

Medigap Rates for Disabled Under 65 with Medicare

2014 Rates

*The rates are annual unless otherwise noted

American Retirement Life Insurance Company (Individual)				
Policy Forms: AR-MS-AA-A-GN, AR-MS-AA-F-GN, AR-MS-AA-G-GN, AR-MS-AA-N-GN				
	Plan A	Plan F	Plan G	Plan N
Female	\$1,813.52	\$2,246.80	\$1,992.93	\$1,582.09
Male	\$2,085.55	\$2,583.82	\$2,291.88	\$1,819.41
Policy Forms: AR-MSD-AA-A-GN, AR-MSD-AA-F-GN, AR-MSD-AA-G-GN, AR-MSD-AA-N-GN				
	Plan A	Plan F	Plan G	Plan N
Female	\$1,813.52	\$2,246.80	\$1,992.93	\$1,582.09
Male	\$2,085.55	\$2,583.82	\$2,291.88	\$1,819.41

Colonial Penn Life Insurance Company (Individual)									
Policy Forms: CPL-GR-A80									
	Plan A	Plan B	Plan F	Plan FH	Plan G	Plan K	Plan L	Plan M	Plan N
Female	\$4,339.82	\$5,144.14	\$6,629.62	\$1,328.93	\$5,684.46	\$2,459.00	\$4,005.34	\$5,109.99	\$4,630.65
Male	\$4,822.00	\$5,715.77	\$7,366.41	\$1,476.31	\$6,315.55	\$2,732.16	\$4,450.54	\$5,677.59	\$5,145.56

Combined Insurance Company of America (Individual)			
Non-Tobacco	Policy Forms: 14903, 14905, 14906		
	Plan A	Plan F	Plan N
Female	\$2,401.92	\$3,450.75	\$2,415.48
Male	\$2,654.75	\$3,813.92	\$2,669.74

Continental Life Insurance Company (Individual)

Policy Forms: CLIMSP10A DE, CLIMSP10B DE, CLIMSP10F DE, CLIMSP10HF DE, CLIMSP10G DE, CLIMSP10N DE,

	Plan A	Plan B	Plan F	Plan F(HD)	Plan G	Plan N
Female	\$3,322.00	\$4,186.00	\$4,769.00	\$1,878.00	\$4,257.00	\$3,382.00
Male	\$3,822.00	\$4,815.00	\$5,482.00	\$2,157.00	\$4,896.00	\$3,890.00

Equitable Life & Casualty Insurance Company (Individual)

Non-Tobacco Policy Forms: 2070

	Plan A	Plan F	Plan N
Female	\$2,556.00	\$3,659.00	\$2,578.00
Male	\$2,940.00	\$4,208.00	\$2,964.00

Tobacco Policy Forms: 2070

	Plan A	Plan F	Plan N
Female	\$3,056.00	\$4,376.00	\$3,079.00
Male	\$3,516.00	\$5,032.00	\$3,544.00

Gerber Life Insurance Company (Individual)

Monthly Premiums

Policy Forms: MTG20, MTG24, MTG25

	Plan A	Plan F	Plan G
Male	\$396.06	\$556.73	\$484.14

****The above are smoker premiums****

Non-smoker premiums are 13% lower than tobacco premiums

Female premiums are 13% lower than male premiums

Globe Life and Accident Insurance Company (Individual)

Policy Forms: GMSA10, GMSB10, GMSC10, GMSF10

	Plan A	Plan B	Plan C	Plan F
Female	\$4,260.00	\$4,918.00	\$5,304.00	\$5,318.00
Male	\$4,260.00	\$4,918.00	\$5,304.00	\$5,318.00

Government Personnel Mutual Life Insurance Company (Individual)

Monthly Premiums

Policy Forms: MTP20, MTP22, MTP24, MTP25, MTP31

	Plan A	Plan C	Plan F	Plan G	Plan N
Male	\$426.57	\$575.93	\$589.83	\$453.22	\$400.68

****The above are smoker premiums****

Non-smoker premiums are 13% lower than tobacco premiums

Female premiums are 13% lower than male premiums

Highmark Blue Cross Blue Shield of Delaware (Individual)

Monthly Premiums

Policy Forms:

	Plan A	Plan B	Plan C	Plan D 1990	Plan D 2010	Plan F	Plan F(HD)	Plan I	Plan I (without RX)
Female	\$220.58	\$255.00	\$343.16	\$259.52	\$251.74	\$351.16	\$122.44	\$457.73	\$307.46
Male	\$220.58	\$255.00	\$343.16	\$259.52	\$251.74	\$351.16	\$122.44	\$457.73	\$307.46

Humana Insurance Company (Individual)

Monthly Premiums

Policy Forms: DEMESHLA, DEMESHLE, DEMESHLE(HD), DEMESHLK, DEMESRDA, DEMESRDF, DEMESRDF(HD), DEMESRDK, DEMESHLN, DEMESRDN

	Plan A	Plan F	Plan F(HD)	Plan K	Plan N
Female	\$478.30	\$647.45	\$242.33	\$306.98	\$459.45
Male	\$479.50	\$649.07	\$242.92	\$307.74	\$460.60

Policy Forms: DEMESM10A, DEMESM10B, DEMESM10C, DEMESM10F, DEMESM10F(HD), DEMESM10K, DEMESM10L

	Plan A	Plan B	Plan C	Plan F	Plan F(HD)	Plan K	Plan L
Female	\$435.58	\$521.46	\$612.61	\$625.11	\$213.33	\$275.65	\$399.38
Male	\$436.75	\$522.87	\$614.27	\$626.80	\$212.74	\$276.41	\$400.47

