

Mountain Health Co-Op

**Outline of Coverage
Medicare Supplement Benefit Plans A, F, G, HDG and N**

Monthly Premium Rates*

ZIP Codes starting with: 832-838

Effective: 07/01/2026

NON-TOBACCO						TOBACCO				
Plan A	Plan F	Plan G	Plan HDG	Plan N		Plan A	Plan F	Plan G	Plan HDG	Plan N
457.45	537.90	457.23	130.73	350.90	Ages <65 Monthly	526.08	618.60	525.83	150.26	403.52
304.97	358.59	304.82	87.16	233.92	Ages 65+ Monthly	350.72	412.37	350.55	100.19	269.01

*To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively