50
67	\$156.25	\$238.50	\$172.25	\$155.00	\$68.75	\$158.00	\$156.00	\$154.00	\$288.00	\$289.50
68	\$156.25	\$238.50	\$178.00	\$160.50	\$68.75	\$158.00	\$156.00	\$159.25	\$288.00	\$289.50
69	\$156.25	\$238.50	\$184.00	\$165.75	\$68.75	\$158.00	\$156.00	\$164.75	\$288.00	\$289.50
70	\$173.50	\$265.00	\$190.00	\$171.25	\$76.25	\$175.50	\$173.25	\$170.00	\$320.00	\$321.75
71	\$173.50	\$265.00	\$196.00	\$176.50	\$76.25	\$175.50	\$173.25	\$175.25	\$320.00	\$321.75
72	\$173.50	\$265.00	\$201.00	\$181.00	\$76.25	\$175.50	\$173.25	\$179.75	\$320.00	\$321.75
73	\$173.50	\$265.00	\$207.00	\$186.50	\$76.25	\$175.50	\$173.25	\$185.00	\$320.00	\$321.75
74	\$173.50	\$265.00	\$212.00	\$191.00	\$76.25	\$175.50	\$173.25	\$189.50	\$320.00	\$321.75
75-79	\$190.75	\$291.50	\$225.75	\$203.50	\$84.00	\$193.00	\$190.50	\$202.00	\$352.00	\$354.00
80-84	\$208.25	\$318.00	\$248.75	\$224.00	\$91.50	\$210.50	\$208.00	\$222.50	\$384.00	\$386.00
85+	\$208.25	\$318.00	\$271.75	\$244.75	\$91.50	\$210.50	\$208.00	\$243.00	\$384.00	\$386.00

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

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Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65	\$216.00	\$330.00	\$380.55	\$322.45	\$94.87	\$218.62	\$242.93	\$274.07	\$398.25	\$400.50
66	\$234.37	\$357.75	\$392.35	\$332.44	\$103.12	\$237.00	\$263.64	\$282.62	\$432.00	\$434.25
67	\$234.37	\$357.75	\$406.51	\$344.10	\$103.12	\$237.00	\$263.64	\$292.60	\$432.00	\$434.25
68	\$234.37	\$357.75	\$420.08	\$356.31	\$103.12	\$237.00	\$263.64	\$302.57	\$432.00	\$434.25
69	\$234.37	\$357.75	\$434.24	\$367.96	\$103.12	\$237.00	\$263.64	\$313.02	\$432.00	\$434.25
70	\$260.25	\$397.50	\$448.40	\$380.17	\$114.37	\$263.25	\$292.79	\$323.00	\$480.00	\$482.62
71	\$260.25	\$397.50	\$462.56	\$391.83	\$114.37	\$263.25	\$292.79	\$332.97	\$480.00	\$482.62
72	\$260.25	\$397.50	\$474.36	\$401.82	\$114.37	\$263.25	\$292.79	\$341.52	\$480.00	\$482.62
73	\$260.25	\$397.50	\$488.52	\$414.03	\$114.37	\$263.25	\$292.79	\$351.50	\$480.00	\$482.62
74	\$260.25	\$397.50	\$500.32	\$424.02	\$114.37	\$263.25	\$292.79	\$360.05	\$480.00	\$482.62
75-79	\$286.12	\$437.25	\$532.77	\$451.77	\$126.00	\$289.50	\$321.94	\$383.80	\$528.00	\$531.00
80-84	\$312.37	\$477.00	\$587.05	\$497.28	\$137.25	\$315.75	\$351.52	\$422.75	\$576.00	\$579.00
85+	\$312.37	\$477.00	\$641.33	\$543.34	\$137.25	\$315.75	\$351.52	\$461.70	\$576.00	\$579.00

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Cover Page - Rates Female Tobacco Monthly Plan Rates for Georgia

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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$158.40	\$242.00	\$177.37	\$159.77	\$69.57	\$160.32	\$158.12	\$158.67	\$292.05	\$293.70
66	\$171.87	\$262.35	\$182.87	\$164.72	\$75.62	\$173.80	\$171.60	\$163.62	\$316.80	\$318.45
67	\$171.87	\$262.35	\$189.47	\$170.50	\$75.62	\$173.80	\$171.60	\$169.40	\$316.80	\$318.45
68	\$171.87	\$262.35	\$195.80	\$176.55	\$75.62	\$173.80	\$171.60	\$175.17	\$316.80	\$318.45
69	\$171.87	\$262.35	\$202.40	\$182.32	\$75.62	\$173.80	\$171.60	\$181.22	\$316.80	\$318.45
70	\$190.85	\$291.50	\$209.00	\$188.37	\$83.87	\$193.05	\$190.57	\$187.00	\$352.00	\$353.92
71	\$190.85	\$291.50	\$215.60	\$194.15	\$83.87	\$193.05	\$190.57	\$192.77	\$352.00	\$353.92
72	\$190.85	\$291.50	\$221.10	\$199.10	\$83.87	\$193.05	\$190.57	\$197.72	\$352.00	\$353.92
73	\$190.85	\$291.50	\$227.70	\$205.15	\$83.87	\$193.05	\$190.57	\$203.50	\$352.00	\$353.92
74	\$190.85	\$291.50	\$233.20	\$210.10	\$83.87	\$193.05	\$190.57	\$208.45	\$352.00	\$353.92
75-79	\$209.82	\$320.65	\$248.32	\$223.85	\$92.40	\$212.30	\$209.55	\$222.20	\$387.20	\$389.40
80-84	\$229.07	\$349.80	\$273.62	\$246.40	\$100.65	\$231.55	\$228.80	\$244.75	\$422.40	\$424.60
85+	\$229.07	\$349.80	\$298.92	\$269.22	\$100.65	\$231.55	\$228.80	\$267.30	\$422.40	\$424.60

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates Female Tobacco Monthly Plan Rates for Georgia

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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$237.60	\$363.00	\$418.59	\$354.68	\$104.35	\$240.48	\$267.22	\$301.47	\$438.07	\$440.55
66	\$257.80	\$393.52	\$431.57	\$365.67	\$113.43	\$260.70	\$290.00	\$310.87	\$475.20	\$477.67
67	\$257.80	\$393.52	\$447.14	\$378.51	\$113.43	\$260.70	\$290.00	\$321.86	\$475.20	\$477.67
68	\$257.80	\$393.52	\$462.08	\$391.94	\$113.43	\$260.70	\$290.00	\$332.82	\$475.20	\$477.67
69	\$257.80	\$393.52	\$477.66	\$404.75	\$113.43	\$260.70	\$290.00	\$344.31	\$475.20	\$477.67
70	\$286.27	\$437.25	\$493.24	\$418.18	\$125.80	\$289.57	\$322.06	\$355.30	\$528.00	\$530.88
71	\$286.27	\$437.25	\$508.81	\$431.01	\$125.80	\$289.57	\$322.06	\$366.26	\$528.00	\$530.88
72	\$286.27	\$437.25	\$521.79	\$442.00	\$125.80	\$289.57	\$322.06	\$375.66	\$528.00	\$530.88
73	\$286.27	\$437.25	\$537.37	\$455.43	\$125.80	\$289.57	\$322.06	\$386.65	\$528.00	\$530.88
74	\$286.27	\$437.25	\$550.35	\$466.42	\$125.80	\$289.57	\$322.06	\$396.05	\$528.00	\$530.88
75-79	\$314.73	\$480.97	\$586.03	\$496.94	\$138.60	\$318.45	\$354.13	\$422.18	\$580.80	\$584.10
80-84	\$343.60	\$524.70	\$645.74	\$547.00	\$150.97	\$347.32	\$386.67	\$465.02	\$633.60	\$636.90
85+	\$343.60	\$524.70	\$705.45	\$597.66	\$150.97	\$347.32	\$386.67	\$507.87	\$633.60	\$636.90

