

**Mountain Health Co-op**  
**Individual Modernized Medicare Supplement**  
**Monthly Attained Age Premium Rates**

MONTANA  
*Effective 9/1/2021*

Attained Age	Non-Tobacco				Tobacco			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
<65	408.84	499.80	484.31	375.85	408.84	499.80	484.31	375.85
65	113.09	145.30	113.53	92.86	130.05	167.09	130.56	106.79
66	113.09	145.30	113.53	92.86	130.05	167.09	130.56	106.79
67	113.09	145.94	113.53	93.26	130.05	167.83	130.56	107.25
68	117.90	147.73	113.53	95.29	135.59	169.89	130.56	109.59
69	122.63	152.36	123.08	98.68	141.02	175.22	141.55	113.48
70	127.21	157.98	127.87	106.32	146.29	181.68	147.04	122.27
71	131.01	163.38	132.43	110.86	150.66	187.89	152.29	127.49
72	134.82	168.47	136.99	115.16	155.04	193.74	157.54	132.44
73	138.62	173.55	141.56	119.69	159.41	199.59	162.79	137.64
74	142.42	178.64	146.12	124.21	163.79	205.43	168.04	142.84
75	146.22	183.72	150.77	128.74	168.16	211.28	173.38	148.05
76	148.15	187.28	154.04	132.13	170.37	215.37	177.14	151.95
77	150.07	190.83	157.26	135.52	172.58	219.46	180.85	155.85
78	152.00	194.39	160.49	138.92	174.80	223.55	184.56	159.76
79	153.92	197.94	163.69	142.31	177.01	227.63	188.24	163.66
80	155.84	201.50	166.88	145.71	179.22	231.72	191.92	167.56
81	157.18	204.98	170.01	149.04	180.75	235.73	195.52	171.39
82	158.51	208.46	173.14	152.37	182.29	239.73	199.12	175.23
83	159.85	211.95	176.29	155.71	183.82	243.74	202.74	179.06
84	161.18	215.43	179.42	159.04	185.36	247.74	206.34	182.89
85	162.51	218.91	182.68	162.37	186.89	251.75	210.09	186.73
86	163.19	221.42	185.08	164.85	187.67	254.64	212.84	189.57
87	163.86	223.94	187.49	167.32	188.44	257.53	215.61	192.42
88	164.54	226.45	189.93	169.79	189.22	260.42	218.42	195.26
89	165.22	228.97	192.37	172.26	190.00	263.31	221.22	198.10
90	165.89	231.48	194.81	174.74	190.77	266.21	224.04	200.95
91	166.05	233.46	196.78	176.69	190.96	268.48	226.30	203.20
92	166.21	235.44	198.75	178.65	191.15	270.76	228.56	205.45
93	166.37	237.43	200.72	180.61	191.33	273.04	230.83	207.70
94	166.53	239.41	202.70	182.56	191.52	275.32	233.11	209.95
95	166.69	241.39	204.68	184.52	191.70	277.59	235.38	212.20
96	168.53	244.04	207.12	186.55	193.81	280.65	238.19	214.53
97	170.38	246.73	209.59	188.60	195.94	283.74	241.02	216.89
98	172.26	249.44	212.08	190.68	198.10	286.86	243.89	219.28
99	174.15	252.18	214.61	192.78	200.27	290.01	246.80	221.69

**One-time policy fee of \$25 not included in rates shown above.**  
**Household discount of 7% for those eligible.**