

# Monthly Plan Rates for Kansas - Area 1 Female Non-Tobacco and Tobacco

**AARP® Medicare Supplement Insurance Plans**  
insured by UnitedHealthcare Insurance Company of America

**Additional Discounts\* (not reflected in the rates below) for which you may qualify:**

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

**Note:** The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

**\*Also, see the “Rules and Disclosures about this insurance”**

<b>Group 1</b>		Applies to individuals age 65 and older.						
<b>Standard Rates for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application<sup>2</sup>.</b>								
	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>
65	\$192.20	\$197.20	\$135.98	\$293.27	\$221.02	\$226.78	\$156.37	\$337.26
66	\$192.20	\$197.20	\$135.98	\$293.27	\$221.02	\$226.78	\$156.37	\$337.26
67	\$192.20	\$197.20	\$135.98	\$293.27	\$221.02	\$226.78	\$156.37	\$337.26
68	\$199.19	\$204.37	\$140.92	\$303.94	\$229.06	\$235.02	\$162.06	\$349.52
69	\$206.18	\$211.54	\$145.87	\$314.60	\$237.10	\$243.27	\$167.74	\$361.79
70	\$213.17	\$218.71	\$150.81	\$325.27	\$245.14	\$251.52	\$173.43	\$374.05
71	\$220.15	\$225.88	\$155.76	\$335.93	\$253.17	\$259.76	\$179.12	\$386.32
72	\$227.14	\$233.05	\$160.70	\$346.59	\$261.21	\$268.01	\$184.80	\$398.58
73	\$234.13	\$240.22	\$165.65	\$357.26	\$269.25	\$276.26	\$190.49	\$410.85
74	\$241.12	\$247.39	\$170.59	\$367.92	\$277.29	\$284.50	\$196.18	\$423.11
75	\$248.11	\$254.57	\$175.54	\$378.59	\$285.32	\$292.75	\$201.86	\$435.37
76	\$255.10	\$261.74	\$180.48	\$389.25	\$293.36	\$301.00	\$207.55	\$447.64
77	\$262.09	\$268.91	\$185.43	\$399.92	\$301.40	\$309.24	\$213.24	\$459.90
78	\$269.08	\$276.08	\$190.37	\$410.58	\$309.43	\$317.49	\$218.92	\$472.17
79	\$276.07	\$283.25	\$195.31	\$421.25	\$317.47	\$325.74	\$224.61	\$484.43
80	\$286.55	\$294.01	\$202.73	\$437.24	\$329.53	\$338.11	\$233.14	\$502.83
81	\$297.04	\$304.76	\$210.15	\$453.24	\$341.58	\$350.48	\$241.67	\$521.22
82	\$307.52	\$315.52	\$217.57	\$469.24	\$353.64	\$362.85	\$250.20	\$539.62
83	\$318.00	\$326.28	\$224.98	\$485.23	\$365.70	\$375.22	\$258.73	\$558.02
84	\$328.49	\$337.03	\$232.40	\$501.23	\$377.75	\$387.59	\$267.26	\$576.41
85	\$338.97	\$347.79	\$239.82	\$517.23	\$389.81	\$399.96	\$275.79	\$594.81
86+	\$349.46	\$358.55	\$247.24	\$533.23	\$401.87	\$412.33	\$284.32	\$613.21
<b>Level 2 Rates for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application<sup>2</sup>.</b>								
65+	\$499.72	\$634.63	\$610.68	\$671.86	\$574.67	\$729.82	\$702.27	\$772.64

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

**Monthly Plan Rates for Kansas - Area 1**  
**Male Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

**Additional Discounts\* (not reflected in the rates below) for which you may qualify:**

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

**Note:** The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

**\*Also, see the “Rules and Disclosures about this insurance”**

<b>Group 1</b>		Applies to individuals age 65 and older.						
<b>Standard Rates for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application<sup>2</sup>.</b>								
	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>
65	\$216.73	\$222.37	\$153.34	\$330.71	\$249.24	\$255.72	\$176.34	\$380.31
66	\$216.73	\$222.37	\$153.34	\$330.71	\$249.24	\$255.72	\$176.34	\$380.31
67	\$216.73	\$222.37	\$153.34	\$330.71	\$249.24	\$255.72	\$176.34	\$380.31
68	\$224.61	\$230.46	\$158.91	\$342.74	\$258.31	\$265.02	\$182.75	\$394.14
69	\$232.50	\$238.54	\$164.49	\$354.76	\$267.37	\$274.32	\$189.16	\$407.97
70	\$240.38	\$246.63	\$170.06	\$366.79	\$276.43	\$283.62	\$195.57	\$421.80
71	\$248.26	\$254.72	\$175.64	\$378.81	\$285.50	\$292.92	\$201.99	\$435.63
72	\$256.14	\$262.80	\$181.22	\$390.84	\$294.56	\$302.22	\$208.40	\$449.46
73	\$264.02	\$270.89	\$186.79	\$402.87	\$303.63	\$311.52	\$214.81	\$463.29
74	\$271.90	\$278.98	\$192.37	\$414.89	\$312.69	\$320.82	\$221.22	\$477.12
75	\$279.78	\$287.06	\$197.94	\$426.92	\$321.75	\$330.12	\$227.64	\$490.95
76	\$287.67	\$295.15	\$203.52	\$438.94	\$330.82	\$339.42	\$234.05	\$504.78
77	\$295.55	\$303.24	\$209.10	\$450.97	\$339.88	\$348.72	\$240.46	\$518.61
78	\$303.43	\$311.32	\$214.67	\$463.00	\$348.94	\$358.01	\$246.87	\$532.44
79	\$311.31	\$319.41	\$220.25	\$475.02	\$358.01	\$367.31	\$253.28	\$546.27
80	\$323.13	\$331.54	\$228.61	\$493.06	\$371.60	\$381.26	\$262.90	\$567.02
81	\$334.95	\$343.67	\$236.98	\$511.10	\$385.20	\$395.21	\$272.52	\$587.76
82	\$346.78	\$355.80	\$245.34	\$529.14	\$398.79	\$409.16	\$282.14	\$608.51
83	\$358.60	\$367.93	\$253.70	\$547.18	\$412.39	\$423.11	\$291.76	\$629.25
84	\$370.42	\$380.06	\$262.07	\$565.22	\$425.98	\$437.06	\$301.38	\$650.00
85	\$382.24	\$392.19	\$270.43	\$583.26	\$439.58	\$451.01	\$311.00	\$670.74
86+	\$394.07	\$404.32	\$278.80	\$601.30	\$453.18	\$464.96	\$320.62	\$691.49
<b>Level 2 Rates for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application<sup>2</sup>.</b>								
65+	\$563.52	\$715.64	\$688.63	\$757.63	\$648.04	\$822.97	\$791.93	\$871.27

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

# Under 65 Monthly Plan Rates for Kansas - Area 1 Non-Tobacco and Tobacco

AARP® Medicare Supplement Insurance Plans  
insured by UnitedHealthcare Insurance Company of America

<b>Group 2</b>	Applies to individuals under age 65 who are eligible for Medicare by reason of Disability or End-Stage Renal Disease.								
<b>Female</b>									
<b>Standard Rates for individuals whose acceptance is guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$192.20	\$197.20	\$135.98	\$293.27		\$221.02	\$226.78	\$156.37	\$337.26
<b>Level 2 Rates for individuals whose acceptance is not guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$499.72	\$634.63	\$610.68	\$671.86		\$574.67	\$729.82	\$702.27	\$772.64

<b>Group 2</b>	Applies to individuals under age 65 who are eligible for Medicare by reason of Disability or End-Stage Renal Disease.								
<b>Male</b>									
<b>Standard Rates for individuals whose acceptance is guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$216.73	\$222.37	\$153.34	\$330.71		\$249.24	\$255.72	\$176.34	\$380.31
<b>Level 2 Rates for individuals whose acceptance is not guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$563.52	\$715.64	\$688.63	\$757.63		\$648.04	\$822.97	\$791.93	\$871.27

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

1 Your rate is based on your age on your plan effective date and, in some cases, your answers to health questions on the application.