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Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .										
65	\$162.25	\$248.00	\$181.75	\$163.50	\$71.50	\$164.25	\$162.25	\$162.50	\$299.50	\$301.00
66	\$176.00	\$269.00	\$187.25	\$168.75	\$77.50	\$178.00	\$176.00	\$167.75	\$324.75	\$326.50
67	\$176.00	\$269.00	\$194.00	\$174.75	\$77.50	\$178.00	\$176.00	\$173.75	\$324.75	\$326.50
68	\$176.00	\$269.00	\$200.75	\$180.75	\$77.50	\$178.00	\$176.00	\$179.75	\$324.75	\$326.50
69	\$176.00	\$269.00	\$207.50	\$186.75	\$77.50	\$178.00	\$176.00	\$185.75	\$324.75	\$326.50
70	\$195.50	\$298.75	\$214.25	\$193.00	\$86.00	\$197.75	\$195.50	\$191.75	\$360.75	\$362.75
71	\$195.50	\$298.75	\$221.00	\$199.00	\$86.00	\$197.75	\$195.50	\$197.75	\$360.75	\$362.75
72	\$195.50	\$298.75	\$226.50	\$204.00	\$86.00	\$197.75	\$195.50	\$202.75	\$360.75	\$362.75
73	\$195.50	\$298.75	\$233.25	\$210.00	\$86.00	\$197.75	\$195.50	\$208.75	\$360.75	\$362.75
74	\$195.50	\$298.75	\$238.75	\$215.25	\$86.00	\$197.75	\$195.50	\$213.75	\$360.75	\$362.75
75-79	\$215.00	\$328.75	\$254.50	\$229.25	\$94.50	\$217.50	\$215.00	\$227.75	\$396.75	\$399.00
80-84	\$234.50	\$358.50	\$280.25	\$252.50	\$103.25	\$237.25	\$234.50	\$251.00	\$433.00	\$435.25
85+	\$234.50	\$358.50	\$306.00	\$275.75	\$103.25	\$237.25	\$234.50	\$274.00	\$433.00	\$435.25

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Group 1		Applies to individuals whose plan effective date follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$243.37	\$372.00	\$428.93	\$362.97	\$107.25	\$246.37	\$274.20	\$308.75	\$449.25	\$451.50
66	\$264.00	\$403.50	\$441.91	\$374.62	\$116.25	\$267.00	\$297.44	\$318.72	\$487.12	\$489.75
67	\$264.00	\$403.50	\$457.84	\$387.94	\$116.25	\$267.00	\$297.44	\$330.12	\$487.12	\$489.75
68	\$264.00	\$403.50	\$473.77	\$401.26	\$116.25	\$267.00	\$297.44	\$341.52	\$487.12	\$489.75
69	\$264.00	\$403.50	\$489.70	\$414.58	\$116.25	\$267.00	\$297.44	\$352.92	\$487.12	\$489.75
70	\$293.25	\$448.12	\$505.63	\$428.46	\$129.00	\$296.62	\$330.39	\$364.32	\$541.12	\$544.12
71	\$293.25	\$448.12	\$521.56	\$441.78	\$129.00	\$296.62	\$330.39	\$375.72	\$541.12	\$544.12
72	\$293.25	\$448.12	\$534.54	\$452.88	\$129.00	\$296.62	\$330.39	\$385.22	\$541.12	\$544.12
73	\$293.25	\$448.12	\$550.47	\$466.20	\$129.00	\$296.62	\$330.39	\$396.62	\$541.12	\$544.12
74	\$293.25	\$448.12	\$563.45	\$477.85	\$129.00	\$296.62	\$330.39	\$406.12	\$541.12	\$544.12
75-79	\$322.50	\$493.12	\$600.62	\$508.93	\$141.75	\$326.25	\$363.35	\$432.72	\$595.12	\$598.50
80-84	\$351.75	\$537.75	\$661.39	\$560.55	\$154.87	\$355.87	\$396.30	\$476.90	\$649.50	\$652.87
85+	\$351.75	\$537.75	\$722.16	\$612.16	\$154.87	\$355.87	\$396.30	\$520.60	\$649.50	\$652.87

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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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$178.47	\$272.80	\$199.92	\$179.85	\$78.65	\$180.67	\$178.47	\$178.75	\$329.45	\$331.10
66	\$193.60	\$295.90	\$205.97	\$185.62	\$85.25	\$195.80	\$193.60	\$184.52	\$357.22	\$359.15
67	\$193.60	\$295.90	\$213.40	\$192.22	\$85.25	\$195.80	\$193.60	\$191.12	\$357.22	\$359.15
68	\$193.60	\$295.90	\$220.82	\$198.82	\$85.25	\$195.80	\$193.60	\$197.72	\$357.22	\$359.15
69	\$193.60	\$295.90	\$228.25	\$205.42	\$85.25	\$195.80	\$193.60	\$204.32	\$357.22	\$359.15
70	\$215.05	\$328.62	\$235.67	\$212.30	\$94.60	\$217.52	\$215.05	\$210.92	\$396.82	\$399.02
71	\$215.05	\$328.62	\$243.10	\$218.90	\$94.60	\$217.52	\$215.05	\$217.52	\$396.82	\$399.02
72	\$215.05	\$328.62	\$249.15	\$224.40	\$94.60	\$217.52	\$215.05	\$223.02	\$396.82	\$399.02
73	\$215.05	\$328.62	\$256.57	\$231.00	\$94.60	\$217.52	\$215.05	\$229.62	\$396.82	\$399.02
74	\$215.05	\$328.62	\$262.62	\$236.77	\$94.60	\$217.52	\$215.05	\$235.12	\$396.82	\$399.02
75-79	\$236.50	\$361.62	\$279.95	\$252.17	\$103.95	\$239.25	\$236.50	\$250.52	\$436.42	\$438.90
80-84	\$257.95	\$394.35	\$308.27	\$277.75	\$113.57	\$260.97	\$257.95	\$276.10	\$476.30	\$478.77
85+	\$257.95	\$394.35	\$336.60	\$303.32	\$113.57	\$260.97	\$257.95	\$301.40	\$476.30	\$478.77

