

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

MONTANA
Rates Effective 5/1/2024

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	441.22	527.58	522.67	197.27	381.72	441.22	527.58	522.67	226.75	381.72
65	125.06	160.69	125.55	43.84	95.99	143.82	184.79	144.39	50.39	110.39
66	125.06	160.69	125.55	45.33	95.99	143.82	184.79	144.39	52.11	110.39
67	125.06	161.40	125.55	46.80	96.41	143.82	185.60	144.39	53.79	110.87
68	130.39	163.38	125.55	48.23	98.51	149.95	187.88	144.39	55.44	113.28
69	135.62	168.50	136.12	49.61	102.01	155.96	193.78	156.54	57.02	117.31
70	140.68	174.72	141.41	51.53	109.91	161.79	200.93	162.62	59.23	126.39
71	144.89	180.69	146.46	53.33	114.59	166.62	207.80	168.43	61.30	131.78
72	149.10	186.31	151.51	55.13	119.04	171.46	214.26	174.23	63.37	136.90
73	153.30	191.94	156.55	56.93	123.72	176.30	220.73	180.04	65.44	142.28
74	157.51	197.56	161.60	58.73	128.40	181.13	227.19	185.84	67.51	147.66
75	161.71	203.18	166.74	60.53	133.08	185.97	233.66	191.74	69.58	153.04
76	163.84	207.12	170.35	61.76	136.59	188.42	238.18	195.90	70.99	157.07
77	165.97	211.05	173.92	62.99	140.09	190.86	242.70	200.01	72.41	161.11
78	168.10	214.98	177.49	64.22	143.60	193.31	247.23	204.11	73.82	165.14
79	170.22	218.91	181.03	65.45	147.11	195.76	251.75	208.18	75.24	169.18
80	172.35	222.84	184.56	66.69	150.62	198.20	256.27	212.24	76.65	173.21
81	173.83	226.69	188.02	68.12	154.06	199.90	260.70	216.23	78.30	177.17
82	175.30	230.54	191.49	69.55	157.51	201.60	265.13	220.21	79.95	181.14
83	176.78	234.40	194.97	70.99	160.95	203.29	269.56	224.21	81.60	185.10
84	178.25	238.25	198.43	72.42	164.40	204.99	273.98	228.20	83.25	189.06
85	179.73	242.10	202.03	73.86	167.84	206.69	278.41	232.34	84.90	193.02
86	180.47	244.88	204.68	75.02	170.40	207.55	281.61	235.38	86.23	195.96
87	181.22	247.66	207.35	76.18	172.96	208.40	284.81	238.45	87.57	198.90
88	181.97	250.44	210.05	77.35	175.51	209.26	288.01	241.55	88.90	201.84
89	182.72	253.22	212.74	78.51	178.07	210.12	291.21	244.66	90.24	204.78
90	183.46	256.00	215.45	79.67	180.63	210.98	294.40	247.77	91.58	207.72
91	183.64	258.19	217.62	80.68	182.65	211.19	296.92	250.27	92.74	210.05
92	183.82	260.38	219.80	81.69	184.67	211.39	299.44	252.77	93.90	212.37
93	184.00	262.57	221.99	82.71	186.70	211.60	301.96	255.28	95.06	214.70
94	184.17	264.76	224.17	83.72	188.72	211.80	304.48	257.80	96.23	217.03
95	184.35	266.95	226.36	84.73	190.74	212.01	307.00	260.32	97.39	219.35
96	186.38	269.89	229.06	84.73	192.84	214.34	310.38	263.42	97.39	221.77
97	188.43	272.86	231.79	84.73	194.96	216.70	313.79	266.55	97.39	224.21
98	190.50	275.86	234.55	84.73	197.11	219.08	317.24	269.73	97.39	226.67
99	192.60	278.90	237.34	84.73	199.27	221.49	320.73	272.94	97.39	229.16

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

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MONTANA
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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	441.22	527.58	522.67	225.96	381.72	441.22	527.58	522.67	259.73	381.72
65	136.68	175.61	137.22	50.21	104.91	157.18	201.96	157.80	57.72	120.65
66	136.68	175.61	137.22	51.93	104.91	157.18	201.96	157.80	59.69	120.65
67	136.68	176.39	137.22	53.61	105.36	157.18	202.85	157.80	61.62	121.17
68	142.50	178.55	137.22	55.24	107.66	163.88	205.34	157.80	63.50	123.80
69	148.22	184.16	148.77	56.83	111.48	170.45	211.78	171.08	65.32	128.21
70	153.75	190.95	154.55	59.02	120.12	176.82	219.59	177.73	67.84	138.13
71	158.35	197.48	160.06	61.09	125.24	182.10	227.10	184.07	70.21	144.02
72	162.95	203.62	165.58	63.15	130.10	187.39	234.17	190.42	72.59	149.62
73	167.54	209.77	171.10	65.21	135.21	192.67	241.23	196.76	74.96	155.50
74	172.14	215.91	176.62	67.28	140.33	197.96	248.30	203.11	77.33	161.38
75	176.74	222.06	182.23	69.34	145.44	203.25	255.37	209.56	79.70	167.26
76	179.06	226.36	186.18	70.75	149.27	205.92	260.31	214.10	81.32	171.66
77	181.39	230.65	190.08	72.16	153.11	208.59	265.25	218.59	82.94	176.07
78	183.71	234.95	193.98	73.57	156.94	211.27	270.19	223.07	84.56	180.48
79	186.04	239.25	197.84	74.98	160.77	213.94	275.13	227.52	86.18	184.89
80	188.36	243.54	201.71	76.39	164.61	216.62	280.08	231.96	87.80	189.30
81	189.97	247.75	205.49	78.03	168.38	218.47	284.92	236.31	89.69	193.63
82	191.59	251.96	209.27	79.67	172.14	220.32	289.76	240.67	91.58	197.96
83	193.20	256.17	213.08	81.32	175.91	222.18	294.60	245.04	93.47	202.29
84	194.81	260.38	216.86	82.96	179.67	224.03	299.44	249.40	95.36	206.62
85	196.42	264.59	220.80	84.60	183.44	225.89	304.27	253.92	97.25	210.95
86	197.24	267.63	223.69	85.93	186.23	226.83	307.77	257.25	98.78	214.17
87	198.06	270.67	226.61	87.27	189.03	227.76	311.27	260.60	100.31	217.38
88	198.87	273.71	229.56	88.60	191.82	228.70	314.76	263.99	101.84	220.59
89	199.69	276.75	232.51	89.93	194.61	229.64	318.26	267.38	103.37	223.80
90	200.51	279.78	235.46	91.26	197.41	230.58	321.75	270.78	104.90	227.02
91	200.70	282.18	237.84	92.42	199.62	230.81	324.51	273.52	106.23	229.56
92	200.90	284.57	240.22	93.58	201.83	231.03	327.26	276.26	107.56	232.10
93	201.09	286.97	242.61	94.74	204.04	231.25	330.01	279.00	108.89	234.64
94	201.28	289.36	245.00	95.89	206.25	231.48	332.77	281.75	110.22	237.19
95	201.48	291.75	247.39	97.05	208.46	231.70	335.52	284.50	111.55	239.73
96	203.69	294.96	250.34	97.05	210.75	234.25	339.21	287.89	111.55	242.37
97	205.94	298.21	253.32	97.05	213.07	236.83	342.94	291.32	111.55	245.03
98	208.20	301.49	256.33	97.05	215.42	239.43	346.71	294.79	111.55	247.73
99	210.49	304.80	259.39	97.05	217.79	242.06	350.53	298.30	111.55	250.45

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