**All rates are subject to an annual change for all AARP Medicare Supplement Insurance Plan holders, based on changes in health care costs and the claims experience of the plan.** Additionally, the following applies:

- For Ages 50 to 64:

- If you enroll during your Open Enrollment or Guaranteed Acceptance period, you are eligible for the **Standard Rate** for ages 50-64. This rate will not increase between ages 50-64 just because you get older.

- If you did not enroll during your Open Enrollment or Guaranteed Acceptance period, you will receive the **Level 2 Rate** until you reach age 65.

- When you continue your enrollment beyond age 65, **Standard Rates** will then apply. This rate will change each year until you reach age 86. Once you reach age 86, your rate will become level, and never change just because you get older.

- For Ages 65 and over:

- If you enroll during your Open Enrollment or Guaranteed Acceptance period, or if you do not have one or more of the medical conditions on the application, you are eligible for the **Standard Rate**. This rate will change each year until you reach age 86. Once you reach age 86, your rate will become level, and never change just because you get older.

- If you have one or more of the medical conditions on the application, and you did not enroll during your Open Enrollment or Guaranteed Acceptance period, you will receive the **Level 2 Rate**. This rate will never increase just because you get older. The Level 2 Rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

2 Refer to the application.

3 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

## Kansas Area 1 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included  
on the Page Headed "Cover Page – Rates"

664	665	667	668
669	673	674	675
676	677	678	679

# Monthly Plan Rates for Kansas - Area 2 Female Non-Tobacco and Tobacco

**AARP® Medicare Supplement Insurance Plans**  
insured by UnitedHealthcare Insurance Company of America

**Additional Discounts\* (not reflected in the rates below) for which you may qualify:**

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

**Note:** The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

**\*Also, see the “Rules and Disclosures about this insurance”**

<b>Group 1</b>		Applies to individuals age 65 and older.							
<b>Standard Rates for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application<sup>2</sup>.</b>									
	Non-Tobacco Rate				Tobacco Rate				
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>	
65	\$152.60	\$156.57	\$107.97	\$232.85	\$175.49	\$180.05	\$124.16	\$267.78	
66	\$152.60	\$156.57	\$107.97	\$232.85	\$175.49	\$180.05	\$124.16	\$267.78	
67	\$152.60	\$156.57	\$107.97	\$232.85	\$175.49	\$180.05	\$124.16	\$267.78	
68	\$158.15	\$162.26	\$111.89	\$241.32	\$181.88	\$186.60	\$128.67	\$277.52	
69	\$163.70	\$167.96	\$115.82	\$249.79	\$188.26	\$193.15	\$133.19	\$287.25	
70	\$169.25	\$173.65	\$119.74	\$258.26	\$194.64	\$199.70	\$137.70	\$296.99	
71	\$174.80	\$179.34	\$123.67	\$266.72	\$201.02	\$206.24	\$142.22	\$306.73	
72	\$180.35	\$185.04	\$127.60	\$275.19	\$207.40	\$212.79	\$146.73	\$316.47	
73	\$185.90	\$190.73	\$131.52	\$283.66	\$213.79	\$219.34	\$151.25	\$326.20	
74	\$191.45	\$196.42	\$135.45	\$292.13	\$220.17	\$225.89	\$155.76	\$335.94	
75	\$197.00	\$202.12	\$139.38	\$300.59	\$226.55	\$232.43	\$160.28	\$345.68	
76	\$202.55	\$207.81	\$143.30	\$309.06	\$232.93	\$238.98	\$164.79	\$355.42	
77	\$208.10	\$213.51	\$147.23	\$317.53	\$239.31	\$245.53	\$169.31	\$365.16	
78	\$213.65	\$219.20	\$151.15	\$326.00	\$245.69	\$252.08	\$173.82	\$374.89	
79	\$219.20	\$224.89	\$155.08	\$334.47	\$252.08	\$258.63	\$178.34	\$384.63	
80	\$227.52	\$233.43	\$160.97	\$347.17	\$261.65	\$268.45	\$185.11	\$399.24	
81	\$235.84	\$241.97	\$166.86	\$359.87	\$271.22	\$278.27	\$191.88	\$413.84	
82	\$244.17	\$250.51	\$172.75	\$372.57	\$280.79	\$288.09	\$198.66	\$428.45	
83	\$252.49	\$259.05	\$178.64	\$385.27	\$290.37	\$297.91	\$205.43	\$443.06	
84	\$260.82	\$267.59	\$184.53	\$397.97	\$299.94	\$307.73	\$212.20	\$457.66	
85	\$269.14	\$276.13	\$190.42	\$410.67	\$309.51	\$317.55	\$218.97	\$472.27	
86+	\$277.47	\$284.68	\$196.31	\$423.38	\$319.09	\$327.38	\$225.75	\$486.88	
<b>Level 2 Rates for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application<sup>2</sup>.</b>									
65+	\$396.78	\$503.88	\$484.88	\$533.45	\$456.29	\$579.46	\$557.60	\$613.46	