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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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$267.70	\$409.20	\$471.81	\$399.26	\$117.97	\$271.00	\$301.61	\$339.62	\$494.17	\$496.65
66	\$290.40	\$443.85	\$486.08	\$412.07	\$127.87	\$293.70	\$327.18	\$350.58	\$535.83	\$538.72
67	\$290.40	\$443.85	\$503.62	\$426.72	\$127.87	\$293.70	\$327.18	\$363.12	\$535.83	\$538.72
68	\$290.40	\$443.85	\$521.13	\$441.38	\$127.87	\$293.70	\$327.18	\$375.66	\$535.83	\$538.72
69	\$290.40	\$443.85	\$538.67	\$456.03	\$127.87	\$293.70	\$327.18	\$388.20	\$535.83	\$538.72
70	\$322.57	\$492.93	\$556.18	\$471.30	\$141.90	\$326.28	\$363.43	\$400.74	\$595.23	\$598.53
71	\$322.57	\$492.93	\$573.71	\$485.95	\$141.90	\$326.28	\$363.43	\$413.28	\$595.23	\$598.53
72	\$322.57	\$492.93	\$587.99	\$498.16	\$141.90	\$326.28	\$363.43	\$423.73	\$595.23	\$598.53
73	\$322.57	\$492.93	\$605.50	\$512.82	\$141.90	\$326.28	\$363.43	\$436.27	\$595.23	\$598.53
74	\$322.57	\$492.93	\$619.78	\$525.62	\$141.90	\$326.28	\$363.43	\$446.72	\$595.23	\$598.53
75-79	\$354.75	\$542.43	\$660.68	\$559.81	\$155.92	\$358.87	\$399.68	\$475.98	\$654.63	\$658.35
80-84	\$386.92	\$591.52	\$727.51	\$616.60	\$170.35	\$391.45	\$435.93	\$524.59	\$714.45	\$718.15
85+	\$386.92	\$591.52	\$794.37	\$673.37	\$170.35	\$391.45	\$435.93	\$572.66	\$714.45	\$718.15

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2	Applies to individuals age 50-64 who are eligible for Medicare.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$1,457.50	\$1,616.50	\$1,592.00	\$1,577.50	\$851.00	\$1,395.25	\$1,315.00	\$1,566.50	\$1,718.50	\$1,721.25
	Female Tobacco Rates									
50-64	\$1,603.25	\$1,778.15	\$1,751.20	\$1,735.25	\$936.10	\$1,534.77	\$1,446.50	\$1,723.15	\$1,890.35	\$1,893.37
	Male Non-Tobacco Rates									
50-64	\$1,642.25	\$1,822.50	\$1,794.00	\$1,777.50	\$959.75	\$1,572.00	\$1,483.75	\$1,766.50	\$1,937.25	\$1,940.75
	Male Tobacco Rates									
50-64	\$1,806.47	\$2,004.75	\$1,973.40	\$1,955.25	\$1,055.72	\$1,729.20	\$1,632.12	\$1,943.15	\$2,130.97	\$2,134.82

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

1 Your age as of your plan effective date.

2 Your rate will always be based on your age on your effective date.

3 Refer to the application.

4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

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

Georgia Area 1 ZIP Codes

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

30139	30475	30650	31005	31052	31204	31534	31624	31730	31796
30401	30499	30663	31007	31054	31205	31535	31625	31733	31798
30410	30510	30665	31008	31055	31206	31537	31626	31735	31799
30411	30512	30669	31009	31057	31207	31539	31627	31738	39813
30412	30513	30678	31010	31059	31208	31542	31629	31739	39815
30414	30514	30701	31011	31060	31209	31543	31630	31743	39817
30415	30522	30703	31012	31061	31210	31544	31631	31744	39818
30417	30523	30705	31013	31062	31211	31545	31632	31747	39819
30420	30525	30707	31014	31063	31213	31546	31634	31749	39823
30421	30528	30708	31015	31064	31216	31547	31635	31750	39824
30423	30531	30710	31016	31065	31217	31548	31636	31753	39825
30424	30533	30711	31017	31066	31220	31549	31637	31756	39826
30425	30535	30719	31018	31067	31221	31550	31638	31757	39827
30427	30536	30720	31019	31068	31294	31551	31639	31758	39828
30428	30537	30721	31020	31069	31295	31552	31641	31760	39829
30429	30538	30722	31021	31070	31296	31553	31642	31763	39832
30436	30539	30724	31022	31071	31297	31554	31643	31764	39834
30438	30540	30725	31023	31072	31303	31555	31645	31765	39836
30439	30541	30726	31024	31075	31307	31556	31647	31768	39837
30442	30545	30728	31025	31077	31312	31557	31648	31769	39840
30445	30546	30732	31026	31078	31318	31558	31649	31771	39841
30446	30552	30733	31027	31079	31326	31560	31650	31772	39842
30447	30555	30734	31028	31082	31329	31561	31698	31773	39845
30448	30557	30735	31029	31083	31501	31562	31699	31774	39846
30449	30559	30736	31030	31084	31502	31563	31701	31775	39851
30450	30560	30738	31031	31085	31503	31564	31702	31776	39852
30451	30562	30739	31032	31086	31510	31565	31703	31778	39854
30452	30563	30740	31033	31087	31512	31566	31704	31779	39859
30453	30568	30741	31034	31088	31513	31567	31705	31780	39861
30454	30571	30742	31035	31089	31515	31568	31706	31781	39862
30455	30572	30746	31036	31090	31516	31569	31707	31782	39866
30457	30573	30750	31037	31091	31518	31598	31708	31783	39867
30458	30576	30751	31038	31092	31519	31599	31709	31784	39870
30459	30577	30752	31040	31093	31520	31601	31711	31787	39877
30460	30580	30755	31041	31094	31521	31602	31712	31788	39885
30461	30581	30756	31042	31095	31522	31603	31714	31789	39886
30464	30582	30757	31044	31096	31523	31604	31716	31790	39897
30467	30597	30822	31046	31098	31524	31605	31719	31791	
30470	30598	31001	31047	31099	31525	31606	31720	31792	
30471	30623	31002	31049	31201	31527	31620	31721	31793	
30473	30625	31003	31050	31202	31532	31622	31722	31794	
30474	30642	31004	31051	31203	31533	31623	31727	31795	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
65	\$138.50	\$211.75	\$155.00	\$139.75	\$61.00	\$140.00	\$138.50	\$139.00	\$255.50	\$257.00
66	\$150.25	\$229.50	\$160.00	\$144.00	\$66.25	\$152.00	\$150.00	\$143.25	\$277.00	\$278.50
67	\$150.25	\$229.50	\$165.75	\$149.25	\$66.25	\$152.00	\$150.00	\$148.25	\$277.00	\$278.50
68	\$150.25	\$229.50	\$171.50	\$154.50	\$66.25	\$152.00	\$150.00	\$153.50	\$277.00	\$278.50
69	\$150.25	\$229.50	\$177.25	\$159.50	\$66.25	\$152.00	\$150.00	\$158.75	\$277.00	\$278.50
70	\$167.00	\$255.00	\$183.00	\$164.75	\$73.50	\$168.75	\$166.75	\$163.75	\$307.75	\$309.50
71	\$167.00	\$255.00	\$188.75	\$170.00	\$73.50	\$168.75	\$166.75	\$169.00	\$307.75	\$309.50
72	\$167.00	\$255.00	\$193.50	\$174.25	\$73.50	\$168.75	\$166.75	\$173.25	\$307.75	\$309.50
73	\$167.00	\$255.00	\$199.25	\$179.50	\$73.50	\$168.75	\$166.75	\$178.25	\$307.75	\$309.50
74	\$167.00	\$255.00	\$204.00	\$183.75	\$73.50	\$168.75	\$166.75	\$182.75	\$307.75	\$309.50
75-79	\$183.75	\$280.50	\$217.25	\$195.75	\$80.75	\$185.75	\$183.50	\$194.75	\$338.50	\$340.50
80-84	\$200.50	\$306.00	\$239.50	\$215.75	\$88.25	\$202.50	\$200.00	\$214.50	\$369.25	\$371.50
85+	\$200.50	\$306.00	\$261.50	\$235.50	\$88.25	\$202.50	\$200.00	\$234.00	\$369.25	\$371.50

