

Mountain Health CO-OP
Individual Modernized Medicare Supplement
Monthly Attained Age Premium Rates

WYOMING
Effective 7/1/2023

Attained Age	Female Non-Tobacco					Female Tobacco				
	Plan A	Plan F	Plan G	Plan HDG	Plan N	Plan A	Plan F	Plan G	Plan HDG	Plan N
65	130.94	139.09	116.89	35.81	84.22	150.58	159.96	134.43	41.16	96.86
66	130.94	139.09	116.89	37.04	84.22	150.58	159.96	134.43	42.57	96.86
67	130.94	139.09	116.89	38.23	84.22	150.58	159.96	134.43	43.95	96.86
68	130.94	139.09	116.89	39.40	84.22	150.58	159.96	134.43	45.29	96.86
69	135.51	143.01	121.46	40.53	87.03	155.84	164.46	139.68	46.59	100.08
70	140.29	147.98	126.43	42.39	89.89	161.33	170.18	145.39	48.73	103.37
71	144.48	152.70	131.30	44.09	93.73	166.16	175.60	151.00	50.68	107.79
72	148.67	157.41	136.34	45.81	97.77	170.98	181.03	156.80	52.66	112.44
73	152.87	163.75	142.27	47.54	102.04	175.80	188.32	163.61	54.65	117.35
74	158.63	171.05	148.59	49.29	106.35	182.42	196.70	170.88	56.66	122.31
75	165.31	178.52	155.51	51.06	111.03	190.10	205.30	178.83	58.69	127.69
76	170.83	185.56	161.93	52.62	115.12	196.45	213.40	186.22	60.48	132.39
77	176.68	193.00	168.87	54.20	119.87	203.18	221.95	194.20	62.30	137.85
78	182.88	200.86	176.22	55.81	125.35	210.31	231.00	202.65	64.15	144.15
79	189.63	209.39	183.99	57.45	131.12	218.08	240.80	211.59	66.04	150.79
80	196.80	218.43	192.22	59.12	137.22	226.32	251.19	221.06	67.95	157.81
81	203.64	227.90	200.85	60.99	143.59	234.18	262.09	230.98	70.11	165.13
82	210.91	237.95	210.00	62.90	150.33	242.54	273.65	241.50	72.30	172.88
83	218.63	248.62	219.71	64.84	157.61	251.43	285.92	252.67	74.53	181.26
84	226.85	259.96	230.03	66.81	165.66	260.87	298.95	264.53	76.80	190.51
85	235.58	272.01	240.99	68.82	174.21	270.92	312.81	277.14	79.10	200.34
86	243.89	283.59	251.48	70.60	182.26	280.47	326.13	289.20	81.15	209.60
87	252.73	295.92	262.64	72.41	190.83	290.64	340.31	302.03	83.23	219.46
88	262.15	309.05	274.52	74.25	199.96	301.47	355.40	315.69	85.35	229.96
89	272.17	323.03	287.17	76.12	209.69	312.99	371.48	330.25	87.49	241.14
90	281.48	336.30	299.21	78.02	218.99	323.70	386.74	344.09	89.68	251.84
91	289.63	348.60	310.34	79.01	227.56	333.08	400.89	356.90	90.82	261.70
92	298.03	361.32	321.86	80.00	236.44	342.74	415.52	370.14	91.95	271.90
93	305.48	373.02	332.49	80.99	244.68	351.30	428.97	382.36	93.09	281.38
94	312.80	384.70	343.10	81.98	252.93	359.72	442.41	394.57	94.23	290.87
95	319.99	396.33	353.68	82.97	261.18	367.99	455.78	406.73	95.37	300.35
96	326.71	404.66	361.11	82.97	266.66	375.71	465.36	415.27	95.37	306.66
97	333.24	412.75	368.33	82.97	271.99	383.23	474.66	423.58	95.37	312.79
98	339.57	420.59	375.33	82.97	277.16	390.51	483.68	431.63	95.37	318.74
99	345.69	428.16	382.08	82.97	282.15	397.54	492.39	439.40	95.37	324.47