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

**Monthly Plan Rates for Kansas - Area 2**  
**Male Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

**Additional Discounts\* (not reflected in the rates below) for which you may qualify:**

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

**Note:** The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

**\*Also, see the “Rules and Disclosures about this insurance”**

<b>Group 1</b>		Applies to individuals age 65 and older.						
Standard Rates for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application <sup>2</sup> .								
	Non-Tobacco Rate				Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>
65	\$172.08	\$176.56	\$121.75	\$262.58	\$197.90	\$203.04	\$140.01	\$301.97
66	\$172.08	\$176.56	\$121.75	\$262.58	\$197.90	\$203.04	\$140.01	\$301.97
67	\$172.08	\$176.56	\$121.75	\$262.58	\$197.90	\$203.04	\$140.01	\$301.97
68	\$178.34	\$182.98	\$126.18	\$272.13	\$205.09	\$210.43	\$145.10	\$312.95
69	\$184.60	\$189.40	\$130.60	\$281.68	\$212.29	\$217.81	\$150.19	\$323.93
70	\$190.86	\$195.82	\$135.03	\$291.23	\$219.49	\$225.19	\$155.28	\$334.91
71	\$197.12	\$202.24	\$139.46	\$300.78	\$226.68	\$232.58	\$160.37	\$345.89
72	\$203.37	\$208.66	\$143.89	\$310.32	\$233.88	\$239.96	\$165.47	\$356.87
73	\$209.63	\$215.09	\$148.31	\$319.87	\$241.07	\$247.35	\$170.56	\$367.85
74	\$215.89	\$221.51	\$152.74	\$329.42	\$248.27	\$254.73	\$175.65	\$378.83
75	\$222.15	\$227.93	\$157.17	\$338.97	\$255.47	\$262.11	\$180.74	\$389.81
76	\$228.40	\$234.35	\$161.60	\$348.52	\$262.66	\$269.50	\$185.83	\$400.79
77	\$234.66	\$240.77	\$166.02	\$358.07	\$269.86	\$276.88	\$190.92	\$411.78
78	\$240.92	\$247.19	\$170.45	\$367.62	\$277.06	\$284.26	\$196.01	\$422.76
79	\$247.18	\$253.61	\$174.88	\$377.16	\$284.25	\$291.65	\$201.11	\$433.74
80	\$256.56	\$263.24	\$181.52	\$391.49	\$295.05	\$302.72	\$208.74	\$450.21
81	\$265.95	\$272.87	\$188.16	\$405.81	\$305.84	\$313.80	\$216.38	\$466.68
82	\$275.34	\$282.50	\$194.80	\$420.13	\$316.64	\$324.87	\$224.02	\$483.15
83	\$284.72	\$292.13	\$201.44	\$434.46	\$327.43	\$335.95	\$231.65	\$499.62
84	\$294.11	\$301.76	\$208.08	\$448.78	\$338.23	\$347.02	\$239.29	\$516.09
85	\$303.50	\$311.39	\$214.72	\$463.10	\$349.02	\$358.10	\$246.93	\$532.56
86+	\$312.89	\$321.03	\$221.37	\$477.43	\$359.82	\$369.18	\$254.57	\$549.04
Level 2 Rates for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application <sup>2</sup> .								
65+	\$447.43	\$568.22	\$546.78	\$601.56	\$514.54	\$653.44	\$628.78	\$691.79