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65	\$207.75	\$317.62	\$365.80	\$310.24	\$91.50	\$210.00	\$234.06	\$264.10	\$383.25	\$385.50
66	\$225.37	\$344.25	\$377.60	\$319.68	\$99.37	\$228.00	\$253.50	\$272.17	\$415.50	\$417.75
67	\$225.37	\$344.25	\$391.17	\$331.33	\$99.37	\$228.00	\$253.50	\$281.67	\$415.50	\$417.75
68	\$225.37	\$344.25	\$404.74	\$342.99	\$99.37	\$228.00	\$253.50	\$291.65	\$415.50	\$417.75
69	\$225.37	\$344.25	\$418.31	\$354.09	\$99.37	\$228.00	\$253.50	\$301.62	\$415.50	\$417.75
70	\$250.50	\$382.50	\$431.88	\$365.74	\$110.25	\$253.12	\$281.80	\$311.12	\$461.62	\$464.25
71	\$250.50	\$382.50	\$445.45	\$377.40	\$110.25	\$253.12	\$281.80	\$321.10	\$461.62	\$464.25
72	\$250.50	\$382.50	\$456.66	\$386.83	\$110.25	\$253.12	\$281.80	\$329.17	\$461.62	\$464.25
73	\$250.50	\$382.50	\$470.23	\$398.49	\$110.25	\$253.12	\$281.80	\$338.67	\$461.62	\$464.25
74	\$250.50	\$382.50	\$481.44	\$407.92	\$110.25	\$253.12	\$281.80	\$347.22	\$461.62	\$464.25
75-79	\$275.62	\$420.75	\$512.71	\$434.56	\$121.12	\$278.62	\$310.11	\$370.02	\$507.75	\$510.75
80-84	\$300.75	\$459.00	\$565.22	\$478.96	\$132.37	\$303.75	\$338.00	\$407.55	\$553.87	\$557.25
85+	\$300.75	\$459.00	\$617.14	\$522.81	\$132.37	\$303.75	\$338.00	\$444.60	\$553.87	\$557.25

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .										
65	\$152.35	\$232.92	\$170.50	\$153.72	\$67.10	\$154.00	\$152.35	\$152.90	\$281.05	\$282.70
66	\$165.27	\$252.45	\$176.00	\$158.40	\$72.87	\$167.20	\$165.00	\$157.57	\$304.70	\$306.35
67	\$165.27	\$252.45	\$182.32	\$164.17	\$72.87	\$167.20	\$165.00	\$163.07	\$304.70	\$306.35
68	\$165.27	\$252.45	\$188.65	\$169.95	\$72.87	\$167.20	\$165.00	\$168.85	\$304.70	\$306.35
69	\$165.27	\$252.45	\$194.97	\$175.45	\$72.87	\$167.20	\$165.00	\$174.62	\$304.70	\$306.35
70	\$183.70	\$280.50	\$201.30	\$181.22	\$80.85	\$185.62	\$183.42	\$180.12	\$338.52	\$340.45
71	\$183.70	\$280.50	\$207.62	\$187.00	\$80.85	\$185.62	\$183.42	\$185.90	\$338.52	\$340.45
72	\$183.70	\$280.50	\$212.85	\$191.67	\$80.85	\$185.62	\$183.42	\$190.57	\$338.52	\$340.45
73	\$183.70	\$280.50	\$219.17	\$197.45	\$80.85	\$185.62	\$183.42	\$196.07	\$338.52	\$340.45
74	\$183.70	\$280.50	\$224.40	\$202.12	\$80.85	\$185.62	\$183.42	\$201.02	\$338.52	\$340.45
75-79	\$202.12	\$308.55	\$238.97	\$215.32	\$88.82	\$204.32	\$201.85	\$214.22	\$372.35	\$374.55
80-84	\$220.55	\$336.60	\$263.45	\$237.32	\$97.07	\$222.75	\$220.00	\$235.95	\$406.17	\$408.65
85+	\$220.55	\$336.60	\$287.65	\$259.05	\$97.07	\$222.75	\$220.00	\$257.40	\$406.17	\$408.65

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$228.52	\$349.38	\$402.38	\$341.25	\$100.65	\$231.00	\$257.47	\$290.51	\$421.57	\$424.05
66	\$247.90	\$378.67	\$415.36	\$351.64	\$109.30	\$250.80	\$278.85	\$299.38	\$457.05	\$459.52
67	\$247.90	\$378.67	\$430.27	\$364.45	\$109.30	\$250.80	\$278.85	\$309.83	\$457.05	\$459.52
68	\$247.90	\$378.67	\$445.21	\$377.28	\$109.30	\$250.80	\$278.85	\$320.81	\$457.05	\$459.52
69	\$247.90	\$378.67	\$460.12	\$389.49	\$109.30	\$250.80	\$278.85	\$331.77	\$457.05	\$459.52
70	\$275.55	\$420.75	\$475.06	\$402.30	\$121.27	\$278.43	\$309.97	\$342.22	\$507.78	\$510.67
71	\$275.55	\$420.75	\$489.98	\$415.14	\$121.27	\$278.43	\$309.97	\$353.21	\$507.78	\$510.67
72	\$275.55	\$420.75	\$502.32	\$425.50	\$121.27	\$278.43	\$309.97	\$362.08	\$507.78	\$510.67
73	\$275.55	\$420.75	\$517.24	\$438.33	\$121.27	\$278.43	\$309.97	\$372.53	\$507.78	\$510.67
74	\$275.55	\$420.75	\$529.58	\$448.70	\$121.27	\$278.43	\$309.97	\$381.93	\$507.78	\$510.67
75-79	\$303.18	\$462.82	\$563.96	\$478.01	\$133.23	\$306.48	\$341.12	\$407.01	\$558.52	\$561.82
80-84	\$330.82	\$504.90	\$621.74	\$526.85	\$145.60	\$334.12	\$371.80	\$448.30	\$609.25	\$612.97
85+	\$330.82	\$504.90	\$678.85	\$575.09	\$145.60	\$334.12	\$371.80	\$489.06	\$609.25	\$612.97

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .										
65	\$156.25	\$238.75	\$175.00	\$157.50	\$68.75	\$158.00	\$156.00	\$156.50	\$288.00	\$289.75
66	\$169.50	\$258.75	\$180.25	\$162.50	\$74.50	\$171.25	\$169.25	\$161.25	\$312.25	\$314.00
67	\$169.50	\$258.75	\$186.75	\$168.25	\$74.50	\$171.25	\$169.25	\$167.25	\$312.25	\$314.00
68	\$169.50	\$258.75	\$193.25	\$174.00	\$74.50	\$171.25	\$169.25	\$173.00	\$312.25	\$314.00
69	\$169.50	\$258.75	\$199.75	\$180.00	\$74.50	\$171.25	\$169.25	\$178.75	\$312.25	\$314.00
70	\$188.25	\$287.50	\$206.25	\$185.75	\$82.75	\$190.25	\$188.00	\$184.50	\$347.00	\$349.00
71	\$188.25	\$287.50	\$212.75	\$191.50	\$82.75	\$190.25	\$188.00	\$190.25	\$347.00	\$349.00
72	\$188.25	\$287.50	\$218.25	\$196.50	\$82.75	\$190.25	\$188.00	\$195.25	\$347.00	\$349.00
73	\$188.25	\$287.50	\$224.75	\$202.25	\$82.75	\$190.25	\$188.00	\$201.00	\$347.00	\$349.00
74	\$188.25	\$287.50	\$230.00	\$207.25	\$82.75	\$190.25	\$188.00	\$205.75	\$347.00	\$349.00
75-79	\$207.00	\$316.25	\$245.25	\$220.75	\$91.00	\$209.25	\$206.75	\$219.25	\$381.75	\$384.00
80-84	\$226.00	\$345.00	\$270.00	\$243.25	\$99.25	\$228.25	\$225.50	\$241.50	\$416.50	\$418.75
85+	\$226.00	\$345.00	\$294.75	\$265.50	\$99.25	\$228.25	\$225.50	\$263.75	\$416.50	\$418.75