HumanaDental Insurance Company (Individual)

Policy Forms: DEMESAVA, DEMESVF, DEMESVF(HD), DEMESVG, DEMESVK, DEMESVN

	Plan A	Plan F	Plan F(HD)	Plan G	Plan K	Plan N
Female	\$1,032.57	\$1,266.12	\$504.79	\$1,090.84	\$567.71	\$942.61
Male	\$1,187.48	\$1,456.03	\$580.52	\$1,254.45	\$652.89	\$1,084.03

Liberty National Life Insurance Company (Individual)

Policy Forms: LDMSA10, LDMSB10, LDMSF10, LDMSHDF10, LDMSN10

	Plan A	Plan B	Plan F	Plan F(HD)	Plan N
Female	\$5,832.00	\$6,843.00	\$7,266.00	\$3,049.00	\$6,314.00
Male	\$7,168.00	\$8,410.00	\$8,930.00	\$3,747.00	\$7,760.00

Standard Life and Accident Insurance Company (Individual)

Policy Forms: 2010-1006-DE

	Plan A	Plan B	Plan C	Plan D	Plan F	Plan F(HD)	Plan G	Plan N	Plan F(HD) Innovative
Female	\$4,859.46	\$5,532.91	\$6,290.49	\$3,790.42	\$5,172.96	\$752.20	\$3,819.35	\$2,494.88	\$1,100.77
Male	\$5,879.27	\$6,694.03	\$7,610.61	\$4,585.88	\$6,258.55	\$910.06	\$4,620.88	\$3,018.46	\$1,331.79

Sterling Life Insurance Company (Individual)

Non-Tobacco Policy Forms: DE STD A, DE STD B, DE STD C, DE STD F, DE INN STD F, DE STD G, DE STD K, DE STD N

	Plan A	Plan B	Plan C	Plan F	Plan Inn F	Plan G	Plan K	Plan N
Female		\$4,250.83	\$4,335.42	\$4,135.41	\$4,283.48	\$3,784.58	\$1,781.08	\$3,064.92
Male		\$4,250.83	\$4,659.22	\$4,444.24	\$4,603.38	\$4,067.22	\$1,914.11	\$3,293.80

Tobacco Policy Forms: DE STD A, DE STD B, DE STD C, DE STD F, DE INN STD F, DE STD G, DE STD K, DE STD N

	Plan A	Plan B	Plan C	Plan F	Plan Inn F	Plan G	Plan K	Plan N
Female		\$4,250.83	\$5,038.49	\$4,806.00	\$4,978.09	\$4,398.28	\$2,069.91	\$3,561.93
Male		\$4,250.83	\$5,414.77	\$5,164.95	\$5,349.87	\$4,726.77	\$2,224.51	\$3,827.93

Stonebridge Life Insurance Company (Individual)

Monthly Premiums

Non-Tobacco Policy Forms: MSH1A, MSH1F, MSH1G, MSH1N

	Plan A	Plan F	Plan G	Plan N
Female	\$153.01	\$258.58	\$238.44	\$199.27
Male	\$176.75	\$298.68	\$275.41	\$230.17

Tobacco Policy Forms: MSH1A, MSH1F, MSH1G, MSH1N

	Plan A	Plan F	Plan G	Plan N
Female	\$168.32	\$284.44	\$262.28	\$219.19
Male	\$194.42	\$328.55	\$302.96	\$253.19

Transamerica Life Insurance Company (Group)

Monthly Premiums

Policy Form: MS8000GPT

Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
\$302.00	\$380.00	\$444.00	\$409.00	\$442.00	\$409.00	\$202.00	\$300.00	\$370.00	\$347.00

Policy Form: MS9000GPT

Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
\$236.00	\$304.00	\$360.00	\$331.00	\$356.00	\$328.00	\$163.00	\$242.00	\$297.00	\$279.00

United American Insurance Company (Individual)

Policy Forms: DMSA10, DMSB/DMSB06, DMSB10, DMSC10, DMSD10, DMSF10, DMSHDF10, DMSG10,
DMSK06, DMSL06, DMSN10

	Plan A	Plan B	Plan C	Plan D	Plan F	Plan F(HD)	Plan G	Plan K	Plan N
Female	\$5,334.00	\$6,524.00	\$6,924.00	\$6,714.00	\$6,944.00	\$2,659.00	\$6,733.00	\$3,747.00	\$6,025.00
Male	\$5,334.00	\$6,524.00	\$6,924.00	\$6,714.00	\$6,944.00	\$2,659.00	\$6,733.00	\$3,747.00	\$6,025.00

United Healthcare Insurance Company (Group)

Non-Tobacco Policy Forms: MAA 0010, MAB 0011, MAC 0012, MAF 0013, MAK 0014, MAL 0015, MAN 0016
MDA 0001, MDB 0002, MDC 0003, MDF 0004, MDK 0005, MDL 0006 MDN 0007

Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
\$204.25	\$288.00	\$351.50	\$353.75	\$119.25	\$203.00	\$232.75

Tobacco Policy Forms: MAA 0010, MAB 0011, MAC 0012, MAF 0013, MAK 0014, MAL 0015, MAN 0016
MDA 0001, MDB 0002, MDC 0003, MDF 0004, MDK 0005, MDL 0006 MDN 0007

Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
\$224.67	\$316.80	\$386.65	\$389.12	\$131.17	\$223.30	\$256.02

United World Life Ins Co (Individual)

Monthly Premiums

Policy Forms: WM20Q, WM21Q, WM22Q, WM24Q

	Plan A	Plan B	Plan C	Plan F
Male	\$325.77	\$408.04	\$506.88	\$511.99

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