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

# Under 65 Monthly Plan Rates for Kansas - Area 2 Non-Tobacco and Tobacco

AARP® Medicare Supplement Insurance Plans  
insured by UnitedHealthcare Insurance Company of America

<b>Group 2</b>	Applies to individuals under age 65 who are eligible for Medicare by reason of Disability or End-Stage Renal Disease.								
<b>Female</b>									
<b>Standard Rates for individuals whose acceptance is guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$152.60	\$156.57	\$107.97	\$232.85		\$175.49	\$180.05	\$124.16	\$267.78
<b>Level 2 Rates for individuals whose acceptance is not guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$396.78	\$503.88	\$484.88	\$533.45		\$456.29	\$579.46	\$557.60	\$613.46

<b>Group 2</b>	Applies to individuals under age 65 who are eligible for Medicare by reason of Disability or End-Stage Renal Disease.								
<b>Male</b>									
<b>Standard Rates for individuals whose acceptance is guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$172.08	\$176.56	\$121.75	\$262.58		\$197.90	\$203.04	\$140.01	\$301.97
<b>Level 2 Rates for individuals whose acceptance is not guaranteed.</b>									
	<b>Non-Tobacco Rate</b>					<b>Tobacco Rate</b>			
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>		<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>
<b>50-64</b>	\$447.43	\$568.22	\$546.78	\$601.56		\$514.54	\$653.44	\$628.78	\$691.79

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



1 Your rate is based on your age on your plan effective date and, in some cases, your answers to health questions on the application.

**All rates are subject to an annual change for all AARP Medicare Supplement Insurance Plan holders, based on changes in health care costs and the claims experience of the plan.** Additionally, the following applies:

- For Ages 50 to 64:

- If you enroll during your Open Enrollment or Guaranteed Acceptance period, you are eligible for the **Standard Rate** for ages 50-64. This rate will not increase between ages 50-64 just because you get older.

- If you did not enroll during your Open Enrollment or Guaranteed Acceptance period, you will receive the **Level 2 Rate** until you reach age 65.

- When you continue your enrollment beyond age 65, **Standard Rates** will then apply. This rate will change each year until you reach age 86. Once you reach age 86, your rate will become level, and never change just because you get older.

- For Ages 65 and over:

- If you enroll during your Open Enrollment or Guaranteed Acceptance period, or if you do not have one or more of the medical conditions on the application, you are eligible for the **Standard Rate**. This rate will change each year until you reach age 86. Once you reach age 86, your rate will become level, and never change just because you get older.

- If you have one or more of the medical conditions on the application, and you did not enroll during your Open Enrollment or Guaranteed Acceptance period, you will receive the **Level 2 Rate**. This rate will never increase just because you get older. The Level 2 Rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

2 Refer to the application.

3 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

## Kansas Area 2 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included  
on the Page Headed "Cover Page – Rates"

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# Monthly Plan Rates for Kansas - Area 3 Female Non-Tobacco and Tobacco

**AARP® Medicare Supplement Insurance Plans**  
insured by UnitedHealthcare Insurance Company of America

**Additional Discounts\* (not reflected in the rates below) for which you may qualify:**

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
  - **Household** – 10% off the rate below if you live with another (no more than three) AARP member.
- Note:** The Multi-Insured Discount and the Household Discount cannot be combined.
- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