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 2 Rates² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application³.									
65	\$234.37	\$358.12	\$413.00	\$349.65	\$103.12	\$237.00	\$263.64	\$297.35	\$432.00	\$434.62
66	\$254.25	\$388.12	\$425.39	\$360.75	\$111.75	\$256.87	\$286.03	\$306.37	\$468.37	\$471.00
67	\$254.25	\$388.12	\$440.73	\$373.51	\$111.75	\$256.87	\$286.03	\$317.77	\$468.37	\$471.00
68	\$254.25	\$388.12	\$456.07	\$386.28	\$111.75	\$256.87	\$286.03	\$328.70	\$468.37	\$471.00
69	\$254.25	\$388.12	\$471.41	\$399.60	\$111.75	\$256.87	\$286.03	\$339.62	\$468.37	\$471.00
70	\$282.37	\$431.25	\$486.75	\$412.36	\$124.12	\$285.37	\$317.72	\$350.55	\$520.50	\$523.50
71	\$282.37	\$431.25	\$502.09	\$425.13	\$124.12	\$285.37	\$317.72	\$361.47	\$520.50	\$523.50
72	\$282.37	\$431.25	\$515.07	\$436.23	\$124.12	\$285.37	\$317.72	\$370.97	\$520.50	\$523.50
73	\$282.37	\$431.25	\$530.41	\$448.99	\$124.12	\$285.37	\$317.72	\$381.90	\$520.50	\$523.50
74	\$282.37	\$431.25	\$542.80	\$460.09	\$124.12	\$285.37	\$317.72	\$390.92	\$520.50	\$523.50
75-79	\$310.50	\$474.37	\$578.79	\$490.06	\$136.50	\$313.87	\$349.40	\$416.57	\$572.62	\$576.00
80-84	\$339.00	\$517.50	\$637.20	\$540.01	\$148.87	\$342.37	\$381.09	\$458.85	\$624.75	\$628.12
85+	\$339.00	\$517.50	\$695.61	\$589.41	\$148.87	\$342.37	\$381.09	\$501.12	\$624.75	\$628.12

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates Male Tobacco Monthly Plan Rates for Georgia

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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .										
65	\$171.87	\$262.62	\$192.50	\$173.25	\$75.62	\$173.80	\$171.60	\$172.15	\$316.80	\$318.72
66	\$186.45	\$284.62	\$198.27	\$178.75	\$81.95	\$188.37	\$186.17	\$177.37	\$343.47	\$345.40
67	\$186.45	\$284.62	\$205.42	\$185.07	\$81.95	\$188.37	\$186.17	\$183.97	\$343.47	\$345.40
68	\$186.45	\$284.62	\$212.57	\$191.40	\$81.95	\$188.37	\$186.17	\$190.30	\$343.47	\$345.40
69	\$186.45	\$284.62	\$219.72	\$198.00	\$81.95	\$188.37	\$186.17	\$196.62	\$343.47	\$345.40
70	\$207.07	\$316.25	\$226.87	\$204.32	\$91.02	\$209.27	\$206.80	\$202.95	\$381.70	\$383.90
71	\$207.07	\$316.25	\$234.02	\$210.65	\$91.02	\$209.27	\$206.80	\$209.27	\$381.70	\$383.90
72	\$207.07	\$316.25	\$240.07	\$216.15	\$91.02	\$209.27	\$206.80	\$214.77	\$381.70	\$383.90
73	\$207.07	\$316.25	\$247.22	\$222.47	\$91.02	\$209.27	\$206.80	\$221.10	\$381.70	\$383.90
74	\$207.07	\$316.25	\$253.00	\$227.97	\$91.02	\$209.27	\$206.80	\$226.32	\$381.70	\$383.90
75-79	\$227.70	\$347.87	\$269.77	\$242.82	\$100.10	\$230.17	\$227.42	\$241.17	\$419.92	\$422.40
80-84	\$248.60	\$379.50	\$297.00	\$267.57	\$109.17	\$251.07	\$248.05	\$265.65	\$458.15	\$460.62
85+	\$248.60	\$379.50	\$324.22	\$292.05	\$109.17	\$251.07	\$248.05	\$290.12	\$458.15	\$460.62

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates Male Tobacco Monthly Plan Rates for Georgia

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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$257.80	\$393.93	\$454.30	\$384.61	\$113.43	\$260.70	\$290.00	\$327.08	\$475.20	\$478.08
66	\$279.67	\$426.93	\$467.91	\$396.82	\$122.92	\$282.55	\$314.62	\$337.00	\$515.20	\$518.10
67	\$279.67	\$426.93	\$484.79	\$410.85	\$122.92	\$282.55	\$314.62	\$349.54	\$515.20	\$518.10
68	\$279.67	\$426.93	\$501.66	\$424.90	\$122.92	\$282.55	\$314.62	\$361.57	\$515.20	\$518.10
69	\$279.67	\$426.93	\$518.53	\$439.56	\$122.92	\$282.55	\$314.62	\$373.57	\$515.20	\$518.10
70	\$310.60	\$474.37	\$535.41	\$453.59	\$136.53	\$313.90	\$349.49	\$385.60	\$572.55	\$575.85
71	\$310.60	\$474.37	\$552.28	\$467.64	\$136.53	\$313.90	\$349.49	\$397.61	\$572.55	\$575.85
72	\$310.60	\$474.37	\$566.56	\$479.85	\$136.53	\$313.90	\$349.49	\$408.06	\$572.55	\$575.85
73	\$310.60	\$474.37	\$583.43	\$493.88	\$136.53	\$313.90	\$349.49	\$420.09	\$572.55	\$575.85
74	\$310.60	\$474.37	\$597.08	\$506.09	\$136.53	\$313.90	\$349.49	\$430.00	\$572.55	\$575.85
75-79	\$341.55	\$521.80	\$636.65	\$539.06	\$150.15	\$345.25	\$384.33	\$458.22	\$629.88	\$633.60
80-84	\$372.90	\$569.25	\$700.92	\$594.00	\$163.75	\$376.60	\$419.20	\$504.73	\$687.22	\$690.93
85+	\$372.90	\$569.25	\$765.15	\$648.35	\$163.75	\$376.60	\$419.20	\$551.22	\$687.22	\$690.93

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2	Applies to individuals age 50-64 who are eligible for Medicare.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$1,402.75	\$1,555.50	\$1,532.00	\$1,518.00	\$820.25	\$1,341.50	\$1,265.75	\$1,509.25	\$1,652.50	\$1,655.75
	Female Tobacco Rates									
50-64	\$1,543.02	\$1,711.05	\$1,685.20	\$1,669.80	\$902.27	\$1,475.65	\$1,392.32	\$1,660.17	\$1,817.75	\$1,821.32
	Male Non-Tobacco Rates									
50-64	\$1,581.25	\$1,753.75	\$1,728.00	\$1,711.50	\$923.50	\$1,512.50	\$1,427.00	\$1,700.50	\$1,863.50	\$1,867.25
	Male Tobacco Rates									
50-64	\$1,739.37	\$1,929.12	\$1,900.80	\$1,882.65	\$1,015.85	\$1,663.75	\$1,569.70	\$1,870.55	\$2,049.85	\$2,053.97