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

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Monthly Attained Age Premium Rates

WYOMING
Effective 7/1/2023

Attained Age	Male Non-Tobacco					Male Tobacco				
	Plan A	Plan F	Plan G	Plan HDG	Plan N	Plan A	Plan F	Plan G	Plan HDG	Plan N
65	148.62	157.87	132.67	41.02	95.59	170.91	181.55	152.57	47.15	109.93
66	148.62	157.87	132.67	42.42	95.59	170.91	181.55	152.57	48.76	109.93
67	148.62	157.87	132.67	43.80	95.59	170.91	181.55	152.57	50.34	109.93
68	148.62	157.87	132.67	45.13	95.59	170.91	181.55	152.57	51.88	109.93
69	153.80	162.31	137.86	46.43	98.78	176.88	186.66	158.53	53.36	113.60
70	159.23	167.96	143.49	48.56	102.02	183.11	193.15	165.02	55.82	117.33
71	163.99	173.31	149.03	50.51	106.38	188.59	199.31	171.38	58.06	122.34
72	168.75	178.67	154.75	52.47	110.97	194.06	205.47	177.96	60.32	127.62
73	173.50	185.86	161.48	54.46	115.82	199.53	213.74	185.70	62.60	133.19
74	180.05	194.14	168.65	56.46	120.71	207.05	223.26	193.95	64.90	138.82
75	187.62	202.62	176.50	58.49	126.02	215.77	233.02	202.97	67.23	144.93
76	193.89	210.61	183.79	60.27	130.66	222.97	242.20	211.35	69.28	150.26
77	200.53	219.05	191.67	62.09	136.05	230.61	251.91	220.42	71.36	156.46
78	207.56	227.98	200.01	63.93	142.27	238.70	262.18	230.01	73.49	163.61
79	215.23	237.66	208.83	65.81	148.83	247.52	273.31	240.15	75.64	171.15
80	223.36	247.91	218.17	67.72	155.75	256.87	285.10	250.90	77.84	179.11
81	231.13	258.67	227.97	69.87	162.98	265.80	297.47	262.16	80.31	187.42
82	239.38	270.08	238.35	72.05	170.62	275.29	310.59	274.10	82.82	196.22
83	248.15	282.19	249.38	74.27	178.89	285.37	324.52	286.78	85.37	205.72
84	257.47	295.05	261.08	76.53	188.02	296.09	339.31	300.25	87.97	216.23
85	267.38	308.73	273.53	78.83	197.72	307.49	355.04	314.56	90.61	227.38
86	276.81	321.88	285.43	80.87	206.87	318.34	370.16	328.24	92.95	237.90
87	286.85	335.87	298.09	82.94	216.60	329.88	386.25	342.81	95.34	249.09
88	297.54	350.77	311.58	85.05	226.96	342.17	403.38	358.31	97.76	261.00
89	308.91	366.64	325.94	87.19	238.00	355.25	421.63	374.84	100.22	273.70
90	319.48	381.70	339.61	89.37	248.56	367.40	438.96	390.55	102.72	285.84
91	328.74	395.66	352.24	90.50	258.28	378.05	455.00	405.08	104.03	297.03
92	338.27	410.09	365.32	91.64	268.36	389.01	471.61	420.11	105.33	308.61
93	346.72	423.38	377.37	92.77	277.71	398.72	486.89	433.98	106.63	319.37
94	355.03	436.64	389.42	93.91	287.07	408.28	502.13	447.83	107.94	330.14
95	363.19	449.84	401.43	95.04	296.43	417.67	517.31	461.64	109.24	340.90
96	370.81	459.29	409.86	95.04	302.66	426.44	528.18	471.33	109.24	348.06
97	378.23	468.47	418.05	95.04	308.71	434.97	538.74	480.76	109.24	355.02
98	385.42	477.37	426.00	95.04	314.58	443.23	548.98	489.90	109.24	361.76
99	392.35	485.96	433.66	95.04	320.24	451.21	558.86	498.71	109.24	368.28

One-time policy fee of \$25 not included in rates shown above.
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