**\*Also, see the “Rules and Disclosures about this insurance”**

<b>Group 1</b>		Applies to individuals age 65 and older.							
<b>Standard Rates for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application<sup>2</sup>.</b>									
	<b>Non-Tobacco Rate</b>				<b>Tobacco Rate</b>				
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>	<b>Plan F<sup>3</sup></b>
65	\$149.30	\$153.19	\$105.63	\$227.82	\$171.70	\$176.16	\$121.47	\$261.99	\$261.99
66	\$149.30	\$153.19	\$105.63	\$227.82	\$171.70	\$176.16	\$121.47	\$261.99	\$261.99
67	\$149.30	\$153.19	\$105.63	\$227.82	\$171.70	\$176.16	\$121.47	\$261.99	\$261.99
68	\$154.73	\$158.76	\$109.47	\$236.10	\$177.94	\$182.57	\$125.89	\$271.51	\$271.51
69	\$160.16	\$164.33	\$113.31	\$244.38	\$184.19	\$188.97	\$130.30	\$281.04	\$281.04
70	\$165.59	\$169.90	\$117.15	\$252.67	\$190.43	\$195.38	\$134.72	\$290.57	\$290.57
71	\$171.02	\$175.47	\$120.99	\$260.95	\$196.67	\$201.78	\$139.14	\$300.10	\$300.10
72	\$176.45	\$181.04	\$124.83	\$269.24	\$202.92	\$208.19	\$143.55	\$309.62	\$309.62
73	\$181.88	\$186.61	\$128.68	\$277.52	\$209.16	\$214.60	\$147.97	\$319.15	\$319.15
74	\$187.31	\$192.18	\$132.52	\$285.81	\$215.41	\$221.00	\$152.39	\$328.68	\$328.68
75	\$192.74	\$197.75	\$136.36	\$294.09	\$221.65	\$227.41	\$156.81	\$338.20	\$338.20
76	\$198.17	\$203.32	\$140.20	\$302.38	\$227.89	\$233.81	\$161.22	\$347.73	\$347.73
77	\$203.60	\$208.89	\$144.04	\$310.66	\$234.14	\$240.22	\$165.64	\$357.26	\$357.26
78	\$209.03	\$214.46	\$147.88	\$318.94	\$240.38	\$246.63	\$170.06	\$366.78	\$366.78
79	\$214.46	\$220.03	\$151.72	\$327.23	\$246.63	\$253.03	\$174.47	\$376.31	\$376.31
80	\$222.60	\$228.39	\$157.48	\$339.66	\$255.99	\$262.64	\$181.10	\$390.60	\$390.60
81	\$230.74	\$236.75	\$163.25	\$352.08	\$265.36	\$272.25	\$187.73	\$404.89	\$404.89
82	\$238.89	\$245.10	\$169.01	\$364.51	\$274.72	\$281.86	\$194.35	\$419.18	\$419.18
83	\$247.03	\$253.46	\$174.77	\$376.94	\$284.09	\$291.47	\$200.98	\$433.47	\$433.47
84	\$255.18	\$261.81	\$180.53	\$389.36	\$293.45	\$301.08	\$207.60	\$447.76	\$447.76
85	\$263.32	\$270.17	\$186.29	\$401.79	\$302.82	\$310.69	\$214.23	\$462.05	\$462.05
86+	\$271.47	\$278.53	\$192.06	\$414.22	\$312.19	\$320.30	\$220.86	\$476.35	\$476.35
<b>Level 2 Rates for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application<sup>2</sup>.</b>									
<b>65+</b>	\$388.20	\$492.99	\$474.38	\$521.91	\$446.43	\$566.93	\$545.52	\$600.20	\$600.20

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

**Monthly Plan Rates for Kansas - Area 3**  
**Male Non-Tobacco and Tobacco**  
**AARP® Medicare Supplement Insurance Plans**  
**insured by UnitedHealthcare Insurance Company of America**

**Additional Discounts\* (not reflected in the rates below) for which you may qualify:**

- **Multi-Insured** – 15% off the rate below if two or more AARP members are insured under an eligible AARP-branded supplemental insurance policy under the same AARP membership number and share a household address.
- **Household** – 10% off the rate below if you live with another (no more than three) AARP member.