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

1 Your age as of your plan effective date.

2 Your rate will always be based on your age on your effective date.

3 Refer to the application.

4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

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

Georgia Area 2 ZIP Codes

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

30002	30047	30096	30144	30214	30276	30326	30378
30003	30048	30097	30145	30215	30277	30327	30380
30004	30049	30098	30146	30216	30281	30328	30384
30005	30052	30099	30147	30217	30284	30329	30385
30006	30054	30101	30148	30218	30285	30331	30388
30007	30055	30102	30149	30220	30286	30332	30392
30008	30056	30103	30150	30222	30287	30333	30394
30009	30058	30104	30151	30223	30288	30334	30396
30010	30060	30105	30152	30224	30289	30336	30398
30012	30061	30106	30153	30228	30290	30337	30515
30013	30062	30107	30154	30229	30291	30338	30518
30014	30063	30108	30156	30230	30292	30339	30519
30015	30064	30109	30157	30233	30293	30340	30534
30016	30065	30110	30160	30234	30294	30341	30641
30017	30066	30111	30161	30236	30295	30342	30655
30018	30067	30112	30162	30237	30296	30343	30656
30019	30068	30113	30164	30238	30297	30344	30730
30021	30069	30114	30165	30240	30298	30345	30731
30022	30070	30115	30168	30241	30301	30346	30747
30023	30071	30116	30169	30248	30302	30348	30753
30024	30072	30117	30170	30250	30303	30349	31097
30025	30074	30118	30171	30251	30304	30350	31106
30026	30075	30119	30172	30252	30305	30353	31107
30028	30076	30120	30173	30253	30306	30354	31119
30029	30077	30121	30175	30256	30307	30355	31126
30030	30078	30122	30176	30257	30308	30356	31131
30031	30079	30123	30177	30258	30309	30357	31136
30032	30080	30124	30178	30259	30310	30358	31139
30033	30081	30125	30179	30260	30311	30359	31141
30034	30082	30126	30180	30261	30312	30360	31145
30035	30083	30127	30182	30263	30313	30361	31146
30036	30084	30129	30183	30264	30314	30362	31150
30037	30085	30132	30184	30265	30315	30363	31156
30038	30086	30133	30185	30266	30316	30364	31169
30039	30087	30134	30187	30268	30317	30366	31192
30040	30088	30135	30188	30269	30318	30368	31193
30041	30090	30137	30189	30270	30319	30369	31195
30042	30091	30138	30204	30271	30320	30370	31196
30043	30092	30140	30205	30272	30321	30371	31816
30044	30093	30141	30206	30273	30322	30374	31830
30045	30094	30142	30212	30274	30324	30375	31833
30046	30095	30143	30213	30275	30325	30377	39901

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .										
65	\$132.50	\$202.00	\$148.25	\$133.50	\$58.00	\$133.75	\$132.25	\$132.75	\$244.00	\$245.25
66	\$143.50	\$219.25	\$152.75	\$137.50	\$63.00	\$145.25	\$143.25	\$136.75	\$264.50	\$266.00
67	\$143.50	\$219.25	\$158.25	\$142.50	\$63.00	\$145.25	\$143.25	\$141.75	\$264.50	\$266.00
68	\$143.50	\$219.25	\$163.75	\$147.50	\$63.00	\$145.25	\$143.25	\$146.50	\$264.50	\$266.00
69	\$143.50	\$219.25	\$169.25	\$152.50	\$63.00	\$145.25	\$143.25	\$151.50	\$264.50	\$266.00
70	\$159.50	\$243.50	\$174.75	\$157.25	\$70.00	\$161.25	\$159.25	\$156.50	\$294.00	\$295.50
71	\$159.50	\$243.50	\$180.25	\$162.25	\$70.00	\$161.25	\$159.25	\$161.25	\$294.00	\$295.50
72	\$159.50	\$243.50	\$184.75	\$166.50	\$70.00	\$161.25	\$159.25	\$165.50	\$294.00	\$295.50
73	\$159.50	\$243.50	\$190.25	\$171.25	\$70.00	\$161.25	\$159.25	\$170.25	\$294.00	\$295.50
74	\$159.50	\$243.50	\$195.00	\$175.50	\$70.00	\$161.25	\$159.25	\$174.50	\$294.00	\$295.50
75-79	\$175.50	\$267.75	\$207.75	\$187.00	\$77.00	\$177.50	\$175.25	\$185.75	\$323.50	\$325.00
80-84	\$191.50	\$292.25	\$228.75	\$206.00	\$84.00	\$193.50	\$191.00	\$204.75	\$352.75	\$354.50
85+	\$191.50	\$292.25	\$249.75	\$225.00	\$84.00	\$193.50	\$191.00	\$223.50	\$352.75	\$354.50

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65	\$198.75	\$303.00	\$349.87	\$296.37	\$87.00	\$200.62	\$223.50	\$252.22	\$366.00	\$367.87
66	\$215.25	\$328.87	\$360.49	\$305.25	\$94.50	\$217.87	\$242.09	\$259.82	\$396.75	\$399.00
67	\$215.25	\$328.87	\$373.47	\$316.35	\$94.50	\$217.87	\$242.09	\$269.32	\$396.75	\$399.00
68	\$215.25	\$328.87	\$386.45	\$327.45	\$94.50	\$217.87	\$242.09	\$278.35	\$396.75	\$399.00
69	\$215.25	\$328.87	\$399.43	\$338.55	\$94.50	\$217.87	\$242.09	\$287.85	\$396.75	\$399.00
70	\$239.25	\$365.25	\$412.41	\$349.09	\$105.00	\$241.87	\$269.13	\$297.35	\$441.00	\$443.25
71	\$239.25	\$365.25	\$425.39	\$360.19	\$105.00	\$241.87	\$269.13	\$306.37	\$441.00	\$443.25
72	\$239.25	\$365.25	\$436.01	\$369.63	\$105.00	\$241.87	\$269.13	\$314.45	\$441.00	\$443.25
73	\$239.25	\$365.25	\$448.99	\$380.17	\$105.00	\$241.87	\$269.13	\$323.47	\$441.00	\$443.25
74	\$239.25	\$365.25	\$460.20	\$389.61	\$105.00	\$241.87	\$269.13	\$331.55	\$441.00	\$443.25
75-79	\$263.25	\$401.62	\$490.29	\$415.14	\$115.50	\$266.25	\$296.17	\$352.92	\$485.25	\$487.50
80-84	\$287.25	\$438.37	\$539.85	\$457.32	\$126.00	\$290.25	\$322.79	\$389.02	\$529.12	\$531.75
85+	\$287.25	\$438.37	\$589.41	\$499.50	\$126.00	\$290.25	\$322.79	\$424.65	\$529.12	\$531.75