**Note:** The Multi-Insured Discount and the Household Discount cannot be combined.

- **Electronic Funds Transfer (EFT)** – \$4 per month off the rate below when you pay with EFT.

**\*Also, see the “Rules and Disclosures about this insurance”**

<b>Group 1</b>		Applies to individuals age 65 and older.							
<b>Standard Rates for individuals whose acceptance is guaranteed <u>or</u> who do not have any of the medical conditions on the application<sup>2</sup>.</b>									
	<b>Non-Tobacco Rate</b>				<b>Tobacco Rate</b>				
<b>Age<sup>1</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>	<b>Plan A</b>	<b>Plan G</b>	<b>Plan N</b>	<b>Plan F<sup>3</sup></b>	<b>Plan F<sup>3</sup></b>
65	\$168.36	\$172.74	\$119.11	\$256.90	\$193.61	\$198.65	\$136.98	\$295.43	\$295.43
66	\$168.36	\$172.74	\$119.11	\$256.90	\$193.61	\$198.65	\$136.98	\$295.43	\$295.43
67	\$168.36	\$172.74	\$119.11	\$256.90	\$193.61	\$198.65	\$136.98	\$295.43	\$295.43
68	\$174.48	\$179.02	\$123.45	\$266.24	\$200.65	\$205.87	\$141.96	\$306.18	\$306.18
69	\$180.61	\$185.30	\$127.78	\$275.58	\$207.69	\$213.10	\$146.94	\$316.92	\$316.92
70	\$186.73	\$191.58	\$132.11	\$284.93	\$214.73	\$220.32	\$151.92	\$327.66	\$327.66
71	\$192.85	\$197.87	\$136.44	\$294.27	\$221.77	\$227.54	\$156.90	\$338.41	\$338.41
72	\$198.97	\$204.15	\$140.77	\$303.61	\$228.81	\$234.77	\$161.88	\$349.15	\$349.15
73	\$205.10	\$210.43	\$145.10	\$312.95	\$235.86	\$241.99	\$166.87	\$359.89	\$359.89
74	\$211.22	\$216.71	\$149.44	\$322.29	\$242.90	\$249.22	\$171.85	\$370.64	\$370.64
75	\$217.34	\$222.99	\$153.77	\$331.64	\$249.94	\$256.44	\$176.83	\$381.38	\$381.38
76	\$223.46	\$229.27	\$158.10	\$340.98	\$256.98	\$263.66	\$181.81	\$392.12	\$392.12
77	\$229.59	\$235.56	\$162.43	\$350.32	\$264.02	\$270.89	\$186.79	\$402.87	\$402.87
78	\$235.71	\$241.84	\$166.76	\$359.66	\$271.06	\$278.11	\$191.77	\$413.61	\$413.61
79	\$241.83	\$248.12	\$171.09	\$369.00	\$278.10	\$285.34	\$196.75	\$424.35	\$424.35
80	\$251.01	\$257.54	\$177.59	\$383.02	\$288.66	\$296.17	\$204.22	\$440.47	\$440.47
81	\$260.20	\$266.96	\$184.09	\$397.03	\$299.22	\$307.01	\$211.70	\$456.58	\$456.58
82	\$269.38	\$276.39	\$190.59	\$411.04	\$309.78	\$317.84	\$219.17	\$472.70	\$472.70
83	\$278.56	\$285.81	\$197.08	\$425.06	\$320.34	\$328.68	\$226.64	\$488.81	\$488.81
84	\$287.75	\$295.23	\$203.58	\$439.07	\$330.90	\$339.51	\$234.11	\$504.93	\$504.93
85	\$296.93	\$304.65	\$210.08	\$453.08	\$341.46	\$350.35	\$241.58	\$521.04	\$521.04
86+	\$306.12	\$314.08	\$216.58	\$467.10	\$352.03	\$361.19	\$249.06	\$537.16	\$537.16
<b>Level 2 Rates for individuals whose acceptance is not guaranteed <u>and</u> who have one or more of the medical conditions on the application<sup>2</sup>.</b>									
<b>65+</b>	\$437.75	\$555.92	\$534.95	\$588.54	\$503.40	\$639.30	\$615.17	\$676.82	\$676.82

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

# Under 65 Monthly Plan Rates for Kansas - Area 3 Non-Tobacco and Tobacco

AARP® Medicare Supplement Insurance Plans  
insured by UnitedHealthcare Insurance Company of America

<b>Group 2</b>	Applies to individuals under age 65 who are eligible for Medicare by reason of Disability or End-Stage Renal Disease.								
<b>Female</b>									
Standard Rates for individuals whose acceptance is guaranteed.									
	Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>		Plan A	Plan G	Plan N	Plan F <sup>3</sup>
50-64	\$149.30	\$153.19	\$105.63	\$227.82		\$171.70	\$176.16	\$121.47	\$261.99
Level 2 Rates for individuals whose acceptance is not guaranteed.									
	Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>		Plan A	Plan G	Plan N	Plan F <sup>3</sup>
50-64	\$388.20	\$492.99	\$474.38	\$521.91		\$446.43	\$566.93	\$545.52	\$600.20

<b>Group 2</b>	Applies to individuals under age 65 who are eligible for Medicare by reason of Disability or End-Stage Renal Disease.								
<b>Male</b>									
Standard Rates for individuals whose acceptance is guaranteed.									
	Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>		Plan A	Plan G	Plan N	Plan F <sup>3</sup>
50-64	\$168.36	\$172.74	\$119.11	\$256.90		\$193.61	\$198.65	\$136.98	\$295.43
Level 2 Rates for individuals whose acceptance is not guaranteed.									
	Non-Tobacco Rate					Tobacco Rate			
Age <sup>1</sup>	Plan A	Plan G	Plan N	Plan F <sup>3</sup>		Plan A	Plan G	Plan N	Plan F <sup>3</sup>
50-64	\$437.75	\$555.92	\$534.95	\$588.54		\$503.40	\$639.30	\$615.17	\$676.82

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

1 Your rate is based on your age on your plan effective date and, in some cases, your answers to health questions on the application.

**All rates are subject to an annual change for all AARP Medicare Supplement Insurance Plan holders, based on changes in health care costs and the claims experience of the plan.** Additionally, the following applies:

- For Ages 50 to 64:

- If you enroll during your Open Enrollment or Guaranteed Acceptance period, you are eligible for the **Standard Rate** for ages 50-64. This rate will not increase between ages 50-64 just because you get older.

- If you did not enroll during your Open Enrollment or Guaranteed Acceptance period, you will receive the **Level 2 Rate** until you reach age 65.

- When you continue your enrollment beyond age 65, **Standard Rates** will then apply. This rate will change each year until you reach age 86. Once you reach age 86, your rate will become level, and never change just because you get older.

- For Ages 65 and over:

- If you enroll during your Open Enrollment or Guaranteed Acceptance period, or if you do not have one or more of the medical conditions on the application, you are eligible for the **Standard Rate**. This rate will change each year until you reach age 86. Once you reach age 86, your rate will become level, and never change just because you get older.

- If you have one or more of the medical conditions on the application, and you did not enroll during your Open Enrollment or Guaranteed Acceptance period, you will receive the **Level 2 Rate**. This rate will never increase just because you get older. The Level 2 Rates do not apply to individuals who meet Medigap Open Enrollment or Guaranteed Issue.

2 Refer to the application.

3 Plan F is available only to applicants eligible for Medicare prior to 1/1/2020.

## Kansas Area 3 ZIP Codes

The Three-Digit ZIP Code Prefixes Below Apply to Rates Included  
on the Page Headed "Cover Page – Rates"

660

666

670

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