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .										
65	\$145.75	\$222.20	\$163.07	\$146.85	\$63.80	\$147.12	\$145.47	\$146.02	\$268.40	\$269.77
66	\$157.85	\$241.17	\$168.02	\$151.25	\$69.30	\$159.77	\$157.57	\$150.42	\$290.95	\$292.60
67	\$157.85	\$241.17	\$174.07	\$156.75	\$69.30	\$159.77	\$157.57	\$155.92	\$290.95	\$292.60
68	\$157.85	\$241.17	\$180.12	\$162.25	\$69.30	\$159.77	\$157.57	\$161.15	\$290.95	\$292.60
69	\$157.85	\$241.17	\$186.17	\$167.75	\$69.30	\$159.77	\$157.57	\$166.65	\$290.95	\$292.60
70	\$175.45	\$267.85	\$192.22	\$172.97	\$77.00	\$177.37	\$175.17	\$172.15	\$323.40	\$325.05
71	\$175.45	\$267.85	\$198.27	\$178.47	\$77.00	\$177.37	\$175.17	\$177.37	\$323.40	\$325.05
72	\$175.45	\$267.85	\$203.22	\$183.15	\$77.00	\$177.37	\$175.17	\$182.05	\$323.40	\$325.05
73	\$175.45	\$267.85	\$209.27	\$188.37	\$77.00	\$177.37	\$175.17	\$187.27	\$323.40	\$325.05
74	\$175.45	\$267.85	\$214.50	\$193.05	\$77.00	\$177.37	\$175.17	\$191.95	\$323.40	\$325.05
75-79	\$193.05	\$294.52	\$228.52	\$205.70	\$84.70	\$195.25	\$192.77	\$204.32	\$355.85	\$357.50
80-84	\$210.65	\$321.47	\$251.62	\$226.60	\$92.40	\$212.85	\$210.10	\$225.22	\$388.02	\$389.95
85+	\$210.65	\$321.47	\$274.72	\$247.50	\$92.40	\$212.85	\$210.10	\$245.85	\$388.02	\$389.95

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .									
65	\$218.62	\$333.30	\$384.84	\$326.00	\$95.70	\$220.68	\$245.84	\$277.43	\$402.60	\$404.65
66	\$236.77	\$361.75	\$396.52	\$335.77	\$103.95	\$239.65	\$266.29	\$285.79	\$436.42	\$438.90
67	\$236.77	\$361.75	\$410.80	\$347.98	\$103.95	\$239.65	\$266.29	\$296.24	\$436.42	\$438.90
68	\$236.77	\$361.75	\$425.08	\$360.19	\$103.95	\$239.65	\$266.29	\$306.18	\$436.42	\$438.90
69	\$236.77	\$361.75	\$439.36	\$372.40	\$103.95	\$239.65	\$266.29	\$316.63	\$436.42	\$438.90
70	\$263.17	\$401.77	\$453.63	\$383.99	\$115.50	\$266.05	\$296.03	\$327.08	\$485.10	\$487.57
71	\$263.17	\$401.77	\$467.91	\$396.20	\$115.50	\$266.05	\$296.03	\$337.00	\$485.10	\$487.57
72	\$263.17	\$401.77	\$479.59	\$406.59	\$115.50	\$266.05	\$296.03	\$345.89	\$485.10	\$487.57
73	\$263.17	\$401.77	\$493.87	\$418.18	\$115.50	\$266.05	\$296.03	\$355.81	\$485.10	\$487.57
74	\$263.17	\$401.77	\$506.22	\$428.57	\$115.50	\$266.05	\$296.03	\$364.70	\$485.10	\$487.57
75-79	\$289.57	\$441.78	\$539.30	\$456.65	\$127.05	\$292.87	\$325.78	\$388.20	\$533.77	\$536.25
80-84	\$315.97	\$482.20	\$593.82	\$503.05	\$138.60	\$319.27	\$355.06	\$427.91	\$582.03	\$584.92
85+	\$315.97	\$482.20	\$648.33	\$549.45	\$138.60	\$319.27	\$355.06	\$467.11	\$582.03	\$584.92

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Georgia
 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 follows their 65th birthday.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Standard Rates ² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application ³ .									
65	\$149.25	\$227.75	\$167.00	\$150.50	\$65.50	\$150.75	\$149.00	\$149.50	\$275.25	\$276.50
66	\$161.75	\$247.00	\$172.25	\$155.00	\$71.00	\$163.50	\$161.50	\$154.00	\$298.25	\$300.00
67	\$161.75	\$247.00	\$178.50	\$160.75	\$71.00	\$163.50	\$161.50	\$159.50	\$298.25	\$300.00
68	\$161.75	\$247.00	\$184.50	\$166.25	\$71.00	\$163.50	\$161.50	\$165.25	\$298.25	\$300.00
69	\$161.75	\$247.00	\$190.75	\$171.75	\$71.00	\$163.50	\$161.50	\$170.75	\$298.25	\$300.00
70	\$179.75	\$274.50	\$197.00	\$177.50	\$79.00	\$181.75	\$179.50	\$176.25	\$331.50	\$333.25
71	\$179.75	\$274.50	\$203.25	\$183.00	\$79.00	\$181.75	\$179.50	\$181.75	\$331.50	\$333.25
72	\$179.75	\$274.50	\$208.25	\$187.50	\$79.00	\$181.75	\$179.50	\$186.25	\$331.50	\$333.25
73	\$179.75	\$274.50	\$214.50	\$193.25	\$79.00	\$181.75	\$179.50	\$192.00	\$331.50	\$333.25
74	\$179.75	\$274.50	\$219.75	\$197.75	\$79.00	\$181.75	\$179.50	\$196.50	\$331.50	\$333.25
75-79	\$197.75	\$302.00	\$234.00	\$210.75	\$87.00	\$200.00	\$197.50	\$209.50	\$364.75	\$366.50
80-84	\$215.75	\$329.50	\$257.75	\$232.25	\$94.75	\$218.00	\$215.50	\$230.75	\$397.75	\$400.00
85+	\$215.75	\$329.50	\$281.50	\$253.50	\$94.75	\$218.00	\$215.50	\$251.75	\$397.75	\$400.00

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Georgia
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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$223.87	\$341.62	\$394.12	\$334.11	\$98.25	\$226.12	\$251.81	\$284.05	\$412.87	\$414.75
66	\$242.62	\$370.50	\$406.51	\$344.10	\$106.50	\$245.25	\$272.93	\$292.60	\$447.37	\$450.00
67	\$242.62	\$370.50	\$421.26	\$356.86	\$106.50	\$245.25	\$272.93	\$303.05	\$447.37	\$450.00
68	\$242.62	\$370.50	\$435.42	\$369.07	\$106.50	\$245.25	\$272.93	\$313.97	\$447.37	\$450.00
69	\$242.62	\$370.50	\$450.17	\$381.28	\$106.50	\$245.25	\$272.93	\$324.42	\$447.37	\$450.00
70	\$269.62	\$411.75	\$464.92	\$394.05	\$118.50	\$272.62	\$303.35	\$334.87	\$497.25	\$499.87
71	\$269.62	\$411.75	\$479.67	\$406.26	\$118.50	\$272.62	\$303.35	\$345.32	\$497.25	\$499.87
72	\$269.62	\$411.75	\$491.47	\$416.25	\$118.50	\$272.62	\$303.35	\$353.87	\$497.25	\$499.87
73	\$269.62	\$411.75	\$506.22	\$429.01	\$118.50	\$272.62	\$303.35	\$364.80	\$497.25	\$499.87
74	\$269.62	\$411.75	\$518.61	\$439.00	\$118.50	\$272.62	\$303.35	\$373.35	\$497.25	\$499.87
75-79	\$296.62	\$453.00	\$552.24	\$467.86	\$130.50	\$300.00	\$333.77	\$398.05	\$547.12	\$549.75
80-84	\$323.62	\$494.25	\$608.29	\$515.59	\$142.12	\$327.00	\$364.19	\$438.42	\$596.62	\$600.00
85+	\$323.62	\$494.25	\$664.34	\$562.77	\$142.12	\$327.00	\$364.19	\$478.32	\$596.62	\$600.00

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates Male Tobacco Monthly Plan Rates for Georgia

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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Standard Rates² for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application³.										
65	\$164.17	\$250.52	\$183.70	\$165.55	\$72.05	\$165.82	\$163.90	\$164.45	\$302.77	\$304.15
66	\$177.92	\$271.70	\$189.47	\$170.50	\$78.10	\$179.85	\$177.65	\$169.40	\$328.07	\$330.00
67	\$177.92	\$271.70	\$196.35	\$176.82	\$78.10	\$179.85	\$177.65	\$175.45	\$328.07	\$330.00
68	\$177.92	\$271.70	\$202.95	\$182.87	\$78.10	\$179.85	\$177.65	\$181.77	\$328.07	\$330.00
69	\$177.92	\$271.70	\$209.82	\$188.92	\$78.10	\$179.85	\$177.65	\$187.82	\$328.07	\$330.00
70	\$197.72	\$301.95	\$216.70	\$195.25	\$86.90	\$199.92	\$197.45	\$193.87	\$364.65	\$366.57
71	\$197.72	\$301.95	\$223.57	\$201.30	\$86.90	\$199.92	\$197.45	\$199.92	\$364.65	\$366.57
72	\$197.72	\$301.95	\$229.07	\$206.25	\$86.90	\$199.92	\$197.45	\$204.87	\$364.65	\$366.57
73	\$197.72	\$301.95	\$235.95	\$212.57	\$86.90	\$199.92	\$197.45	\$211.20	\$364.65	\$366.57
74	\$197.72	\$301.95	\$241.72	\$217.52	\$86.90	\$199.92	\$197.45	\$216.15	\$364.65	\$366.57
75-79	\$217.52	\$332.20	\$257.40	\$231.82	\$95.70	\$220.00	\$217.25	\$230.45	\$401.22	\$403.15
80-84	\$237.32	\$362.45	\$283.52	\$255.47	\$104.22	\$239.80	\$237.05	\$253.82	\$437.52	\$440.00
85+	\$237.32	\$362.45	\$309.65	\$278.85	\$104.22	\$239.80	\$237.05	\$276.92	\$437.52	\$440.00

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

Cover Page - Rates Male Tobacco Monthly Plan Rates for Georgia

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 follows their 65th birthday.								
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
Level 2 Rates ² for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application ³ .										
65	\$246.25	\$375.78	\$433.53	\$367.52	\$108.07	\$248.73	\$276.99	\$312.45	\$454.15	\$456.22
66	\$266.88	\$407.55	\$447.14	\$378.51	\$117.15	\$269.77	\$300.22	\$321.86	\$492.10	\$495.00
67	\$266.88	\$407.55	\$463.38	\$392.54	\$117.15	\$269.77	\$300.22	\$333.35	\$492.10	\$495.00
68	\$266.88	\$407.55	\$478.96	\$405.97	\$117.15	\$269.77	\$300.22	\$345.36	\$492.10	\$495.00
69	\$266.88	\$407.55	\$495.17	\$419.40	\$117.15	\$269.77	\$300.22	\$356.85	\$492.10	\$495.00
70	\$296.58	\$452.92	\$511.41	\$433.45	\$130.35	\$299.88	\$333.69	\$368.35	\$546.97	\$549.85
71	\$296.58	\$452.92	\$527.62	\$446.88	\$130.35	\$299.88	\$333.69	\$379.84	\$546.97	\$549.85
72	\$296.58	\$452.92	\$540.60	\$457.87	\$130.35	\$299.88	\$333.69	\$389.25	\$546.97	\$549.85
73	\$296.58	\$452.92	\$556.84	\$471.90	\$130.35	\$299.88	\$333.69	\$401.28	\$546.97	\$549.85
74	\$296.58	\$452.92	\$570.45	\$482.89	\$130.35	\$299.88	\$333.69	\$410.68	\$546.97	\$549.85
75-79	\$326.28	\$498.30	\$607.46	\$514.64	\$143.55	\$330.00	\$367.15	\$437.85	\$601.83	\$604.72
80-84	\$355.98	\$543.67	\$669.10	\$567.14	\$156.33	\$359.70	\$400.61	\$482.25	\$656.28	\$660.00
85+	\$355.98	\$543.67	\$730.77	\$619.04	\$156.33	\$359.70	\$400.61	\$526.14	\$656.28	\$660.00

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

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

Plans Available to All Applicants									Medicare first eligible before 2020 only ⁴	
Group 2	Applies to individuals age 50-64 who are eligible for Medicare.									
Age ¹	Plan A	Plan B	Plan G	Select G ⁵	Plan K	Plan L	Plan N	Select N ⁵	Plan C ⁴	Plan F ⁴
	Female Non-Tobacco Rates									
50-64	\$1,339.75	\$1,485.25	\$1,464.00	\$1,449.75	\$781.25	\$1,282.00	\$1,208.75	\$1,441.00	\$1,578.75	\$1,581.00
	Female Tobacco Rates									
50-64	\$1,473.72	\$1,633.77	\$1,610.40	\$1,594.72	\$859.37	\$1,410.20	\$1,329.62	\$1,585.10	\$1,736.62	\$1,739.10
	Male Non-Tobacco Rates									
50-64	\$1,510.00	\$1,674.50	\$1,650.00	\$1,634.50	\$881.75	\$1,445.00	\$1,362.50	\$1,623.50	\$1,780.25	\$1,783.00
	Male Tobacco Rates									
50-64	\$1,661.00	\$1,841.95	\$1,815.00	\$1,797.95	\$969.92	\$1,589.50	\$1,498.75	\$1,785.85	\$1,958.27	\$1,961.30

The rates above are for plan effective dates from June 2024 - May 2025 and may change.

1 Your age as of your plan effective date.

2 Your rate will always be based on your age on your effective date.

3 Refer to the application.

4 **IMPORTANT:** Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

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

Georgia Area 3 ZIP Codes

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

30011	30608	30811	31313	31812
30413	30609	30812	31314	31814
30426	30612	30813	31315	31815
30434	30619	30814	31316	31820
30441	30620	30815	31319	31821
30456	30621	30816	31320	31822
30477	30622	30817	31321	31823
30501	30624	30818	31322	31824
30502	30627	30819	31323	31825
30503	30628	30820	31324	31826
30504	30629	30821	31327	31827
30506	30630	30823	31328	31829
30507	30631	30824	31331	31831
30511	30633	30828	31333	31832
30516	30634	30830	31401	31836
30517	30635	30833	31402	31901
30520	30638	30901	31403	31902
30521	30639	30903	31404	31903
30527	30643	30904	31405	31904
30529	30645	30905	31406	31905
30530	30646	30906	31407	31906
30542	30647	30907	31408	31907
30543	30648	30909	31409	31908
30547	30660	30912	31410	31909
30548	30662	30914	31411	31914
30549	30664	30916	31412	31917
30553	30666	30917	31414	31993
30554	30667	30919	31415	31995
30558	30668	30999	31416	31997
30564	30671	31006	31418	31998
30565	30673	31039	31419	31999
30566	30677	31045	31420	
30567	30680	31058	31421	
30575	30683	31076	31801	
30599	30802	31081	31803	
30601	30803	31301	31804	
30602	30805	31302	31805	
30603	30806	31304	31806	
30604	30807	31305	31807	
30605	30808	31308	31808	
30606	30809	31309	31810	
30607	30810	31310	31811	